



Ten troublesome trends in TV health news

A 2002 Gallup poll showed that many Americans consider television their most important source of news and information on health. It also showed that television is one of the least trusted sources of such news and information. I studied each of the 840 health news stories that appeared between February and May 2003 on four television stations (KARE, KSTP, KMSP, WCCO) in Minneapolis-St Paul, Minnesota, where I live. As I watched hours of health news coverage, 10 troublesome trends scrolled across the screen.

Too brief to matter—Brevity robs viewers of the chance to grasp the significance of health stories. TV stations often pay lip service to health news by creating segments (“Lifeline Minute” or “Health Headlines”). But as more than two thirds of the stories in this analysis lasted less than a minute, and more than half were 30 seconds or less, this is a shallow commitment.

No full time health journalists—In the four months the four stations used 58 different people to report on health news, not one of whom worked full time. How can excellence and expertise be achieved when so many journalists are asked to cover these issues and with none owning responsibility?

No data to back up sensational claims—Journalists not trained in the nuances of

covering health and medical news may be more likely to report stories that make unproved claims of research progress. More than bothersome, this is a potentially dangerous trend. It could promote a misconception: that participants in a research trial will certainly derive direct benefit from what is actually an experiment with uncertain benefits and harms.

Hyperbole—Hyperbole threatens the credibility of television health news. One example: Botox, a drug that has been much in the news for its wrinkle removing uses, received enthusiastic coverage by one station 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 doctor who was interviewed “says his patients are proof Botox is a miracle drug.” Science doesn’t work that way; it demands independent confirmation. So should journalists.

Commercialism—My analysis found many examples of reporting that contained elements of commercialism: statements from private companies with no balancing statements from competing companies or other sources; and stories mentioning a link to a private company’s website and links to the commercial website given on the station’s news website.

Single source stories—News stories that rely on only one source are not good journalism. Anyone with knowledge of the healthcare industry, of medicine, and of the scientific community knows that many vested interests reside among government health spokespeople, researchers, universities, drug companies, device manufacturers, providers, insurers, and so on. But single source stories were the rule, not the exception.

Baseless predictions from basic science—Many stories leapt from mouse studies to potential treatments in people or from phase I drug trial findings to imminent approval by the Food and Drug Administration (FDA).

FDA approval treated as a fait accompli—Stations often treat drug approval by the FDA as a mere formality, either not mentioning that a drug is still in an early phase of research or referring to FDA approval as something that “could” or “should” happen soon. Sixteen stories in the four months discussed drugs that had not been approved by the FDA without clear caveats about this early phase of research. Rather than reporting on a company’s hopes for its product or the potential sales, journalists could better serve their audiences by reporting on the evidence for and against a product, explaining the distinction among phases of drug trials, and including explanations of the hurdles, unknown factors, and potential problems in drug or device research.

Little coverage of health policy—Despite the occurrence of many national and local events to do with health policy (Medicare, Medicaid, managed care, health costs, insurance, access to care, and so on) the four stations had little coverage of health policy during the four months of analysis. There was almost as much coverage of stories on cosmetic health (wrinkle removing, liposuction, face lifts, and body contouring—some of which are not even covered by insurance).

No time for enterprise—Of the 840 health related stories only 77 (9%) were originated by the stations themselves. All the other stories simply followed scheduled events of the day, news releases, journal studies, local hospital announcements, or handouts.

Common practices?

Can these findings from Minneapolis-St Paul be generalised to the rest of the United States? Ours is the 14th largest television market in the country and is viewed by some people as one of the best in the nation. The mobility and turnover of television news personnel may mean that the practices found in this study are commonplace in other markets.

Local television news has tremendous reach and potential impact on Americans. But the many Americans who get their health and medical news and information from local television news are receiving a distorted picture. Remedies for these ills are well within reach: training, more time, and more effort. News directors may also be wise to consult a new statement of principles published by the Association of Health Care Journalists (available at www.ahcj.umn.edu/files/AHCJ_principles.pdf (accessed 12 Oct 2004)).

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