

Unhealthy Advocacy: Journalists and Health Screening Tests

BY GARY SCHWITZER · MAY 14, 2007

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Journalists and news organizations sometimes seem to abandon their usual healthy journalistic skepticism when it comes to coverage of certain health screening tests. While the journalistic intent here may be benign, the practice may produce more harm than good.

I lead a team that monitors U.S. health news coverage each day for a Web project, HealthNewsReview.org, that evaluates and grades health news stories. In the course of that work, I've seen surprisingly strong evidence of bias in favor of screening tests. Some stories, even by reputable journalists, ignore the recommendations of the [U.S. Preventive Services TaskForce](#), probably the most important, unbiased, balanced source on such questions. And the American College of Physicians' recently released [guideline](#) on mammography for women in their 40s doesn't seem to be getting the attention it deserves, either.

What gets left out of these stories is the important concept that both benefits *and harms* can come from screening tests. You can screen many people and find a few problem cases. But in the process, there are always false-positive test results that suggest people have a problem when they really don't. That leads to anxiety, more testing (some of which carries its own risks) and more expense. Also, with today's more sensitive screening tests, some forms of "pseudo-disease" may be found -- early hints of possible problems without clear evidence about whether they will go on to create real trouble or not. That can mean many more people are inappropriately labeled with "disease" and treated. (An excellent source on these issues is the [book](#) "Should I Be Tested For Cancer? Maybe Not and Here's Why" by Dartmouth College's Dr. Gil Welch.)

Some specific examples:

Prostate cancer screening

The U.S. Preventive Services Task Force concludes "that the evidence is insufficient to recommend for or against routine screening for prostate cancer using prostate specific antigen (PSA) testing or digital rectal examination."

OK, but what's wrong with what journalists often call "a simple screening test"? The Task Force tells men that prostate "screening may result in harm if it leads to treatments that have side effects without improving outcomes from prostate cancer, especially for cancers that have a lower chance of progressing. Erectile dysfunction, urinary incontinence and bowel dysfunction are well-recognized and relatively common adverse effects of treatment with surgery, radiation or androgen ablation."

So explaining the pros and cons, the harms and benefits, is a big deal. But you wouldn't know that from some reporting on the issue.

During the week of April 23, the *Chicago Sun-Times* sponsored free prostate cancer screenings in the Chicago area. A *Sun-Times* news release states: "Men ages 40 and older are urged by health officials to take advantage of the screenings," which include a PSA blood test and a digital rectal exam. Which health officials? Not the ones on the Task Force. But the *Sun-Times* didn't stop by sending out news releases. It ran a story about its own campaign. The story stated, under the heading "GET TESTED," "Men ages 40 and older can stop by one of the mobile clinics for the free, private prostate cancer testing and physical exam."

The *Sun-Times* ignored important evidence and took an aggressive advocacy stance in promoting prostate screening to men in their 40s. Readers responding might find a few cancers but could also expose themselves to unnecessary harms. *Sun-Times* publisher John Cruikshank did not respond to my e-mail request for an interview.

March 28, on NBC's "Today," chief medical editor Dr. Nancy Snyderman told men, "You turn 50, you just have to have a rectal

exam to feel that prostate. And you get a prostate-specific antigen, a PSA test."

In February 2006, on CNN's "American Morning," medical correspondent Dr. Sanjay Gupta hosted guest Dr. Christopher Kelly of New York University's School of Medicine. Kelly said that men in their 50s "should also be aware that they need prostate cancer screening."

Drs. Snyderman, Gupta and Kelly all omitted the fact that this advice conflicts with the Task Force's recommendations. If you're scoring at home, that's TV physicians 3, best evidence 0.

Breast cancer screening: mammography in the 40s

On April 12, CNN's Elizabeth Cohen offered an entire litany of screening-test recommendations for women -- much of it unsupported by the best medical evidence. Perhaps the most glaring was this: "At 40 ... women need to start having mammograms every year."

The story never mentioned that just nine days earlier, the American College of Physicians (ACP) released a [newclinical practice guideline](#) on screening mammography for women 40 to 49 years of age. That guideline did not say that women at age 40 need to have annual mammograms. The ACP reminds women of the harms that much reporting omits: false-positive and false-negative results, exposure to radiation, discomfort and anxiety.

On April 8, CNN's "House Call with Dr. Sanjay Gupta" responded to the ACP news, but he did so by hosting only a guest who opposed the ACP guidelines. No one representing ACP appeared on the program. The guest was an oncologist who said he didn't accept the College of Physicians' reasoning, writing the group off as "an organization of internists" -- not cancer specialists or surgeons. Why did Gupta give airtime only to one side of this scientific debate? Gupta's guest said, "We still need to figure out why they (ACP) made this recommendation." Why not ask them on the air? I wanted to ask

CNN editorial director Richard Griffiths, but he did not respond to my e-mail request for an interview.

The weekend of April 14 to 15, GeorgiaPublic Radio aired a special report, "Breast Cancer in the African American Community." It included the statement, "Typically every woman should start having mammograms at age 40." The GPR Web site said, "The American Cancer Society recommends that every woman over 40 have a regular screening mammogram." There was no mention of the ACP's new clinical practice guideline.

Lung cancer screening

In November 2006, NBC's Mike Taibbi, a lifelong smoker, reacted to a study in [The New England Journal of Medicine](#) by Dr. Claudia Henschke. The study touted the benefits of lung-[CT scan](#) screening of smokers. Taibbi went to Henschke's hospital, had his lungs scanned and then personally endorsed the scans on the air. When, in March 2007, another study in [The Journal of the American Medical Association](#) countered the evidence in the Henschke-NEJM study, Taibbi and NBC offered no equally weighted report.

On our Web site, a team of reviewers analyzed coverage of the Henschke study by eight different news organizations.

- Six of eight failed to discuss adequately the potential harms of such screening, which can include radiation exposure, needless anxiety after receiving a potentially false positive result and significant medical complications associated with biopsies.
- Four of eight stories failed to discuss the costs of such screening, which were discussed in the journal article upon which the stories were based. Estimates range from \$200 to \$1,000 per scan.
- Five of eight stories relied on a single source (the authors of the published study) and/or failed to present balanced, independent perspectives.

Additional examples of coverage with pro-screening bias are

available at our Web site, HealthNewsReview.org.

Why is this happening?

"The pro-screening bias comes down to being able to promote a piece," says Maria Simbra, M.D. She's a medical reporter for KDKA-TV in Pittsburgh and a member of the Association of Health Care Journalists' (AHCJ) board of directors. "TV news loves to be able to tell viewers to *do something*. It's more promotable than saying, 'Well, maybe you should just hold off until we understand more.' Furthermore, emotion plays well on TV -- perhaps better than medical evidence." And evidence, Simbra says, takes a long time to explain. So television news may have an inherent bias in favor of screening. "How do you show the human side of *not* getting screened?" she asks.

Simbra's fellow AHJC board member Phil Galewitz is a medical reporter for *The Palm Beach (Fla.) Post*. He says, "It's difficult for reporters to focus stories about people getting screened unnecessarily when many aren't getting screened at all. "I would guess few health reporters are even aware of the U.S. Preventive Services Task Force guidelines and the same probably goes for the American College of Physicians. That's a shame because they often have the most updated and reliable standards."

Another AHCJ board member, freelance health journalist Andrew Holtz in Portland, Ore., says the quick and easy approach is not to question screening. "When experts confirm what journalists want to hear, that is, that a screening test saves lives, (journalists) often stop looking for more information or other sources. And because too many reporters and editors lack training in critical thinking on medical or science topics, they fail to challenge expert sources. And in the news business, the pressure to offer 'news you can use' warps editorial decisions. When your cover-story assignment is to write about the 'Top Five Ways to Prevent Cancer,' what do you do with all those pesky facts about the limitations or even potential harms of screening tests?"

Holtz also commented on the number of instances in which physicians on TV were pro-screening advocates: "It strikes me that relying on physicians, especially those with active practices, to cover medicine and health is a bit like asking a defense contractor to cover foreign affairs. Don't be surprised when their reports reflect an affinity for recommending new weapons systems as the preferred way to deal with potential threats."

Clearly, some journalists are guided by their own personal experience. In the April 5 issue of *Editor & Publisher* magazine, *Philadelphia Inquirer* editor [Bill Marimow said](#) that he was returning to work after treatment for prostate cancer and that he would be "a zealot ... proselytizing to everyone to have an annual physical. ... I am going to be lobbying like hell on a one-to-one basis." That kind of proselytizing outside the newsroom is his prerogative. If it affects editorial decision-making, falling outside the boundaries of the best medical evidence, it would be a mistake.

Many remember Katie Couric's promotion of colon cancer screening after her husband's death -- including her on-the-air colonoscopy. She used her national platform as a journalist to promote screening in a demographic group (under age 50, healthy women like her) -- a practice the evidence does not support. No one questions her commitment to consciousness-raising about a disease both deadly and preventable. I do question her commitment to critical journalism values in crusading for colon cancer screening.

The [Society of Professional Journalists' code of ethics](#) states that journalists should "distinguish between advocacy and news reporting. Analysis and commentary should be labeled and not misrepresent fact or context." By shining a light on these practices, we can show journalists how far from ethical norms they have strayed in the coverage of these important health topics. We hope journalists will see the harm they may be causing. And we hope to promote a new wave of evidence-based health reporting.