

## **Twin Cities TV health news**

### *On the road to irrelevance?*

**By Gary Schwitzer**

Aging baby boomers, health-conscious twenty-somethings, and cost-conscious seniors are all searching for more health and medical news and information. A Harris Poll found that 74 percent of all those who use the Internet have looked for health information at some time. That's 51 percent of all adults, or about 111 million people. But a recent Gallup Poll still found the Internet near the bottom of the list of sources the public goes uses for health and medical news.

Where do most people go for health and medical news and information? The Gallup Poll found that television is still by far the most popular source. However—and strikingly—the same poll found that television is the least trusted source of such information.

My teaching and research interests reside in the intersection of television news and health care journalism. This past year, I watched 840 health news stories on four Minneapolis-St. Paul television stations (KARE, KMSP, KSTP, WCCO) for four months (February 2003 through May 2003). What viewers got in those four months was often, in my estimation, a violation of the Radio-Television News Directors Association code of ethics. The code calls on electronic journalists to “present the news accurately, in context, and as completely as possible” and to place “primary value on significance and relevance.” Many stories, while perhaps technically accurate, lacked context and completeness. Some stories seemed to value the insignificant and irrelevant, with an almost complete lack of evidence given to support many of the sensational claims made, and with an almost complete disregard for cost or health policy implications.

### **“Breakthroughs”**

KMSP reported “a medical breakthrough” that “central sleep apnea may be a risk factor for heart failure.” The reporter concluded with a promotional suggestion: “You may want to get a sleep test to see if you’re a candidate for a heart attack.” He did not report that there is no evidence to support such a screening test in the general population.

Some unspecified results in some of only 12 study participants were good enough for WCCO to proclaim: “News of a medical breakthrough could lead to a lifesaving cure for people with cystic fibrosis.” The story did not explain what improvement was seen or how it was measured. No other sources were interviewed.

WCCO reported that “the vasectomy breakthrough of a Twin Cities company is faster, less painful, and is now at a doctor’s office near you.” Ten months later, the Saint

Paul Pioneer Press reported that the company making the device “has found stronger-than-expected resistance to trying the device.” WCCO has not reported that follow-up experience.

“One of the biggest breakthroughs ever in cancer treatment could be underway right now right here in Minnesota,” another WCCO story began. But since the story was about a trial that was just beginning, there were no data on safety or efficacy, so not much more could be said except that the trial was beginning. Labeling this as possibly one of the biggest breakthroughs in the history of cancer treatment is not supported by evidence.

Botox, a drug that has drawn much news coverage for its wrinkle-removing uses, received enthusiastic coverage by KARE for its use in pain control. The station called it a “new wonder drug for pain ... nothing short of miraculous ... what some consider a miracle drug.” The single physician source who was interviewed “says his patients are proof Botox is a miracle drug.” The station should have told viewers that science doesn’t work that way. It demands independent confirmation. So should journalists.

### **“The first, the only...”**

Like carnival barkers or snake oil salesman of days gone by, stations bellowed a barrage of “first” and “only” claims. KARE reported on two high-tech acne treatments, promoting one clinic as “the only Minnesota source for the new FDA-approved

bacteria-busting treatment” and proclaiming that one hospital had “Minnesota’s first ‘Smooth Beam’ laser.” Another hospital got free publicity from KARE for its “new menopause center—the only one of its kind in Minnesota.” No other hospitals were interviewed for what services they might offer women.

WCCO discussed “the only clinic in the state to offer this type of face lift.” No data on safety or efficacy were provided. No independent source was interviewed.

KSTP said a local hospital was “one of the first medical centers in the United States and the first in Minnesota to offer a revolutionary new procedure for people with heart arrhythmias.” On a different night, KSTP reported that “a new medical device just approved by the FDA promises to revolutionize the treatment of heart disease” and said its reporter had “just returned from one of the first procedures done in Minnesota.”

In all of these stories, what was missing was context, discussion of competing alternatives, cost information and risk/benefit evidence.

## **What's missing**

What else was missing? Bigger-picture stories about the many genuine crises that our health care system is facing. There were no stories regarding concerns about “the medical arms race”—that is, the proliferation of expensive specialty clinics, or new technologies without evidence for the need for such expansion. In fact, there was little news coverage of any important health policy issues, at a time when Minnesotans were facing annual double-digit premium increases, when they were going to Canada to get cheaper prescription drugs, and when Governor Pawlenty said that health care was “at the same time Minnesota’s costliest problem and its greatest opportunity for change.” As shown in Figure 1, health policy news got just about the same amount of attention as news about cosmetic issues such as Botox, facelifts, acne treatments, etc.

## **Lack of quality**

The Project for Excellence in Journalism conducts annual studies of the state of local television news. The prologue to the 2002 report was entitled “On the Road to Irrelevance.” The report cited several aspects of quality newscasts, including enterprise level (how much legwork the station or reporter had to do to cover the story), number of sources and viewpoints represented, and story focus (“Was it a larger issue or trend ... or was it an everyday incident, human interest or popular culture?”).

Of the 840 health-related stories reported by the four stations during the four months of analysis, only 77, or 9 percent, were “enterprise” stories that the stations originated themselves. All the others simply followed scheduled events of the day, news releases, journal studies, local hospital announcements or handouts.

Most of the 840 stories were single-source stories—never a good journalistic practice, but lethal in the health-care world with its jungle of competing vested interests. Sometimes the only viewpoint presented was that of someone who had something to gain from making the new idea look good. This trend toward commercialism in health news was one of the most disturbing findings. Many stories lacked enough focus to tell viewers the context, the larger issue or trend at stake in the story. When cost information and evidence of risks and benefits are left out, stories lack quality.

## **Signs of change?**

Television stations—even those without full-time health care journalists—can do a good job covering health policy news, with a little extra effort. I have a demonstration project underway with KMSP to increase and improve station coverage of health policy news. As of this writing, the station has produced two half-hour special reports on health policy issues during its important ratings months of February and May. That’s almost unprecedented in local TV news.

There are also promising academic and professional programs to improve health journalism. The University of Minnesota School of Journalism and Mass Communication is now offering a health

journalism Master of Arts graduate program. And the Association of Health Care Journalists is a 750-member organization dedicated to improving health journalism.

Viewers of local TV news deserve a more accurate picture of the community’s health care needs and of proposed solutions than what they’ve been given. But they also need to exercise a healthy skepticism when it comes to viewing health care news stories. The sidebar lists some suggestions for evaluating the coverage you’re watching.

The problems identified in my study are not seen only in Minneapolis-St. Paul. In fact, health care news may be better here than in most cities—despite the fact there is not one full-time TV health journalist in this, the 14th-largest TV market in the country. These problems can be solved. Stations need to assign full-time health reporters, provide for training, and allow time to tell a complete story.

In this election year, health care may be the leading domestic issue. Stay tuned.

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*Figure 1. Coverage of health policy news vs. cosmetic health news*

Measurement	Health policy	Cosmetic health
Number of stories	26	19
Cumulative time	29 minutes	27.5 minutes
Average length	54 seconds	87 seconds

## Sidebar

### *How to scrutinize TV health care news*

- If it sounds too good to be true, it probably is. Medical science moves slowly. Miracles, breakthroughs, and cures do not happen nightly, as the news may imply.
- If only one source is interviewed, be skeptical. There's almost always another side to a health news story.
- If a story about a new drug or a new therapy doesn't include statistics about both benefits and risks, be skeptical.
- A well-done health news story should include information about uncertainties and unknowns, instead of making everything sound certain for all people.
- Mouse studies may not mean anything in people. Drugs that looked promising in trials may cause problems later on. The newest isn't always the best.
- How much does this procedure cost? Will insurance cover it? How does it compare with what's already available?
- If you see sensational stories filled with hyperbole and little evidence, you should call or write the TV news director.