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Doctoring the News:

Miracle cures, video press releases and TV medical reporting

by Gary J. Schwitzer

Wall Street Journal, July 24, 1992

Headline: "CNN Business Editor Did Video Work for Brokers"

Excerpt: "Lou Dobbs, the business editor of Cable News Network, is one of the most influential television journalists covering Wall Street. ...Mr. Dobbs in recent years has built a sideline as a paid spokesman -- mainly on videotapes shown to brokers and their clients -- for several of the same Wall Street institutions CNN reports on."

New York Times, August 19, 1992

Headline: "Politician? Journalist? Fuzzy Line Gets Fuzzier"

Excerpt: "Even the most astute viewer was probably at a loss to figure out what hat John H. Sununu was wearing today on television. This morning he was the former White House chief of staff turned lobbyist, praising President Bush and bashing Governor Bill Clinton on the ABC program Good Morning America. Tonight he was transformed into talk show host...on his CNN program, Crossfire. ...Journalists and politicians have long hopped back and forth between government and political work and newspapers and broadcasting. But the permeable barrier between the two fields is now so battered and blurred as to produce a whole new set of questions about fairness and journalistic ethics."

These questions about ethical practice and basic sensibility in journalism are constantly being asked, but not about my own area of special journalistic interest, the coverage of medical news. Today, with video news releases, paid appearances by celebrities and friendly physicians, and barrages of mailings, telefax and satellite transmissions, the medical industry's spin doctors are having an easy time reaping free publicity from many media outlets.

But there are losers in this game, and that's why it becomes an ethical concern. In daily medical news coverage on television, the audience is sometimes not told that the 'experts' being interviewed have been paid by the manufacturer of the drug or device being discussed. Viewers see news stories that rely on single sources, who make convincing, authoritative statements, with no allusion to the possibility (indeed, probability) that there is a valid countering opinion just around the corner in the scientific community.

A few years ago, I received a news release from a public relations firm, proudly announcing that a St. Louis television medical reporter had been hired as a consultant, available to discuss "the role of video in pharmaceutical marketing." I was also shocked to read that the reporter would continue in his position on the air, broadcasting medical news. This was a brash, stunning public pronouncement of

what I'd thought would have been handled as an under-the-table embarrassment. The rules of medical reporting have clearly changed.

Deadline-pressured, budget-crunched news staffs routinely use portions of video news releases slickly-produced by vested interests in the health care industry, without telling the audience that part of what they're seeing is from slanted sources. This change in the coverage of medical news receives no headline attention, perhaps because it has already been ingrained into the brains of reporters and editors as accepted practice.

Part of the problem, at least in television medical news coverage, is that some people are being thrown into this beat soon after getting their "press card," and long before they're able to react with any seasoned judgment. The television news industry has reacted to the void in health and/or medical science news specialists, scrambling to find anyone to plug into the spotlight, with an assumed title, and a promotable new niche.

In 1989, the Robert Wood Johnson Foundation sponsored a survey of medical reporters. It showed that the majority of respondents had been hired in the previous two years. It also showed that stories on new drugs and new treatments were far more popular with these new editorial decision-makers than were stories on ethical issues in health care, health care policy, or access to care.

"You can stack up a mountain of tapes of stories on the recent Pittsburgh baboon liver transplant," said Dr. Arthur Caplan, director of the Center for Biomedical Ethics at the University of Minnesota. "But that research has affected one person so far. Meantime, you'll have a skimpy pile of tapes of stories on access to health care for the urban poor, and that's an issue affecting millions."

Caplan has a long list of what he considers "goofy, gee-whiz" medical news coverage. He decries the following trends in medical news coverage:

- Difficulty distinguishing between an experimental research project and a therapy or a cure.
- Dependency on "breakthroughs" in each week's New England Journal of Medicine or Journal of the American Medical Association. "There is not enough attention going beyond spoonfeeding," Caplan says.
- Trimming medical news to 10- or 20-second sound bites.
- Ignorance of the underlying business concerns of medical news sources.
- Not enough coverage of the structural, institutional, political, financial side of medicine.

"If it ain't buzzin', beepin', or hummin', no one's gonna cover it," Caplan says.

Caplan says there can be ethical conflicts with the media's business interests when medical reporting is involved. For example, the CNN medical news unit's stories usually run on a schedule determined not

by their editorial merit, but by a sponsored commitment.

Cable News Network is rightfully applauded for its coverage of important world and national events and in many ways it has changed journalism for the better. But its record in medical journalism is somewhat spotty. Although the network has drastically increased public awareness of medical news, it has also drastically changed the way the subject is covered.

CNN airs its "News from Medicine" segments as often as it does because they are sponsored by a major pharmaceutical company. Bristol-Myers Squibb. Bristol-Myers was one of the first sponsors recruited by CNN before the network went on the air in 1980. The company's commercials not only run immediately after the stories produced by the network's medical news unit, but are billboarded, as TV people say, with a tag line following the story, saying "News From Medicine is brought to you by Bristol-Myers Squibb, makers of...(insert product name)". Then the overt commercial appears.

"When the conflict-of-interest potential is so self-evident, the advertisement should be moved so the suggestion is minimized," Caplan says.

Producers of hourly blocks of news feel their hands are tied by the need to run another sponsored feature regardless of its merit. The medical news unit, forced to meet a sponsored commitment of a set number of stories per week, is often torn between its best journalistic judgment and the need to simply fill slots. The staff is serving two masters and the one paying the bills usually wins. As a result, the best story of the day may not make it on the air.

This problem became obvious on one occasion in January of 1988. When a major study of aspirin in the prevention of heart attacks was released, CNN management allowed the sponsor's aspirin commercial to air immediately after the medical news story about the aspirin study. Some viewers caught the faux pas and called in their complaints. When it was suggested to CNN management that even the hint of impropriety should be avoided, the response was that the sponsor didn't create the coincidence, and that people who would object to the juxtaposition didn't understand the practical reality of commercial television.

Later that year, the same sponsor rejected a partially-completed medical news unit documentary on health care reform issues in the 1988 presidential campaign. The documentary was never completed. Apologies were made to those who had already been interviewed for the project.

Not all unethical medical news coverage is so overt. It could be argued that a hurried approach to a medical news story is unethical, as in the 1990 CNN coverage of a blood-heating experiment in AIDS patients. A story was rushed into place in reaction to a local Atlanta television station's disclosure of this experiment. Strikingly, and in violation of journalistic good judgment, no second opinion was sought before the story aired. Only the statements of the physicians who were carrying out the experiment appeared in the original story.

TIME magazine reviewed the CNN coverage in its ethics column of June 25, 1990: "What is a TV viewer, particularly one who has AIDS, to make of this story? Is the treatment a miracle cure? Or is it a mirage that cruelly raises the hopes of AIDS sufferers?"

Pack journalism set in and many members of the media picked up on the story. The coverage led to such a furor that several federal government researchers visited the hospital where the experiment took place. They reported that the hyperthermia "appeared to have offered no clinical, immunologic or virologic benefits." They also questioned whether the patient's skin lesions, which the experimenters had labeled as signs of the AIDS-related Kaposi's sarcoma, were, in fact, signs of cat scratch fever.

They concluded that there was no reason "for further human experimentation in this area at this time." Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, accused the experimenters. He said, in a September 1990 Associated Press story, that they caused "a lot of confusion, frustration and false hope on the part of HIV-infected individuals.... This is just another example of why we've got to be careful before we jump on claims... of a new treatment or cure."

Clearly, the blame for the "confusion, frustration and false hope" must be shared by the media that made this little experiment into a major international news story. Indeed, it was this same CNN medical news unit that, in January of this year, fell prey to a prank call suggesting that President Bush had just died. The tip passed through the unit's faulty screen, and was about to be announced on CNN Headline News before the story itself was killed. (*As reported by Associated Press, January 9, 1992.*)

"Anyone who's been around this business for any length of time knows where the problems are, has seen things come and go, and knows that what's held out today as a breakthrough may not be around tomorrow," says American Society of Internal Medicine trustee Dr. E. Rodney Hornbake, III. "Don't suffer from a 'deity complex,' making a false assumption that everything a physician or scientist says is automatically more honest, aboveboard, or even peer-reviewed."

Covering health and/or medical science news is different from covering city hall, or the police beat, or politics. Being right, rather than being first, is worth points. It's not good enough to simply shove a microphone in somebody's face and regurgitate on the air whatever comes out. Reporters may not need special skills to cover medical news but they do need a strong dose of special judgment. Getting a second opinion can be as important for the medical reporter as for the medical patient. Cute writing doesn't cut it, not when words like "cure... breakthrough... miracle" imply a certainty that is usually impossible to verify on deadline.

The media's ethics and credibility are being questioned. In medical news, more than votes or money is at stake. People are relying on the media to make judgments about their health, and it's a responsibility too great to be mishandled.