

## Misplaced priorities in health news coverage

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Imagine a reporter filing a story from the Detroit Auto Show. She writes about one car maker's hot new model as if it is the best thing since the '57 Corvette. But in the excitement over the chrome and style, she doesn't mention the cost of the new model, doesn't compare it with other manufacturers' offerings in the same class, and doesn't mention anything about performance (fuel efficiency, handling, braking, safety issues, etc.)

An editor would certainly raise questions about this kind of puffery.

But over on the health care beat, the majority of stories on new products, procedures, treatments and tests are published without including comparable information. Claims that would never be accepted unchallenged from a politician are accepted unquestioningly from physicians and researchers and company spokespersons.

This isn't a blind accusation. We have more than a year's data to back it up – after our [HealthNewsReview.org](http://HealthNewsReview.org) project reviewed more than 400 stories from almost 60 major news organizations. The majority of stories fail to adequately discuss costs, data on benefits and harms, and comparisons with existing alternatives. These are among 10 criteria we use to evaluate health news stories that include claims of how well things work or how safe they are.

Percentage Satisfactory for 10 criteria for 400 stories.

<u>Criteria</u>	<u>% Satisfactory</u>
<b>Did the story adequately discuss costs?</b>	22%
<b>Did the story quantify the potential benefits?*</b>	27%
<b>Did the story quantify the potential harms?*</b>	32%
<b>Did the story evaluate the quality of the evidence?</b>	33%
<b>Did the story compare the new idea with existing alternatives?</b>	37%
<b>Did the story have more than one source and look for potential conflicts of interest in sources?</b>	55%
<b>Did the story appear to rely on a news release?</b>	63%
<b>Did the story establish the availability of the test or treatment?</b>	68%
<b>Did the story commit “disease-mongering” – exaggerating the condition or medicalizing a normal state of health?</b>	70%
<b>Did the story establish the true novelty of the idea?</b>	86%

This kind of coverage provides a “kid-in-the-candy-store” portrayal of the health care system that leaves readers with the impression that most products or procedures in health care are amazing, harmless, and without a price tag. The evidence with Baychol, Vioxx, hormone replacement therapy, stents, prostate cancer screening – and many other treatments and tests – shows that this picture of health care is naïve and incomplete.

HealthNewsReview.org has been embraced by many professional journalists. It's been recognized with a Knight-Batten Award for Innovations in Journalism (2006) and a Mirror Award for media industry reporting (2007). Reporters who write about health care topics have been overwhelmingly supportive and thankful for the guidance the site

provides. Some tell us that our independent, unbiased, evidence-based reviews provide more guidance than they're likely to get in their newsroom. Each story is reviewed by three different people with a mix of backgrounds in journalism, medicine, public health and health services research.

But reporters tell us we need to deliver the message to editors as well. How can editors ensure that stories improve?

1. Raise the bar for healthy journalistic skepticism whenever claims are made in health care about how well something works, how safe it is, how easy it is, and what an improvement it is. There are conflicts of interest and industry marketing efforts at play around every corner in the dissemination of health care news. Question every claim, seek independent perspectives, and keep the reader (not the source) in mind with the final story. Just because something is published in a reputable journal doesn't mean it's the last word. Be sure that cost information (including the likelihood that an idea will be covered by insurance) is included in all stories. It is difficult to fathom how most stories we've reviewed fail to adequately address costs – at a time when health care spending now represents a historically-high 16 percent of the gross domestic product.

2. Think about what criteria you use (if any) in reporting health care claims. If you don't have any, you might use our ten ratings criteria as a checklist. Some top health care journalists have told us they now use this checklist on a regular basis.

3. As an [editorial in a leading medical journal](#) urged, in general, don't report preliminary research findings. Those researchers wrote: "It is tempting to report the latest findings, but what is new may turn out to be wrong. ... 'Work in progress' presented at scientific meetings is especially vulnerable to mischaracterization: Promising reports often fail to pan out, and methods, results, and interpretations change over time. When the press reports preliminary findings, they should highlight the cautions listed here."

4. Stop trying to squeeze health and medical news into briefs and digests. Reporters can't do a good job in this format and readers don't get anything out of such briefs except a skewed and incomplete picture. We're tracking this troublesome practice.

5. As the [Society of Professional Journalists' code of ethics](#) states, distinguish between advocacy and news reporting. Sometimes, in an apparent attempt to "do good," some individuals and news organizations have taken one-sided approaches to health care stories – the equivalent of an advocacy stance. The [Poynter.org website](#) published my article on a recent wave of such stories.

6. Editors and reporters should attend the National Institutes of Health annual workshop on "Medicine In the Media: The Challenge of Reporting on Medical Research." This is an excellent and inexpensive training session.

7. Finally, every time your news organization plans to report a story on new tests, treatments, products or procedures, ask yourself when was the last time you reported on local health care costs, on the rate of the uninsured, and on questions of quality in health care. Ask yourself if there isn't a health policy or health care reform question imbedded in the story you're about to report.

Why do we need the umpteenth new drug for erectile dysfunction?  
How good is the evidence on benefits and harms?  
Who says we need another CT or MRI machine in town?  
How many specialty heart centers does one region need?  
Who says million dollar robotic surgery devices are necessary?  
Who stands to gain from the introduction of new devices and new facilities?  
Who's asking questions in your community about hospital expansion?  
Why is there still uncertainty about the benefits of screening for prostate cancer?  
Where are the tools to help consumers in what insurance marketing people call a  
"consumer-driven health care" era?  
How much money are local medical centers spending on marketing?  
How does the rate of low back surgery locally compare with other regions?  
How much are insurance premiums rising in your community and why?

These are the kinds of questions we should be asking every day. These are the stories that should outnumber those about new products and procedures in your newspaper. These are the stories that will give readers the news they need, not just the news someone with a marketing budget wanted them to read.

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