

Journalists and doctors: different aims, similar constraints

Revised 23 March 2001

by

Anna Larsson

Medical reporter, Swedish Broadcasting Corporation, Stockholm, Sweden and Research Fellow, Health Services Research Unit, National Institute of Public Health, Oslo, Norway

Andrew D. Oxman, MD

Director, Health Services Research Unit, National Institute of Public Health, Oslo, Norway

Cheryl Carling

Research fellow, Health Services Research Unit, National Institute of Public Health, Oslo, Norway

Jeph Herrin, PhD

Researcher, Health Services Research Unit, National Institute of Public Health, Oslo, Norway

Correspondence to:

Dr Andy Oxman
Health Services Research Unit
National Institute of Public Health
Postboks 4404 Nydalen
0403 Oslo
Norway

Fax: +47 22 04 25 95

Telephone: +47 22 04 23 63

E-mail: andrew.oxman@labmed.uio.no

Abstract

Context

Medical issues are widely reported in the mass media. These reports influence the general public, policy makers and health care professionals. This information should be valid, but is often criticized for being speculative, inaccurate and misleading. An understanding of the obstacles medical reporters meet in their work can guide strategies for improving the informative value of medical journalism.

Objective

To investigate constraints on improving the informative value of medical reports in the mass media and elucidate possible strategies for addressing these.

Design

We reviewed the literature and conducted focus groups, semi-structured interviews, and a survey of medical journalists in 37 countries.

Results

We identified nine barriers to improving the informative value of medical journalism: lack of time, space and knowledge; competition for space and audience; difficulties with terminology; problems finding and using sources; problems with editors; and commercialism. Lack of time, space and knowledge were the most common obstacles. The importance of different obstacles varied with the type of media and experience. Many health reporters feel that it is difficult to find independent experts willing to assist journalists, and also think that editors need more education in critical appraisal of medical news. Almost all of the respondents agreed that the informative value of their reporting is important. Nearly everyone wanted access to short, reliable up-to-date background information on various topics available on the Internet. A majority (79%) was interested in participating in a trial to evaluate strategies to overcome identified constraints.

Conclusion

Medical journalists agree that the validity of medical reporting in the mass media is important. A majority acknowledge many constraints. Some of these are similar to constraints that physicians face in trying to ensure that their work is based on current best evidence. Mutual efforts of health care professionals and journalists employing a variety of strategies will be needed to address these constraints.

Journalists and doctors: different aims, similar constraints

Extensive interest in reports on health and medicine in the mass media and wide coverage raises concerns for many health professionals as well as medical reporters (1). Journalists working in the medical field are often accused of being sensational, speculative or of paying too much attention to anecdotal findings (2 - 4). Reporters, on the other hand, find scientists unable to describe their research in understandable terms, or interested in using mass media to promote their own interests. Contact between journalists and physicians is often a meeting between two cultures with rather little in common and with many chances for misunderstandings (5, 6). Despite this, very little attention has been paid to the working processes of journalists covering medicine (used broadly here and in the rest of this paper to include coverage of health and health care) and how these affect what is reported.

The mass media are an important source of medical information. Medical reports can increase or diminish the willingness of individuals to seek medical care (or participate in clinical trials), may raise expectations (sometimes falsely), may dash hopes, or may provoke alarm (sometimes unnecessarily). Press coverage of dramatic medical stories, such as organ transplants, often raise unrealistic expectations and may promote new technologies that have not been adequately evaluated. Although the impact of health care reporting is difficult to measure (7, 8) the mass media can influence individual health behaviour, healthcare utilization, healthcare practices, health policy and the stock market (8 - 13). In many countries new legislation on patient's rights includes the right to make informed decisions about one's own health care. The ability to exercise this right effectively depends on exposure to good information. Policy makers and physicians also get medical information from the mass media and this can affect their work both directly and indirectly (8, 14, 15). This information should be valid.

Journalists struggle to provide accurate and relevant information about health and medicine, but there are many obstacles between a research report and a short, easy-to-understand and entertaining article (7). The aim of this study was to identify and elucidate obstacles that hinder journalists from improving the informative value (Box) (16) of their work and possible strategies for overcoming these obstacles. We discovered that while the aims of journalists and physicians are not the same, they face similar constraints.

Methods

We began by searching for relevant studies. We searched Medline and ERIC using broad search strategies (available from the authors) in May 1999 and again in December 2000 without language or date restrictions back to 1966. All citations were reviewed by one of us (AL) and any article that appeared potentially relevant was retrieved.

In June 1999 we organised two focus groups with a total of 20 participants in two different countries. In Sweden journalists were identified by personal contacts, and senior BMJ staff assembled a group in the UK. Journalists in both groups were chosen to represent different media and different levels of education and experience. The focus group discussions were tape recorded, transcribed and reviewed by two of us (AL and CC). Prior to the focus groups we constructed lists of possible barriers and strategies for addressing these based on our review of the literature and personal experience. These lists were expanded and modified based on the focus group discussions.

We then conducted semi-structured, in-depth interviews by telephone with ten health reporters from Europe, Canada and Australia. The subjects were chosen through our network of contacts, and with the aim to reach persons from different countries and with different levels of education and experience. The focus groups were open forums with possibilities for free exchange of views on working situations, while the telephone interviewers followed an interview schedule that included specific problems and possible solutions. After 10 interviews, we found that little new information was revealed. The interviews were tape recorded and transcripts were reviewed by two of us (AL and CC).

The focus groups and interviews were used to design a survey with 28 questions (available from the authors). We invited 687 health reporters in 37 countries by email to complete the survey, which was put on a Web site. The target group for this study was professional journalists specializing in health and science reporting. To be included in the study a journalist had to produce at least 10 stories on health or medicine per year. Journalists from the membership lists of associations for science and medical journalists with an email address were invited to respond to the survey. Because email addresses were not available for many members of these organisations, a hard copy of the survey was mailed to a sample of 100 people and we examined potential differences in response rates and responses compared to the Web-based survey.

For each respondent, we assigned a "dominant media", according to the media for which that respondent claimed to use the highest percent of her time. Respondents with no dominant media (i.e., with a tie between two or more different types of media) were assigned dominant media "None." Responses to questions about each barrier were categorized as "Yes" if the respondent either agreed or strongly agreed that the barrier existed. All survey responses were summarized, with frequencies tabulated for dichotomous responses and means, standard deviations, and ranges for continuous responses.

Results

Literature review

We found few articles and very few empirical studies on barriers to improving the quality of medical reporting or interventions to improve the informative value of medical reporting. Several authors have discussed problems with the dissemination of health information to the general public through the mass media and recommend better education for journalists (1,2). Lack of training in critical appraisal and translation of scientific jargon have been reported as factors that limit the scientific quality of medical reporting. Demands from editors for sensational stories have also been identified as a problem in the literature (17). Other constraints that have been identified in the literature include: lack of time and space, competition among journalists and problems finding reliable information (18). The structure of news stories, the need for something newsworthy, and problems negotiating with editors and headline writers have also been identified as barriers (7).

Focus groups

The participants in the focus groups were invited to speak freely of their experiences and to exchange views on problems in daily work. The British group pointed out competition and commercialism as major obstacles: *"Someone said that a journalist's job is to explain the world. That's the kind way of putting it. The unkind way is to say that a journalist's job is to sell newspapers. This is a commercial business, you know. If we don't sell newspapers we are out of our job."* Public relation agents and lobby groups that want to promote certain ideas, studies or a special issue were also seen as obstacles.

Possibly due to their being highly experienced, most of the reporters in the UK group did not identify lack of time or knowledge as major concerns. *"A professional reporter learns to work very fast."*

Journalists working in magazines claimed that there were problems with editors and the structure of the media. *"Editors are not interested in what is accurate and what isn't accurate. As long as it doesn't kill anybody, they're not bothered if it's not actually spot on."*

The Swedish group indicated greater concern about the lack of time and problems finding reliable sources. *"It can be that something arrives on my desk in the morning and I need to have a story ready in the afternoon and in addition I will be interrupted by all sorts of other things."*

Some of the Swedes were concerned about how to choose the right subject in the enormous flow of information from different sources. The selection process was thought to be difficult, given the demand for something newsworthy, not too complicated and relevant to a big audience. *"People don't read newspapers sitting in armchairs in front of a fire. They read them on station platforms, crowded subways, stuck on the street, etcetera. So the stories have got to grab them by the throat."*

Telephone interviews

Ten in-depth interviews were conducted to include journalists from other countries and media and to broaden our understanding of journalists' working situations. The respondents lived in Europe (Finland, Denmark, Germany, Bulgaria), Australia and Canada. The interviews showed that working conditions varied a lot among the reporters, primarily due to type of media, but also in relation to cultural and political circumstances. The healthcare situation in a given country also appeared as an important factor that impacts on the daily work of reporters.

The attitudes of experts who were contacted by journalists were a source of concern for reporters: *"Half of them are really helpful and others are really afraid of bad press. One example was a dentist who said he only wanted to communicate via fax with me. Things like this are really not helpful."* Others thought that the scientific jargon could be difficult: *"Even though I have grown a bit used to it, sometimes the vocabulary is pretty obscure and you don't know what they are talking about."*

Lack of independent researchers was reported as an obstacle by several reporters: *"Well, I am not sure if there are any left. Some few elderly professors in the universities, but they are getting rare."*

Even university research is getting more and more subsidised and when people know something that might be detrimental for the ones who subsidise them they will not talk. Or they will talk off the record, which is not very useful. That is a sad thing, not having any sources left." Another reporter claimed: "an expert that can give you the whole picture with risks, costs and benefits of a treatment for example, is a rare species of whom you should take good care if you find one."

Survey

There was no difference in response rates between the Web-based survey, in response to email messages, and the postal survey. The 148 journalists that answered the survey were quite experienced (Table 1). Most of them worked in magazines or newspapers and the average journalist had been working almost ten years with health matters. Twenty-one reporters had worked for more than 20 years with health stories.

We identified nine barriers to improving the informative value of medical reporting (Figure 1). The predominant ones were lack of time, space and knowledge. Some reporters felt that competition for space and audience were important obstacles, while others had difficulties with terminology, editors and problems finding and using sources. Commercialism was also perceived to be an obstacle.

Barriers varied relative to the media in which the reporters worked (Table 2). Almost half (47.4%) of the journalists working at magazines felt that editors were an obstacle to preparing high qualitative reports. Lack of time was an obstacle most often to radio reporters (91.0%), while expert sources (70.6%), terminology (76.5%) and competition for audiences (58.8%) were noted as barriers most often by TV-reporters.

The respondents were asked about several suggested strategies for improving the informative value of their work (Figure 2). Almost everyone wanted access to reliable, up-to-date background information on various topics available on the Internet and 90% were interested in access to experts in diverse areas of health and roughly the same proportion were interested in learning strategies to prepare more informative reports that are still entertaining and "saleable". A high proportion (over 80%) were interested in strategies for presenting research results simply, in access to help translating scientific and medical terminology, and access to methodological experts. Most (over 70%) were also interested in other possible aids to improving the informative value of stories about health and 79% were interested in participating in a trial to evaluate strategies to overcome the identified barriers.

Discussion

The results of this study represent the perceptions of experienced medical journalists. Although the response rate to our survey was low (22%), this needs to be viewed in light of the fact that the majority of people who were invited to respond were not eligible. The membership of the organisations that we contacted includes science writers who do not specialise in health, editors and others who do not write a minimum of 10 articles about health per year. The breadth of the included sample and the consistency of the findings from the various methods that were used strengthen our confidence in the results.

The journalists included in this study were clearly defined as medical reporters and most of them were quite experienced. The results may not apply to less experienced reporters who do not specialise in medical reporting. Nonetheless, the participants were very heterogeneous. They represent a wide range of media, experience and level of education. They worked in countries with different cultural, economical, political and healthcare situations.

Despite the fact that the respondents' backgrounds differed, there was a consensus on the three most prominent constraints: a majority agreed that lack of time, space and knowledge were major obstacles in their work. This is not surprising given that journalists must work quickly and be brief. Perhaps more unexpected is the self-reported lack of knowledge, as the sample of reporters had been working for many years and had long experience with medical reporting. The steadily

increasing flow of information in the medical field, the breadth of material that journalists must cover, and difficulties finding reliable sources could explain this.

Problems with sources tend to be of considerable importance. Many journalists reported difficulties finding experts willing to assist the media and to explain scientific jargon. Another problem is that experts often have conflicts of interest and these frequently are not revealed (19). Interactions between journalists have been described as a meeting between two professional cultures, with very little knowledge about the participant's different roles and with great tension as a result (6, 20). In general, experts see their appearance in the media as an opportunity to educate and give advice to the public and therefore have a more paternalistic view than the journalist who emphasises the holistic picture of a problem, take a patient perspective and apply a critical view. This is well reflected in our study, both in comments from the survey and in the in-depth interviews.

This problem could be dealt with using different strategies. One would be to try to reduce the cultural differences between the groups, which likely would be rejected by both journalists and experts and would be difficult, at best, given differences in time scales, languages, audiences and motivations between journalists and experts. Another way of dealing with the problem would be to improve the communicating skills of the counterparts. The differences would still be there but greater competency in dealing with them might improve journalistic processes and outcomes. There is clearly a need for interventions that are targeted at both groups – experts and journalists (21).

Another important obstacle to improving the informative value of medical reporting is the attitudes of editors. These people seldom have any higher education in medicine or health matters, nor have they understanding of the scientific process as a whole. Many respondents in our study would welcome training for editors in critical appraisal. Meanwhile they indicated that editors would be unlikely to prioritise such training for themselves. How to reach editors is a considerable challenge, but potentially an important one to address (15, 22).

The finding that there is great interest among journalists to improve the quality of their work by, for example, participating in a trial to evaluate strategies to overcome the identified barriers should be welcomed by the medical profession. However, to be effective interventions should be tailored to address identified barriers and the effectiveness of such interventions should be properly evaluated before being widely implemented. Simply offering advice and courses to journalists is unlikely to suffice.

Conclusions

Health care professionals and researchers aim to improve the quality of healthcare. Ensuring that information about healthcare is valid is essential to this aim. Journalists, on the other hand, aim to entertain as well as to inform people. Their aim is not to promote science or effective and efficient healthcare. Nonetheless, there are striking similarities in the barriers that medical journalists confront in trying to improve the informative value of their work and those that health professionals face in trying to ensure that the care they provide is based on current best evidence (Table 3). Overcoming the constraints that journalists face will require efforts from both journalists and healthcare professionals, as well as an understanding of fundamental differences between the two cultures. A variety of strategies will likely be needed to address these constraints.

Acknowledgements

We would like to thank the BMJ staff for their assistance with convening the focus group of British journalists and all of the journalists who contributed to this study. The Norwegian Research Council funded this research.

Note: The PressWise Trust has devised training packages for health communicators and is happy to enter into joint schemes to deliver that training.

References

1. Johnson T. Shattuck lecture – medicine and the media. *N Engl J Med* 1998; 339: 87-92.
2. M. Schuchman & MS Wilkes, 'Medical scientists and health news reporting: A case of miscommunication,' *Ann Intern Med*, 1997; 126: 976-82.
3. M.S. Wilkes & R.L. Kravitz, Medical researchers and the media. Attitudes toward public dissemination of research,' *JAMA*, 1992; 268: 999-1003.
4. D.E. Koshland Jr. 'Credibility in science and the press,' *Science*, 1991; 254: 629.
5. H.P. Peters, 'The interaction of journalists and scientific experts: co-operation and conflict between two professional cultures,' *Media, Culture and Society*, 1995; 17: 31-48.
6. D. Nelkin, 'An uneasy relationship: the tension between medicine and the media,' *Lancet*, 1996; 347: 1600-03.
7. J.A. Winsten, 'Science and the media: the boundaries of truth,' *Health Affairs*, 1985; Spring: 5-23.
8. R. Grilli, N. Freemantle, S. Minozzi, G. Domenighetti & D. Finer, 'Mass media interventions: effects on health services utilisation,' *The Cochrane Library* 1999, Issue 4.
9. C.M. Kristiansen & C.M. Harding, 'Mobilization of health behavior by the press in Britain,' *Journalism Quarterly* 1984; 61: 364-70, 398.
10. D. Nelkin, *Selling Science. How the press covers science and technology*. Revised edition. New York: WH Freeman and Co, 1995.
11. C. Gorman, 'The hope & the hype,' *Time*, 1998; 151: 40-46.
12. A. Gawande, 'Mouse hunt. Forget cancer. Is there a cure for hype?' *The New Yorker*, 18 May 1998 5-6.
13. G. Kolata, 'A cautious awe greets drugs that eradicate tumors in mice,' *New York Times*, 3 May 1998, A1.
14. D.L. Shaw & J.P. Van Nevel, 'The informative value of medical science news,' *Journalism Quarterly*, 1967; 44: 548.
15. M.T. O'Keefe, 'The mass media as sources of medical information for doctors,' *Journalism Quarterly*, 1970; 47: 95-100.
16. A.D. Oxman, G.H. Guyatt, D.J. Cook, R. Jaeschke, N. Heddle & J. Keller, 'An index of scientific quality for health reports in the lay press,' *J Clin Epidemiol*, 1993; 46: 987-1001.
17. R. Levi, Bättre medicinjournalistik kräver bättre källor, *Vetenskap & praxis*, 1998; 3-4: 8.
18. R. Matz, 'Health news reporting,' *Ann Int Med*, 1997; 11: 948.
19. R. Moynihan, L Bero, D Ross-Degnan, et al., 'Coverage by the news media of the benefits and risks of medications,' *N Engl J Med*, 2000; 342: 1645-50.
20. V. de Semir, 'Medicine and the media: What is newsworthy?' *Lancet*, 1996; 347: 1063-6.
21. V. Entwistle & I.S. Watt, 'Judging journalism: How should the quality of news reporting about clinical interventions be assessed and improved?' *Qual Health Care*, 1999; 8: 172-76.
22. K. Michel, C. Frey, K. Wyss & L. Valach, 'An exercise in improving suicide reporting in print media,' *Crisis*, 2000; 21: 71-9.