The hospital media relations person was troubled when she contacted me. A television station had referred to an infant’s survival as a “miracle” despite the media relations person’s best attempts to explain why that term might be inappropriate.

The story, which had focused on a tiny infant, one of the smallest to survive, referred to his survival as a miracle several times. Not once were the possible downsides mentioned—the increased risk of death and complications when any infant is born too soon or is extraordinarily small. Moreover, the child’s survival was not a miracle. It was simply what medicine can do today.

The media relations person found an article I wrote in 2000, “The Seven Words You Shouldn’t Use in Medical News,” and sent it to the news director of the television station that reported the “miracle.” Miracle was one of the words. I wrote then, “There is no need to elevate the accomplishments of medicine to a supernatural level.” The other words were cure, breakthrough, promising, dramatic, hope, and victim. I didn’t create the list in a vacuum. Over my many years of covering health and medical news, sick people and their families created the list for me. They told me how inappropriate use of these words misleads people, obscures facts, and hurts people.

The television story in question referred to the parents’ hopes for the tiny infant to become a hockey player someday. That certainly was touching and bound to grab the audience, reminding me of the way that people warmed to last winter’s blockbuster movie Miracle on Ice. But I am chilled by the use of miracle in health care news. It’s time to put miracle and its siblings in the hyperbole family on ice. Having left the news industry, where I worked for 15 years, and now having joined the faculty of the University of Minnesota School of Journalism and Mass Communication, I have documented continuous and serious abuses of language in health care news.

In 2003 I tracked health news coverage on local television stations KARE, KMSP, KSTP, and WCCO. Sensational claims not backed by data and hyperbole in TV news scripts were two of the 10 troublesome trends I documented. The stakes are higher with such sensationalism in 2004. Health care consumers are paying for the proliferation of unproven technologies, for services they may not need but for which they’re given little evidence of efficacy or harm, and for the marketing of drugs for uses for which they’re not intended. Normal states of health are being “medicalized” so that more of the worried well feel they have more wrong with them. And if these people are in your insurance pool, you subsidize them.

As they’re used today, my “seven words” have no place in medical reporting. But perhaps they could be put to better use in describing the current state of U.S. health care.

• It might take a miracle to offer health insurance to all citizens—something almost every other country already does.

• A cure might be decisive federal action to control prescription drug costs—and/or tough negotiations by states—so that Americans don’t have to run to Canada.

• It would be a breakthrough if we ever had a meaningful national discussion of our health care priorities.

• It would be promising if health insurance premiums and/or drug prices didn’t increase by double digits in a given year.

• It would give citizens hope if political candidates would address meaningful health care reform rather than expensive Band-Aid approaches that consumers don’t understand.

• We are all victims today of a nonsystem in health care. We don’t know what we’re buying, and we don’t know what works and what doesn’t work in health care.

• It would be dramatic if journalists paid more attention to these issues and put words like miracle on ice.

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