

Evidence-based journalism: a forlorn hope?

Media outlets have as much responsibility as ever to maintain standards

One of the roughest stories about medical coverage I've heard was from a bacteriologist who told me about the effort he'd made with a local journalist over a particular research story. But to his horror, when the article was published in the newspaper, every time the word "bacterium" should have been used, "virus" appeared instead. Outraged, he rang the journalist who gave him the standard response — that it was the subeditor's fault. Not giving up, our intrepid researcher rang the subbie who told him "It wasn't me, it was the editor". So he called the editor whose response was, "I used journalistic licence. I reckoned our readers knew the word virus better. It doesn't matter does it?"

This, of course, is every researcher's worst nightmare. But it is only a relative risk. It's true that you don't advance your academic career by the number of citations on the evening television news. On the other hand, a report of your findings in one TV news slot will reach an audience equivalent to a lifetime's presentations at learned gatherings, or even, dare I say it, readers of the *MJA*? So, if the work was worth doing and has been accepted by your peers, it is surely worth telling the community. However, that doesn't absolve us in the media from getting it right and resisting the influence commercial interests have in pushing products, attitudes and diseases, real or invented.¹

The article by Smith et al describing the experience of *media doctor* in this issue of the Journal (*page 190*)² shows the extent to which some of our major media outlets, including the ABC, in their reporting of medical news, fall below the sorts of standards that might allow the community to make rational decisions about their health and medical care. The situation may actually be worse, as *media doctor* does not monitor talkback radio where public relations companies pushing their clients' wares can access large numbers of listeners. In addition, there are important problems, such as the way the media can increase stigmatisation of people with major mental illnesses,^{3,4} that are not necessarily monitored by *media doctor's* approach.

Before we become too overwrought though, we are not as badly off in Australia as in other countries, particularly the United States and the United Kingdom, where newspaper tabloids can be breathtakingly odious, flaunting science, objectivity, social responsibility and a host of other values in the fight for sales.

The solution is not necessarily to have more doctor-journalists. There are several excellent health reporters with no technical background. Their success comes from staying on the job and being determined to learn the analytical skills required rather than moving on to other more prestigious rounds like economics or politics. A growing number of journalism schools teach some of the essentials of science reporting, but cadets and trainees don't always come with communication degrees. That means media outlets themselves have as much responsibility as ever to maintain standards. However, there is only so much that public embarrassment from *media doctor* or from the ABC's

weekly TV program *Media Watch*⁵ can do. Researchers should complain when they see things done badly, which can make a difference because the line of least resistance should be to do things well. For example, Professor David Pennington, who chaired the "AIDS Task Force" in the early days of the AIDS epidemic, made a significant impact on coverage by intervening actively in the interests of accuracy and defusing prejudice.

My gripe with *media doctor* is that they don't monitor *The Health Report* (<http://www.abc.net.au/rn/talks/8.30/helthrpt/default.htm>). As we in the Fourth Estate like to say, any coverage is good coverage.

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Competing interests: I try to earn a living from medical journalism and have made plenty of mistakes.

- 1 Moynihan R, Health I, Henry D. Selling sickness: the pharmaceutical industry and disease-mongering. *BMJ* 2002; 324: 886-891.
- 2 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.
- 3 Sane Australia. StigmaWatch 2004. Available at: <http://www.sane.org/index.php?option=displaypage&Itemid=266&op=page> (accessed Jul 2005).
- 4 Francis C, Pirkis J, Dunt D, Blood RW. Mental health and illness in the media: a review of the literature. Canberra: Australian Government Department of Health and Aged Care, 2001.
- 5 Australian Broadcasting Corporation. *Media Watch*. Available at: <http://www.abc.net.au/mediawatch/> (accessed Jul 2005). □

Medical news reporting: establishing goodwill and cooperation

Each side needs to appreciate the other's agenda

M*edia 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.