

## New website is no miracle cure

*Taking on two global Goliaths*

Cheers and groans. Those were my conflicting reactions during a recent perusal of the *media doctor* website. I cheered in admiration at a good idea and at the temerity of the project's instigators in taking on two global Goliaths — the media and the medical industries. It is an ambitious task for a project run largely by volunteers on a limited budget. I cheered to see media coverage recognised as a public health issue meriting attention and intervention. It was also pleasing to see a systematic attempt to counter the effective public relations campaigns of commercial, professional and other vested interests in the health sector. Clearly the media and its audiences could do with some help in developing better critical appraisal skills when it comes to health and medical claims. And it is a point well made that responsibility for media coverage must also be borne by medical journals, health professionals, researchers and others who provide information to journalists.

But I also groaned as I looked at the website, wondering how it would appear to a busy journalist or media manager with no particular background in epidemiology, who did not know, and cared even less, about such things as randomised controlled trials. Would a quick, casual glance at this website convince them to change their ways? I doubt it, especially considering that many health stories are not covered by specialist health journalists. If the project is to succeed in its goal of changing media reporting, it must first do a better job of explaining why this is necessary. And it must do this in a way which is relevant to journalists and the media. Any attempt to influence behaviour — whether of a patient, a doctor or a journalist — needs to be based in an understanding of what is important to the target and what will motivate them to change.

This is yet another initiative targeting individual journalists, who are only one component of the media industry. Other powerful forces, notably the commercial prerogative, also shape how health is covered. An analogy can be drawn with efforts to improve the safety and quality of health care, another chaotic

industry. Measures aimed at individual clinicians may be helpful, but it is also important to look at the broader culture, system and industry in which they work. The pharmaceutical industry has been so successful at winning positive media coverage because its goals align neatly with the media's — stories boldly promising medical breakthroughs sell product for both industries. Those who would like better reporting of the uncertainties and complexities surrounding medical developments will have to work much harder to influence media coverage than those promising miracle cures.

Another question arising from this project is whether its good intentions may unintentionally reinforce one of the great deficiencies in media coverage of health. It is far easier to report on the latest research finding or new drug than to investigate other issues which may be of far more significance for the community's health. Whenever a new drug attracts headlines, scarce newsroom resources are diverted from stories investigating social, structural and policy issues affecting health and health service delivery. Encouraging the media to focus even more on its coverage of medicines may have an opportunity cost.

So, how to weigh up the cheers and groans? This website is a great idea. But it needs more work and broader thought. There is a report of its early experience in this issue of the *Journal* (page 190),<sup>1</sup> and I hope there will be a follow-up study, detailing the feedback of journalists, news producers, media managers, and editors. And it raises another question: if the website does lead to more balanced, detailed reporting, what impact might this have on the media's audiences? They may still hope for miracle cures.

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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. □

## 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.<sup>1</sup>