

Medical news reporting: establishing goodwill and cooperation

Each side needs to appreciate the other's agenda

Media doctor, an attempt by a group of medically well informed people to monitor and rate medical news reports, is a welcome initiative. It aims to improve the standard of health and medical reporting in Australia's press and the media in general. Whether it can do that, even if expanded to Australia-wide coverage, is a moot point, but well worth considering.

No matter how good the website's intentions, for the project to meet its goals, it is essential to gain the confidence and cooperation of newspaper editors and journalists, as well as their counterparts in radio, TV and the expanding online medium.

The *media doctor* group has made a good start, and a report of their early experience is published in this issue of the Journal (*page 190*).¹ The report is reasonable, reasoned and, clearly, deliberately non-adversarial. Less welcome is the marking and star rating system used for evaluating medical news articles, although the recent move to a five-star, rather than three-star, rating may improve this element, making the rating more sensitive to differences in article quality.

We believe, however, that the 10-criteria marking system is subjective and that the criteria themselves may need examining. For example, not all the criteria are of equal weight and some elements, while relevant to refereed papers within the medical profession, may not be as important when assessing lay press reports of medical breakthroughs.

The better handling of medical news reporting was one of the motivations that led the Australian Press Council to issue *Reporting guidelines* in April 2001.² It is perhaps relevant, and noted in the report by Smith et al,¹ that the print media (guided we hope by the Council's advice) scored significantly higher in terms of the group's criteria than the electronic/online media, for which a similar guideline has not been issued.

A canvassing of opinions on the publishing side is vital to establish the goodwill and cooperation needed to achieve the improved standards *media doctor* seeks. The Press Council and the bodies dealing with electronic media could undoubtedly help by ensuring that ethical reporting guidelines similar to those of the Press Council are widely disseminated to all segments of the media.

The *media doctor* group is right in not expecting any spectacular improvement in the standards of medical reporting, but is justified in hoping that a judicious and informed examination of medical news reports will improve reporting standards. Again, it needs to be stressed that reports in the general media are not meant to meet the same rigorous standards as those in the medical literature. Moreover, general media reports can be supplemented by well written and accessible commentary from the medical profession to ensure that accurate information is promulgated.

Editors cannot guarantee that journalists assigned to cover a medical breakthrough will have the requisite technical knowledge (*The New York Times* once sent its golfing correspondent to interview Einstein), and this places more responsibility on researchers to ensure that they are clear in what they say to journalists — perhaps, compromising a little to achieve some lay understanding — and are not themselves the cause of the misunderstanding. One weakness in the article by Smith et al is that the authors could not trace many of the press releases from which the stories were derived to see if the “errors” arose from the source rather than the reporter.²

Co-author John Morgan provides one illustrative anecdote:

Once I was sent to interview Macfarlane Burnet on immunology. At one stage he talked for about 20 minutes on one aspect. When he finished, I wrote 150 or so words and read them back to him. I asked if what I’d written was right? He told me off for smoking, thought for a while and said: “It’s not entirely right, but it would take 1000 words to make it any better.” Now that’s the sort of help a struggling reporter needs.

Good journalists don’t mind being asked to read back what they are writing, but the interviewee must be prepared to take a reasonable approach, to explain any objection and not to renege on some earlier quote.

The need for each side to appreciate the other’s agenda should be widely discussed. Doctors should understand that reporters and editors are often better judges of what constitutes news for their readers and that they are subject to (self-) regulation when they commit egregious errors. Most publications are happy to clarify or correct material when errors are made known to them. Journalists are aware of the problems faced by professionals in explaining highly technical matters. Journalists should be aware of their ethical responsibilities, and doctors should be aware of the need to reveal their links to commercial operations or their funding sources.

Perhaps the *media doctor* initiative will help to foster an atmosphere of trust on both sides.

Jack R Herman
Executive Secretary

John AT Morgan
Editor Member
Australian Press Council, Sydney, NSW
info@presscouncil.org.au

1 Smith DE, Wilson AJ, Henry DA. Monitoring the quality of medical news reporting: early experience with *media doctor*. *Med J Aust* 2005; 183: 190-193.

2 Australian Press Council. Reporting guidelines. Health warning. General press release 245, April 2001. Available at: <http://www.presscouncil.org.au/pcsites/activities/guides/gpr245.html> (accessed Jul 2005). □