

The Magical Medical Media Tour

THE DISSEMINATION of health and/or medical science news via television in the 1990s is a booming industry. There is not only growth in the number of full-time medical reporters at local television stations, but there is also an increase in the number of physician-broadcasters. What the viewing audience does not often see directly is the expansion of the public relations effort by physicians, hospitals, and pharmaceutical and medical device manufacturers. But the audience is directly affected if and when television journalists fail to inject balance and perspective into marketing messages often skillfully packaged by vested interests. This commentary offers constructive criticism for improvements in the preparation and the training of those who deliver health and/or medical science news to most Americans.

Step inside a local television newsroom for a brief tour. It may tell you something about how editorial decisions are made and how medical news is disseminated by television today. Meet the woman who is called this station's medical reporter. She has only held that title for 6 weeks, having been shifted from general assignments after a consultant advised the station management that medical news boosts ratings.

Today, all stations in town are sending reporters to a news conference concerning what they have been told is "a new breakthrough in medicine." It is a cool-tipped laser loop to ensnare hemorrhoids. All stations have received the same telefax transmission, followed by the same press kit containing a written news release (which also serves as a suggested script), the names of local physicians who can be interviewed on the subject, and some sample questions that might be asked of those physicians. To make the television reporter's job easier, the public relations firm managing the release of this information has also sent a video news release (VNR) with dramatic videotape of the device being used in an actual procedure and a patient interview—a man in agony before treatment and, again, in grateful relief after treatment. The public relations firm has also provided the satellite coordinates and schedule for a satellite transmission of this same VNR so the station can "downlink" the video as a backup.

The newly appointed medical reporter you just met had been worried because no major medical journal will be released today, and she had no other story ideas. The cool-tipped laser loop hemorrhoidectomy story won't be a scoop

since she knows all the other stations will have it, but it will fill her quota for the day and she'll at least keep up with the competition.

While hypothetical and fictional, the preceding scenario is quite realistic. It happens in scores of television newsrooms every day. And it points to multiple maladies in the way television tries to disseminate medical news. Television station management often invests only in window dressing in the coverage of medical news, failing to train its so-called specialists in the development of the discriminating judgment so necessary in this area of specialty reporting. Broadcast medical reporters, sometimes pressured to fill a daily quota and perhaps lacking the experience to be able to make crucial judgments, ride the competitive flow of events, never questioning sources and merely accepting spoon-fed information as fact. Pharmaceutical and medical device manufacturers quickly capitalize on this journalistic naiveté, collecting free publicity through news stories. Physicians and administrators of health care facilities become enamored with their ability to promote themselves or increase their fame or fortune via television. Somewhere in all of this, the viewer (patient or consumer) is forgotten, as he or she tries to make sense of the "new breakthrough" just proclaimed on the evening news.

Today's television journalist has the benefit of some amazing technological tools to help reflect accurately what is happening in the world. But viewers of television medical news reporting today often get a distorted reflection, with a high-tech twist. When stories on the latest laparoscope, laser, or lithotripter outnumber stories on issues concerning health policy, access to care, and quality of care, something is out of balance. Most television medical reporting today doesn't help as much as it confuses, because it provides no context, follows no trends, and fosters unrealistic expectations on the part of the viewing audience.

Instead of a "gee-whiz" story on laser angioplasty, for instance, television news could present a more balanced report, including the view of some physicians that this new technology has not proven itself—in comparison with other approaches—in peripheral arteries, much less in coronary arteries.¹⁻³ But, for the most part, television news fails to put such questions in context. Applying less "gee whiz" and more basic journalistic "why" might lead to a better story: analyzing the technology assessment vehicles that allow proliferation of devices and procedures and which may, in no small part, be responsible for higher medical costs. But television stories, often paralleling the news wire service stories from which they are derived, tend to fall prey to "break-

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throughitis," an affliction of the journalistically narrow and naive.

While local television news has shown less maturity in this area of reporting, network television news has had its own embarrassing moments, as in the coverage of the prescription drug tretinoin (Retin-A, Ortho Pharmaceutical Corp, Raritan, NJ), the acne cream being converted into an "antiaging" cream.⁴ One network, after touting that the product "can make fine lines and surface wrinkles disappear," concluded, "After today's report on wrinkles, people with acne better hope there's some left."⁵ Another network spouted that the dream of "a cream that will reduce the wrinkles of age and make skin young again . . . now . . . could be a reality." That report's summary comment stated that, "Physicians across the country expect to be flooded with requests for the drug."⁶ Were those lines written by journalists or by drug advertisers?

A 1989 survey of health news reporters⁷ showed that stories on new drugs and new treatments are favorites of television medical reporters—second on a list of 25 health care topics. At the bottom of the list were some topics that might be described as "old, dull, nonvisual stories": ethical issues in health care, Medicare and Medicaid issues, mental illness, health care policy, and health care for the homeless. Sadly, these "less attractive" stories affect more viewers than the "medical miracles" portrayed during the television rating period (the so-called sweeps month). Recently, even the comedy writers for CBS-TV's "Murphy Brown" program found a way to explore the issue of the nation's health policy debate, when they built an entire half-hour show around Murphy's need to find a way to jog alongside President Bush to get a quote for a story critical of the administration's health policies. If a comedy show can broach the subject, people who call themselves medical journalists should be able to find a way.

It is easy to ignore the in-depth side of television medical reporting because it requires a commitment of people and money and time to do it. Most of the television medical reporters who responded to the survey mentioned earlier were hired in the past 2 years, a sign of growth in the field, but also a sign of inexperience in our "specialists."⁷ I shudder when I think of the complexity of the subject matter, and add to it the competitive pressures that exist in television today, and add to that the temptations of more than 2000 VNRs a year (many of them produced by pharmaceutical and medical device manufacturers) offering television reporters some free, slickly produced video.⁸

An article in *The Nation* recently speculated that "the powerful synergistic forces that drive television stations to use drug industry VNRs include the weakening economics of local television, which enhances the desire for slick news segments with designer features but not designer prices. In all but the very largest markets, such as New York and Los Angeles, few stations can afford to originate all the material used on their local newscasts."⁹ In that same article, Jill Olmsted, a professor of broadcast journalism at the American University in Washington, DC, said, "Because of the downsizing of news staffs and the general financial crunch, stations are often running VNRs in their entirety or some portion of them." When that occurs, the viewing audience, thinking it is watching a news report, is actually being duped by an extended commercial announcement. Where is the disclosure, the labeling, the truth in advertising about what is

being put on the air?

There's another kind of labeling I think the viewing audience deserves. In return for the privilege of borrowing the public airwaves to deliver messages into our homes on matters pertaining to public health and policy, broadcast medical reporters should have to show how serious they are about their craft.

I will promote an admittedly radical idea: that is, certification of broadcast medical reporters. I remember when the American Meteorological Society first granted its seal of approval to some television weather forecasters. When I first saw that, it at least distinguished the meteorologist on one channel from the television personality on the other channel who didn't have the American Meteorological Society's logo, and who presented his entire weather report along with a cat-puppet sidekick. I challenge the National Association of Science Writers, the American Medical Writers Association, and the Radio-Television News Directors Association—three organizations that might, logically, develop such a certification process—to open a dialogue on certification of broadcast medical reporters who have met certain educational or background criteria. That might help viewers distinguish the professionals from the puppets.

Too many of today's broadcast medical reporters *are* puppets—marionettes whose strings are yanked daily by self-promoting physicians or their paid public relations appointees or by fiercely competitive hospital hard sellers or by pharmaceutical flacks. In one recent example of the fox guarding the henhouse, the influence of high-powered public relations reached new depths inside the newsroom. A public relations firm proudly announced that a St Louis, Mo, television medical reporter had been hired as a consultant, available to discuss "the role of video in pharmaceutical marketing." What appeared to be a simple career shift was complicated in the next line of the announcement: the reporter would continue in his position on the air as a medical reporter! How could a television station allow an employee to appear as a reporter, knowing that person was also being paid by a public relations company? There was a time when a journalist would be fired for such a professional conflict of interest. Now, it is announced publicly in a news release! That is a new chapter in the journalist's code of ethics.

The audience expects carefully prepared, independently researched news stories, just as the television station promises in its promotions. But today's onslaught of public relations spoon-feeding overwhelms the inexperienced medical reporter marionette. It's the puppet who is most prone to putting single-spokesman, simple-minded stories on the air without seeking second opinions. It's the puppet who is most likely to use VNRs without scrutinizing the slant of the seller and without telling the audience that part of what they're seeing was paid for by an advertiser. It's the puppet who may lack the natural, healthy skepticism that is supposed to be inbred in journalists.

In this election year, some political reporters have already been criticized for tactics in attack journalism. Some feel political reporters have crossed a line from healthy skepticism to ugly cynicism. It is ironic that, with television medical reporters, the pendulum may have actually swung too far the other way, with healthy skepticism replaced by naive head nodding. Dorothy Nelkin of Cornell University, author of *Selling Science: How the Press Covers Science and Technol-*

ogy, focuses on a particular problem with the medical science journalist:

While political writers routinely go well beyond press briefings to probe the real stories behind the news, science reporters depend on scientific authorities, press conferences, and professional journals in writing their stories. The result: many journalists (even those who have little formal training in science or the scientific method) frequently adopt the mind-set or "frame" of scientists; they interpret science in terms defined by their sources, even when those sources are clearly interested in projecting a particular view. . . . Unaggressive in their reporting and relying on official sources, science journalists often engage in retailing the views of their sources rather than investigating the methodologies and the evidence behind those views.¹⁰

Indeed, public relations people and pharmaceutical or device manufacturers aren't the only puppeteers in the daily manipulation of the medical media. The reporting of medical news on television is also affected by the changing environment in medicine. If a young physician was once intimidated by the pressure to publish, today's physician may be overwhelmed by the pressure to promote himself or herself on the air. Often, the root of the problem with broadcast medical reporting is a physician acting as the loudest advocate of his or her own work. In a recent *New York Times* article,¹¹ a public relations consultant for a California surgeon beamed: "We're on the phone 40 hours a week for him; we mail out videos, press kits, action photos; we give him an angle, a special hook. He is a celebrity." That same article quotes a public relations agency survey of 2500 editors and reporters around the country that found that "90% of ideas for health articles had originated with a public relations person"—higher than even the percentage for entertainment stories!

In the "Doctor's Business" section of *Medical World News*,¹² new opportunities are often listed. Recently, the column promoted a syndicated medical television program. Physicians "are becoming media savvy and learning to speak in sound bites," according to a television medical reporter in Houston, Tex, who interviews local physicians for the local segment of the syndicated program. A Houston radiologist says the program "reinforces the idea that the hospital is up to date and cares about its patients and the community at large." The article says that reinforcement costs the hospital \$195 000 per year.

*American Medical News*¹³ also carries periodic advice columns for physicians. One was headlined, "How to Get Your Name in the Newspaper or on the Air." It advised, "It's no surprise that there has been a significant awakening among physicians, who see news coverage not only as an acceptable means of practice marketing, but a free one as well. What is notable is the fact that so few physicians really understand how to gain access to this fountain of marketing abundance." Perhaps it is only a few, but they have left a telltale trail, claiming cures and creating demand for unproven treatments, mostly unchallenged by journalists or medical organizations.

The pressure to publish or to promote raises some new ethical dilemmas for any physician who may have contact with the news media. Before clipping on the microphone for the interview, or before stepping behind the lectern at the carefully arranged news conference, a physician should have the unseen audience in mind—the viewers who will hear a physician on television tonight in a 90-second story. Perhaps physicians need to hear from one of their peers. A family physician recently wrote¹⁴ about a week's worth of patient

demands following television publicity concerning various medical news stories: parents insisted on magnetic resonance imaging for their son's knee because a television sports medicine program implied a scan should be done, four patients specifically requested a new arthritis drug heavily promoted on television by a sports celebrity, and patients stampeded the office requesting blood tests for prostate-specific antigen, serum renin, Ca 125, and Lyme disease. The physician concluded, "All of my best efforts can be undone in an instant by the education, free speech, advertising, free enterprise, and capitalism that are the American way."

Physicians who appear on television to promote themselves, and even those who appear with good intentions of communicating useful information, need to assume some of the responsibility for the quality, clarity, and context of the message delivered and for the impact of that message. Consider the role of physician advocates in contributing to the media controversies of the past decade, ie, artificial hearts, interferon and interleukin 2, tetrahydroaminoacridine in Alzheimer's disease, tissue plasminogen activator in coronary artery disease, and chronic fatigue syndrome. Were these all merely media-created controversies, or were there physician accomplices furthering public confusion in these examples?

In fairness, the criticisms outlined herein cannot be directed at all public relations people, at all physicians, or at all television medical journalists. However, after 17 years in television medical journalism, I know it is a fair critique of many currently engaged in the dissemination of health and/or medical science news. The spotlight should perhaps also be shined on the work of many print journalists; I chose to focus on television because I know it better.

Time can heal some of these problems. It takes time to cover a medical news beat. Television often doesn't take that time. It usually doesn't allow more than 90 to 120 seconds for story airtime. (Try explaining a medical journal article in 90 seconds!) Worse, it doesn't allow its young journalists the time to think, to learn, to anticipate, to analyze, to question, to check other sources, and to develop those sources in the first place before ever putting one word on the air. It doesn't invest the time or money to train young journalists in this specialty area of reporting. Failure to take that time helps explain how we get the familiar stories of quick fixes, magic bullets, and daily breakthroughs that feed hysteria and hypochondria, thereby harming, not helping, those who get most of their health and/or medical science news from television.

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