



EDITORIALS

Pollution of health news

Time to drain the swamp

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US President Donald Trump placed the term fake news in the global lexicon with his repeated criticism of journalism that doesn't suit him. But with the viral spread of that term, many now apply it to what is actually sloppy journalism. Fake denotes deliberate deceit. Sloppy refers to a much broader range of hurried, incomplete, poorly researched news, not necessarily with deceitful intent. They are different problems with different sources and require different solutions.

Journalists and public health officials have shown that Trump has promoted fake news about health and health policy with, for example, his statements about vaccines and autism.¹ His recent State of the Union address included false assertions about the Affordable Care Act^{2,3} and the US Food and Drug Administration.^{4,5}

The democratisation of the internet delivers the unfortunate side effect of allowing fake health news to be spread by websites that deliberately publish hoaxes, propaganda, and disinformation as real news—often using social media to drive web traffic and amplify their effect.⁶ One newspaper analysis stated, “Misinformation published by conspiracy sites about serious health conditions is often shared more widely than evidence-based reports from reputable news organisations.”⁷ Google and Facebook have taken steps to try to stop fake health news messengers at least temporarily.⁸

Polluted stream

The flow of healthcare and research news to the public can be contaminated at various points along a polluted stream of information.

Social media sites are often mere conduits for news coming from further upstream, including vested interests that stand to gain by promoting their ideas in the most positive light. The sources of the pollution are often public relations news releases emanating from these vested interests, most notoriously from questionable commercial interests such as companies selling herbal cures for cancer, but also from mainstream government health agencies, researchers, universities, clinicians, hospitals and medical centres, drug and device manufacturers, and industry funded advocacy groups.

When researchers, their journal manuscripts, news releases, and journalists spin findings to emphasise the beneficial effect of

an intervention,⁹ is that fake news? The definition seems to matter less than the imperative to find a solution.

The media watchdog HealthNewsReview.org has systematically reviewed more than 330 healthcare news releases in the past two years. Our aim is not only to check facts but to help citizens learn how to improve their critical thinking. If we had not begun looking, the following troublesome episode would probably have evaded scrutiny.

Last year, a University of Maryland news release claimed, “Concussion-related measures improved in high school football players who drank new chocolate milk.”¹⁰ We raised so many questions that the university announced an internal investigation. Its final report uncovered a debacle, describing a study with “too many uncontrolled variables to produce meaningful scientific results, particularly troubling because students were used as subjects.”¹¹ The report stated that the lead researcher did not declare \$200 000 received from the Allied Milk Foundation as a conflict of interest, and this was part of “a concerning lack of understanding of the basic principles of conflict of interest in research at all levels.”

We have no evidence that the authors set out to deceive deliberately, but their preliminary, un-peer reviewed, and unpublished data were seriously conflicted and had the potential to mislead. The report called for sweeping changes in university policy.

One aspect of this episode deserves more attention, since it has potential ethical ramifications for universities everywhere. This excerpt of the Maryland report captures the issue:

The PI [principal investigator], as well as several others, expressed less concern for, and were perhaps less attentive to, the potential of a research conflict of interest in part because they felt that this project was in support of small business which is highly encouraged by the state and actively promoted by the university.

The research was funded through the Maryland Industrial Partnerships programme, which “promotes the development and commercialization of products and processes through industry/university research partnerships.” Most universities now have such technology transfer programmes. How much

more news that is conflicted or worse will we find emanating from such efforts, especially if researchers perceive that this is what they are being encouraged to promote?

There is a saying: “Journalism is printing what someone else does not want printed; everything else is public relations.” Media watchdogs often find substantially more of the latter than the former.

Many news organisations have increased their fact checking of political news in recent months. We wish we had seen a commensurate boost in checking of news about public health, healthcare, and biomedical research.

Health news that is fake, sloppy, inaccurate, imbalanced, or incomplete threatens public health, public policy, and individual decision making. Journalists cannot simply practice stenography. They have an agenda setting responsibility to help people “learn how much importance to attach to a topic on the basis of the emphasis placed on it in the news.”¹²

Now, more than ever, the public should have higher expectations of higher standards in journalism about healthcare. Journalism has the ability to expose and dismantle news that is fake and to refute unsubstantiated criticism of news that is not fake.

It is time to drain the swamp created by the polluted stream.

Competing interests: I have read and understood BMJ policy on declaration of interests and have no interests to declare.

Provenance and peer review: Commissioned; not externally peer reviewed.

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