

controversy in the cardiovascular literature about the benefits of aspirin.

Just as important is the issue of the safety of long-term aspirin use for cardioprotection. A recent multidisciplinary expert statement on NSAIDs concluded that, on current evidence, prophylactic use of aspirin should be reserved for patients with established vascular disease, because in other patients bleeding risks may outweigh cardiovascular benefit.⁵ A Danish study showed that 100–150 mg of aspirin daily increased the risk of haematemesis by a factor of 2.6, with no difference in the risk between enteric and non-coated product; when combined with an NSAID the risk was increased by a factor of 5.6.⁶ The authors concluded that the bleeding risk may offset some of the benefits of aspirin.

It is no longer appropriate to simply “bury” the adverse gastrointestinal effects of low-dose aspirin in the NSAID side-effect “basket”.⁷ It is apparent to us that dogma should not be so enshrined that it prevents the discussion of issues that might helpfully modify that dogma.

1. Bertouch J, Lee L, McNeill HP, Bolin T. The impact of cyclo-oxygenase II (COX-II) inhibitors on gastrointestinal (GIT) bleeding. Poster 30. Presented at the combined meeting of the Australian Rheumatology Association and the New Zealand Rheumatology Association. Christchurch, NZ: 28 May 2002. Sydney: Australian Rheumatology Association, 2002.
2. Robotham J. Doctors warn: just one tablet of aspirin a day may be enough to do you serious harm. *Sydney Morning Herald* 2002; 7 June: 1.
3. Cleland JGF, John J, Houghton T. Does aspirin attenuate the effect of angiotensin-converting enzyme inhibitors in hypertension or heart failure? *Curr Opin Nephrol Hypertens* 2001; 10: 625-631.
4. Cleland JGF. No reduction in cardiovascular risk with NSAIDs — including aspirin? *Lancet* 2002; 359: 92-93.
5. Hawkey CJ, Lanus AI. Doubt and certainty about nonsteroidal anti-inflammatory drugs in the year 2000: a multidisciplinary expert statement. *Am J Med* 2001; 110(1A): 79S-100S.
6. Sorenson HT, Mellemejaer L, Blot WJ, et al. Risk of upper gastrointestinal bleeding associated with the use of low dose aspirin. *Am J Gastroenterol* 2000; 95: 2218-2224.
7. Henry D, Lim L Ly, Rodriguez LAG, et al. Variability in risk of gastrointestinal complications with individual non-steroidal anti-inflammatory drugs: results of a collaborative meta-analysis. *BMJ* 1996; 312: 1563-1566. □

Julie Robotham,* Robert Whitehead†

*Medical Writer, †Editor, *Sydney Morning Herald*, 201 Sussex Street, Sydney, NSW 2000. jrobotham@smh.com.au

IN REPLY: The letter from Aroney displays some basic misunderstandings of the role of the media in reporting medical issues.

Aroney states that “the press [has] a responsibility ... to avoid recommendations which are not evidence-based and which detract from our efforts to reduce mortality from ... cardiovascular disease.”

A press article does not itself make recommendations when it reports the recommendations of others — an essential distinction. In addition, the press has no responsibility to follow the agenda of the medical profession and its slavish insistence on the dogma of evidence-based medicine. The press owes doctors no more favours than it owes any other sector of the community. The role of the press is to raise and debate issues of public interest in a manner that is balanced and responsible. The news report about aspirin did all of this.¹

We agree that publication in a peer-reviewed journal may add scientific credibility to research findings and that this may sometimes make them more newsworthy. But our responsibility is to report medical matters of interest to the community, which means we are not limited to peer-reviewed findings. Any substantial fact, observation or opinion relating to medical practice is fair game for a newspaper's attention.

After the findings of Bertouch and colleagues were presented at a conference,² they entered the public domain, as did their later comments made to us directly. It was entirely proper to report them.

The fact that the gastrointestinal bleeding study was conducted by two heads of department at a major Sydney teaching hospital was instrumental to our decision to position and headline the report prominently.

These individuals are respected experts in their fields, and they expressed to us serious concern about the degree to which aspirin was implicated in gut haemorrhage. It was that concern which led us to focus on the aspirin findings within the broader study. The news process is always selective and there is no obligation to give equal emphasis to all findings. The magnitude of follow-up by other media confirms the inherent public interest in the topic.

It has previously been suggested that medical journalists are behaving irresponsibly when they step outside the strictures of peer review.^{3,4} Yet it is a basic tenet of journalistic ethics that journalists should be independent.⁵ Why, then, would we subscribe to the doctrine of evidence-based medicine, with all its flaws?

We, and the community, have every right to be sceptical of the tyranny of peer review when the pharmaceutical industry manifestly uses financial muscle to influence what is studied and what is published.⁶ Even the *Medical Journal of Australia* accepts anecdotal findings when it can persuade itself the public interest is involved, recently publishing an eyewitness account of conditions inside an immigration detention centre⁷ and defending this on the basis that “our readership is sophisticated enough to interpret the content of such articles.”⁸

Sydney Morning Herald readers are also sophisticated. On what basis should they have been denied this pertinent information about a widely used medicine — that doctor still knows best?

1. Robotham J. Doctors warn: just one tablet of aspirin a day may be enough to do you serious harm. *Sydney Morning Herald* 2002; 7 June: 1.
2. Bertouch J, Lee L, McNeill HP, Bolin T. The impact of cyclo-oxygenase II (COX-II) inhibitors on gastrointestinal (GIT) bleeding. Poster 30. Presented at the combined meeting of the Australian Rheumatology Association and the New Zealand Rheumatology Association. Christchurch, NZ: 28 May 2002. Sydney: Australian Rheumatology Association, 2002.
3. Moynihan R, Sweet M. Medicine, the media and monetary interests: the need for transparency and professionalism. *Med J Aust* 2000; 173: 631-634.
4. Bartlett C, Sterne J, Egger M. What is newsworthy? Longitudinal study of the reporting of medical research in two British newspapers. *BMJ* 2002; 325: 81-84.
5. Media, entertainment and arts alliance. <www.alliance.org.au>.
6. Davidoff F, DeAngelis CD, Drazen JM, et al. Sponsorship, authorship, and accountability. *N Engl J Med* 2001; 345: 825-827.
7. Sultan A, O'Sullivan K. Psychological disturbances in asylum seekers held in long term detention: a participant-observer account. *Med J Aust* 2001; 175: 593-596.
8. Van Der Weyden MB, Armstrong RM, Randall HM. Asylum seekers and health-care [letter]. *Med J Aust* 2002; 176: 87. □