

Panel Discussion: Health Journalism – Why Does it Matter?

John Lister (JL), Harry Dugmore (HD), Trudy Lieberman (TL) (Chair: Alan Taman (AT))

[John Illman, London]: Question for John. I found your talk extremely disturbing, in so much that you spoke a great deal about what is wrong in British journalism, you spoke very little about what is right. I think in some ways you gave a rather sensational picture about what is wrong. In trying to get things right, I think it is equally important to look at what we do well. You attack traditional news values but some people would argue that they are rather like democracy – better than the alternatives. What kind of news values would you like to see?

[JL] I focused on things that I think are areas where we need to address problems. I haven't focused on patting people on the back for doing things right! But in the book for example where we deal with some of these problems there were the people who did unpick the full story about the 13,000 needless deaths, and the stories are mentioned. The BBC and Sarah Boseley of the *Guardian* and Shaun Lintern in the *Health Service Journal* and others actually did that.

[JI] Let me press you on the key question. How would you replace our current news-value system?

[JL] I don't know if it's possible to replace the current news-value system, because actually in reality in a newsroom you don't have those things up on a wall and you have to check against a list. Those are the kind of criteria that are brought to bear by editors and I don't think we can – however much we want to – change those. What we're trying to look at certainly in the book and the articles in the book, is how people can write articles about things which are complicated and find ways in which they can fit them into those news values. How they can address things that make them newsworthy that might not otherwise succeed, such as from a new angle. Therefore give journalists the opportunity to develop the skills they do have, which I'm not denying at all. In fact some people appear on both sides of the equation, who give a good article on one hand and actually doing a pretty poor job on another piece of work.

So I don't think we're trying to identify and brand individuals or newspapers. What we are trying to say is a good job, and if you look at Gary Schwitzer's *Health News Review* I think this shows it. To write a good article you don't have to have a long article, it doesn't have to be a dull article and it doesn't have to be in a specialist newspaper or a publication or it can be a broadcast article, it could be short. It could be a short clip that asks sensible questions and puts the story in context. That's what we're trying to work towards. I wouldn't want to prescribe a set of news values, because I'm not trying to tell people what to say. I'm not trying to tell people exactly how to come at the story. I just want people to think about how they come at the story and to try to get a little bit at the depth of the story in rather than simply slot into – the worst of the lot – re-hashing a press release. That tells nobody anything that the PR department doesn't already want them to know somewhere and doesn't advance the cause of journalism in any way at all. We can do better than that and it doesn't have to take all day to do it - and that's what we're trying to get across.

[Jenny Sims, freelance journalist] I've worked in London most of my life, but 4 years ago I moved to Wales and I'm based in Cardiff. I can tell you that most people in Wales get their health stories not

from national papers - there's only one national paper in Wales – but from TV news. Although there are health stories every single day, on the 6.30, 9.30 and 10 o' clock news, they are very truncated and they are usually sensational and there's hardly ever any perspective. For example, yesterday there was a story about a woman whose twin died in the womb because she had a rare disease. She hadn't been screened and so the sensationalist story was she is now campaigning for screening. But there is no perspective from journalists in these types of stories on how much would that cost, and is it really worth it considering the limited resources and rationing? That's the situation in Wales, perhaps more so than the rest of the UK. And I would like to ask the speakers, from their own perspectives, do they find the same thing in journalists reporting in their countries?

[TL] I'm going to speak about the drug Sovaldi again because I think that's an example of what has been missing a lot in the context of reporting. I was at NICE the other day, talking to them about when NICE is going to come forth with its valuation of the drug and give guidance to the health service about paying for it. The health service has already started to pay for the drug for 500 of the sickest patients. The person I'm talking to said that their really hadn't been all that many stories about it and not a lot really talking about it in context of this is something that the health service wants to pay for and what if it did give everybody this drug, what would have to be given up because there's only so much budget. I think in terms of the US context, we're beginning to see a little bit more of that, but not a lot yet. It's still the 'Gee whizz' kind of comments from the industry, the manufacturers and so forth. The manufacturers extolling the virtues of the drug and any time now that I find the US press is actually going beyond that I am really quick to praise them and single out the journalists, because this is so rare in the American context.

And I keep urging them to find out what's going on in other countries. I'd love to know what is happening in South Africa, where a lot of people with HIV/AIDS have very high rates of hepatitis C. So maybe you can address that. But here is a perfectly clear example where that kind of context has to be there, because we really don't know the long-term history of the drug, but context is really important in terms of cost.

[HD] I think one of the critical things we do have to note is that there is no doubt in my mind that health is the most complicated and difficult beat. And that most journalists - there are only in my country about 100 people who work regularly in health, not exclusively but about 100. Maybe in the UK there would not be maybe more than 400 health journalists?

[JI] We've got 450 members [of the Medical Journalists' Association, UK] who are journalists.

[HD] So 400-500 people, if your membership is reflective. There's a relatively small number of people doing generally speaking a fairly effective job. It is very much what we teach our students and also in our in-service trainings where we do it in the large media houses in South Africa including the Independent, the SAB which is the equivalent to the BBC. We teach them very much we have to work within those news values, because those are just not going away in terms of the editors. So the editors and the publishers want things that are newsworthy, they need things that are brief, they can't as you say with the coverage in Wales, they can't really give acres of space. But where you can give acres of space is on line. I don't know if you saw this new study last week, which said that 50% of physicians in the USA, their first port of call when they want to find out something that they're

not quite sure of when they've seen a patient is Wikipedia! And why shouldn't they? Those entries are often very well put together by top experts, they're edited and the editing process is fairly rigorous and a very large percentage of people if you hear something for example about that twin, if you go to Wikipedia especially if there's a name. If you Google diabetes and you go to Wikipedia that article on Wikipedia is about as up to date and as comprehensive and as fair as you are ever going to get in a piece of journalism. So we are very heartened by two things. One is that most journalists do try awfully hard to not make a hash of things. And two, that on line there is more time and space for context.

[JL] It was called Fifth disease and that's exactly what I did.

[HD] And did you go to Wikipedia? And was it a good entry? Sometimes they're not. But maybe as journalists we all need to get more involved in Wikipedia. I think a lot of journalists are on Wikipedia. There's kind of seems to me in the health sphere there's a kind of combination of doctors and medical academics and I don't know who's doing those articles but somebody who knows something about journalism is certainly 'mucking about' on Wikipedia!

[AT] The work I've done through the National Union of Journalists in this country really brings that back to the fore, which is that regionally you've got largely non-specialists, and John touched upon this, handling health, and that is where most of the risks happen. Shaun Lintern, who is speaking tomorrow, will tell you about the Mid Staffs scandal and how he was allowed to cover that by his paper but how, in his opinion, most papers couldn't do that in this country. That's frightening, because of course the next hospital scandal is likely to be out in the regions, places like Wales, so that's the problem when specialists can't be there.

[Sida Viturelli, freelance science writer] I work every day with the biggest daily newspaper in Italy which is called *Repubblica*. They write about every kind of science, so they call me at 5 pm and they want an article from me by 8 pm on Vulcans, or trauma, or palaeontology and so on, It's a very fun job! I have to find someone who is able to help me in Vulcan, or in palaeontology, and so on. I have to know something about everything. I'm a medical doctor so the subject I am working with is obviously my knowledge of medicine. The problem I see is not that I am not so well prepared if I have to write about sciences because my preparation is first of all a journalistic preparation. So I have to know how to write a science article. That's what I'm sure I can do. I am sure I can let someone help me write a correct article. The problem I see is that my chief doesn't perceive some medical subjects as a medical subject. So they don't call me for something about stem cells if the stem cell issue is discussed in the parliament. They call the political journalist. Or if we have had a big scandal about salmonella, which I've covered for a science journal not for a general publication – they just didn't call me, they just didn't think that I, as a medical doctor, my pen was the right one to write this kind of subject. I never write about abortion or about normal EVF, I never write about this kind of hot subject that very often disgusts in Italy. I write a lot about birds, for instance. The problem I see is not that my preparation is not a fit preparation but that my chief does not understand which subject is what.

[HD] I think it also raises a very critical kind of context. You need to have people who really understand scientific method. A lot of the journalists are humanities students, and if you've

graduated in philosophy and a minor in art history it is a bit more difficult to get to grips with these subjects. I think what we are increasingly learning in South Africa and we've started to do it for the first time in 2013, is that people who need the most education about health journalists are the editors and the subeditors.

So for the first time last year we had a session for editors and some editors actually came, on this field. Because the complaints we're getting are mostly from our journalists saying they don't understand the field, what it health and what is not health. Certainly to be a health journalist in Africa you have to cover two things. You have to do health politics, which is policy systems. I'm sure it's the same here. So one day you're writing about policy in the NHS and the next day there might e this new thing in the *International Journal of Pediatrics* and it's a complicated, difficult article so those are two quite significantly different skills. Your major in politics and social policy really helps you when you are writing about policy but your lack of a major in anatomy and physiology or just being able to deal with the stats if you're a properly trained medical doctor who understands numbers, so really working with editors and commissioning editors and publishers. We do a one-day introduction to health journalism so they can commission things better, be a bit more sensitive. That's a useful thing to be.

[JL] I can honestly claim that I've been a health journalist for 30 years and I've never written a story about medicine. I don't do it. I've never had to, I've never wanted to. In fact the nearest I've come to writing about it is in the book and working out how to develop training courses in the European project. So I'm very lucky – I do health policy all the time.

If you come at it from health policy. I've mentioned the health reforms that have just been pushed through in England in 2011-12. The editors didn't understand it. In fact, if you ever listen to a BBC summary of it, they described it as a bill to give more power to GPs. That was it. Of course, had it been that no one would have been campaigning against it in the first place. It clearly had a lot more in it than that but because the editors didn't understand it they didn't send the journalists out to put the stories together, and the journalists who did produced stories and the editors said 'What's all this about? It's really too complicated, no one wants to read that stuff'. So it just didn't go in.

You can actually get a whole area blanked out because of the editors' ignorance. I do think it's a big question, deciding what is an area to send to a specialist who can write a more informed view. That really is important, so this isn't just a question of having a go at health journalists and their failings. Not at all. It's about how we can get a system that can actually develop overall a better coverage to inform us all much better.

[Ivan Oransky] We cover both policy and trials and things like that. We demand evidence from the people we cover. We demand evidence when they make statements and they make claims, demand that their studies have the relevant information and have disclosures and all of that. What kind of evidence is there for what effect health journalism actually has? We heard for example those studies of sitting. It's both obvious and incontrovertible that standing and walking are better than sitting. On the other hand, there actually hasn't been a randomised controlled trial, which would be an absurd thing to do, but these are observational studies. Asking people to stand up is a very reasonable thing to do! But my point is, we have lots of ideas, all of us, including myself, on what would make health

journalism better. I think most of them are spot on. But when are we going to get to the point when we actually show that impact? When will we get to the point that we study that? So not so much a question for the panel as much as just to sort of think about this in the next few days. What level of evidence can we have for what we are doing and therefore informing our choices?

[Noralou Roos] How do you get the editors understanding what questions to ask?

[TL] We thought about this a whole lot at AHCJ over the years, almost from the very beginning, and have found it a very difficult nut to crack. We've talked about having panels of editors, having a road show go into newsrooms to talk to editors, never really finding a whole lot of receptivity to that. I think some editors probably do show up at a AHCJ conferences, but the predominance of people who come are working journalists. They're not people who are editing the copy. I think unless you work in a specialised area, for example consumer reports where they had a health editor who was very knowledgeable about the clinical stuff and the evidence in treatments – then you can get super-editing of those kinds of stories.

I think on the health policy side it is really difficult to find editors who are quite knowledgeable. Look what's happened with Obamacare. If we had had better editors looking at the copy we wouldn't have had these two sides and this whole spin about affordable quality healthcare. An editor might have pushed back on that when a story was filed with two or three quotes from supporters of Obamacare saying exactly the same thing. Or the other thing that we're finding is that the same sources were being used over and over again. So a good editor should have been saying 'Can't you find somebody else? What's the evidence for this?' And I think that question was not asked.