

Reporting Medical News: The Medical Journalist

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Medical news, particularly findings from research studies must be communicated to the public. The trade offs between expediency and ensuring quality and accuracy is critically important.

Medical journalists or journalists who report medical news, are the gate keepers controlling the dissemination of medical information to the public. Many in medical journalism would argue that there should be a substantial difference between the reporting of general news and the reporting of medical news. General news consists of relatively circumscribed events that can be reported according to the traditional checklist of journalists: the famous who, what, where, when and why. In contrast, medical news does not usually happen at an isolated point in time that can be encapsulated by those traditional descriptions. Rather, medical information is part of an ongoing stream of experimentation and data production that typically grows out of past experiments and will undoubtedly change, often very quickly, with future experiments. In contrast to general news, which is based on facts and sources and opinion, medical information is traditionally based on data and probabilities and conclusions. Anecdotal evidence, which is on the lowest rung of the evidentiary ladder in science, is often the basis of general news reporting, indeed, the anecdote the event is often the entire focus of a general news report.

This is not to say that one type of content is better than another simply that they are very different and require different kinds of analysis and presentation. Unlike the reporting of standard news, which requires general journalistic skills and familiarity with the subject matter, good medical-news reporting requires additional and very specific skills in the understanding of biostatistics and epidemiology. Given that most medical news stems from scientific studies, it is virtually impossible to do a good job of analyzing and reporting such information without a basic grounding in knowledge of such matters as the strengths and weakness of descriptive studies and analytical studies, the evaluation of association, and potential cause effect and the critical differences between relative and absolute risk in real-life interpretation of results.

The need for such knowledge leads directly to the controversial and complicated question of whether

or not those who report medical news should have special training and or credentials. Many journalists may not agree with me! Meteorologists who report weather are part of the news team. Some local journalists have scientific training background. This gives certain comfort level in knowing the reporter has some scientific background, but one does not have to be a doctor to be a good medical journalist. Doctors are good in a different area of journalism, the medical journals.

The fundamental question in medical journalism is how best to identify, process report legitimate medical information to the public. This calls for professional standards of truth, accuracy and context in every report, free from any personal financial or other conflicts of interest. There is however a more pertinent issue. At the core of media as in medicine, is the principle of self regulation. In such circumstances it is the attitudes of journalists, their editors and program executives that drive standards and in this quest for medical reportage.

Doctors often blame the media for misleading the public about important medical issues. Journalists on their part often argue that doctors contribute to sensational stories about health risk when they prevent the public dissemination of information. Responsible reporting by journalists can illuminate important issues for the general public that might otherwise remain obscured in the scientific arena. In some cases investigative reporters have exposed aspects of medicine that prompted legislative and policy changes in public health care system. Reporters and those in health care industry may never be “pals” but the mass media has an important role to play by engaging public service journalism that uncovers problems in medicine and medical science.

Too often, journalists pursue medical news as if they are reporting on a hostage crisis. Information is delivered rapidly, but little time is taken to provide a context for the story. Instead, the reporting is sensationalized: the journalist overstates a scientific finding and, as a result, the public is misled about the implications of that finding. This sort of reporting has its roots in newsroom pressures to dramatize stories by sounding alarms or touting cures, but scientists and scientific institutions occasionally contribute

to sensationalism. Scientists have understandable desires for publicity. It may help them get funding, is valued by institutions and increases awareness of their research. The efforts of scientists to attract media attention, however, can result in flawed coverage. For example, press releases are issued that are inaccurate or incomplete and press conferences are held even though the data being discussed are preliminary. Scientific organizations invite the media to their presentations without providing explanations of epidemiologic and statistical concepts or access to scientists who can critique a given research effort.

What is medical news? Who defines news? Medical journalists are in competition with literally hundreds of stories everyday, political and economic stories of compelling interest. They often have to overstate, they have to come close to within boundaries of truth to a dramatic compelling statement, as a weak statement will go no place! There are similar competitive pressures on the medical establishment, a world where medical centers, researchers, biotechnology firms, and individual practitioners increasingly use the techniques of the business world, press conferences, press releases, to gain or maintain market share or to increase the chances of receiving funding for research.

The increasing commercialization of medical research by business interests concerned primarily with profits has led to a secretiveness and even cutthroat mentality that prompts blatant attempts to

manipulate the media. There are those who use the media for profit. They encourage stories about the faults of their competition. They leak medical stories to the press or in some cases have open press releases to boost their companies stock values. This pressure to commercialize has also extended to scientific meetings, which are now becoming more like exercise in public relations organized for the benefit of the media. These meetings, which used to allow the free flow of information between scientists without fear of commercial or media intrusion, are now typically orchestrated to highlight reports that will clearly appeal to the public. The added confusion of financial conflicts on the part of so many presenters at scientific meetings increases the possibility of media manipulation.

Doctors often view the media as conduit or pipeline responsible for transmitting medical information to the public in a way that can be easily understood, they expect to control the flow of information as they do in their own medical journals. They assume that the purpose of medical journalism is to convey a positive image of medical science, yet medical journalists do not see themselves as trumpets of medical science. Growing awareness of the impact of media reporting of medical news is influencing media coverage of medical news. "Be careful about reading medical news, you might die of a misprint or is it of a mistake?"