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HEALTH Journalism

VERACITY, TRANSPARENCY AND INCLUSIVITY

plus

ENGAGEMENT AND EMPOWERMENT

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How do we know – and how can we talk about – quality in journalism? In particular, can we discern good health journalism from great health journalism?

As a centre with a brief to encourage “more and better” health journalism in South Africa, we’ve had to think hard about definitional issues and about balancing subjective and objective gauges of quality. We’ve developed an initial appraisal of health journalism, locally and internationally, and we’ve created a normative framework that we hope will enable journalists and educators to have better discussions about what is meant by quality in health journalism. This framework will hopefully inform what kind of journalism education – degrees, short courses, topic guides, symposia – might promote higher levels of quality in reporting on medical science.

We are proposing that quality health journalism has to be, at root, discernibly effective and ethical journalism. For us, this effective and ethical journalism has five interconnecting elements that are worth exploring and explaining. Of course, these proposed elements are foundational to good journalism in general. We’re trying to explore how journalism about medical science, to be done well, requires additional layers – additional expertise – that other journalism mostly does not.

But first, what do we mean by effective? Simply put, we would argue that to be effective, in the context of reporting on medical science, a piece of journalism needs to provide knowledge and information that is *useful* and *beneficial*.

These are imprecise terms, to be sure, and raise questions of beneficial to whom and useful for what? Effective may mean merely popular to some, even if the journalism in question is inaccurate or sensationalised.

But health journalism needs to be held to a higher standard, of both minimising harm and doing some good, at least for ordinary people. This utilitarian argument, despite its problems, provides at least a starting point for the proposed five elements of our framework.

The framework proposes that effective and ethical health journalism has elements of **veracity**, **transparency** and **inclusivity** as *core* elements, and **engagement** and **empowerment** as very desirable, but arguably optional, extra elements. But we are suggesting that good health journalism needs a judicious combination, ideally, of all five.

Veracity

Veracity incorporates the more general journalistic ideal of accuracy, but also asks if writing about health imposes special and additional accuracy needs. A key part of accuracy when writing about health concerns *locating* the science properly. Trenchant critic of British health journalism, Ben Goldacre¹, suggests “... science itself works very badly as a news story: it is by its very nature a subject for the ‘features’ section, because it does not generally move ahead by sudden, epoch-making breakthroughs. It moves ahead by gradually emergent themes and theories, supported by a raft of evidence from a number of different disciplines on a number of different explanatory levels. Yet the media remain obsessed with ‘new breakthroughs’”.

Locating the science in a proper development framework, in terms of knowing the difference between what is established and largely ‘agreed on’ in a particular field, and where the ‘frontiers’ of that field are, would

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address *the* main critique of medical journalism made by scientists. The very 'newness' of whatever 'new' research the journalism is about needs to be contextualised so that the significance of the research can be located more precisely.

In addition, there is, possibly more than in other beats, a need to be scrupulously accurate about getting the numbers right. This is not just about translating and explaining numerical concepts and statistics, but also about locating the numbers in the bigger picture of the particular medical science research for a given topic.

Numbers are tricky: a new treatment might double the number of people out of a thousand who get cured of a condition, compared to another treatment. But if that doubling is from four in a thousand people treated to, say, eight in a thousand people treated (and, say, the new drug costs 10 times more than the old drug), the claim of double efficacy, while correct, needs to be properly explained.

These differences between absolute and relative numbers are a key differentiator in terms of any assessment of veracity and the overall quality of piece of journalism.

We thus propose that veracity is, for health journalism, a more comprehensive notion of accuracy, taking care to create a more located sense of where the science is at, and taking care to make sense of the numbers and stats in ways that articulate the difference between absolute and relative benefits and risks.

Transparency

Transparency is mostly about disclosing vested interests of various kinds, and being meticulous about referencing all sources used. Conflicts of interest are often hidden in published research: all too often, research is funded by companies whose profits can be amplified by the results. Big Pharma (and small pharma and multinational food companies) also hide unflattering results, and even the bastions of good science (usually university-based research institutions), have incentives to tweak their results.

Globally, a new movement to legislate or otherwise encourage the listing and reporting of *all* research has gained new momentum in the past few years after a number of large pharmaceutical companies have been exposed burying studies that reflect poorly on new treatments. All Trials Registered (<http://www.alltrials.net/>) is something journalists should consider actively aligning themselves to.

In a deadline-bound environment, it is occasionally tempting to copy, paste and lightly edit a pharmaceutical company's press pack, but this is PR, not journalism. In July 2012, GlaxoSmithKline was ordered

to pay a record US\$3-billion fine after it admitted to, among other things, trying to win favour with doctors by paying for overseas trips, hunting trips, and spa treatments².

Journalists are similarly targeted. Fancy product launches, replete with generous swag bags, are fine to attend, but it is important to mention the location and lavishness of the launch in the resulting journalism.

At a deeper level of transparency, even expert opinions should, ideally, be evaluated by other experts, for the reader to get an idea of what the debate is about. Vague references to research ("studies have shown..."; "scientists say..." and the like) are less and less acceptable globally. Any research mentioned should ideally be fully traceable – linked if publishing online, at least – for readers (and scientists) to more easily find and verify the claims made in the article, if they so desire.

Full disclosure of conflicts of interest – researchers' or journalists' – needs to become more of the norm, so readers can factor this into their evaluations of new treatments or of any research covered by journalists.

Inclusivity

Inclusivity is an antidote for a major critique of health journalism: the 'othering' of groups of people by some health journalism. Journalism can be judgemental, and is often so in terms of people's bad habits – without considering other factors that contribute to the choices and contexts that people live within.

Of course people have differing degrees of agency with respect to their health, but a balance needs to be found between acknowledging that this agency is not the sole factor that determines their health, and letting all of us off the hook by adopting a somewhat fatalistic perspective. Recent academic literature on obesity, for example, suggests that a fatalistic frame is used more often than not, either overtly or subtly suggesting that nothing can be done by individuals or societies in the face of the complexity of obesity.

A local example of both fatalism and othering is illustrative. "Save me from my big bum" barked the headline on the *Daily Sun's* mobile website on 15 May this year³. The story described the source's weight as being "the same as a small cow", assumedly to put it into perspective for the reader, and foregrounded the woman's "huge backside". This story incorporates a kind of negative engagement because of its sensationalist approach, but in terms of inclusivity, the story is anything but: it is mostly demeaning, implying that people struggling with weight problems are a spectacle suitable for the front page of a newspaper.

This kind of journalism is easy to caricature, and is fortunately relatively rare, at least in terms of this kind

of overt level of belittling, demeaning and othering some groups of people. But more subtle disdain and distancing can offer filter through, especially in journalism about lifestyle diseases, where smokers, drinkers and the fat and unfit can easily be seen as “bringing it (diabetes, lung cancer etc.) on themselves”.

Blaming the victim is rarely helpful, but absolving people of all agency isn’t effective and ethical health journalism either. The notion of inclusivity seeks to find a more ready balance between context and choice, and a greater empathy in reporting of the tensions between these.

Engagement

Engagement, tries to capture something of how compelling a story is, and how a reader’s attention is peaked and held, so that the important health information is conveyed most effectively. Effective engaged journalism walks an ethical tightrope, however – a health story can be perceived as boring (full of jargon or details about the numbers that might lose audiences perhaps), but it is just as possible for a story to be too engaging, with claims of miracle cures, or approaches which are overly voyeuristic and exploitative.

Gary Schwitzer, publisher of *healthnewsreview.org*, a watchdog website for journalism in the US, found that, of nearly 1 000 stories between 1997 and 2002 that discussed trials of a drug for the common cold, about a third described the drug in sensational terms. These terms included “cure”, “miracle”, “wonder drug”, “super drug”, and “a medical first”⁴. According to Schwitzer: “The trials were compared with the search for the Holy Grail and with man’s landing on the moon. But the drug was never approved.”

To make stories engaging, journalists often use sick people’s stories as case studies to drive home the importance of tests, to inspire hope and raise awareness. Often this creates compelling, award-winning journalism, arguably the epitome of engagement. But this approach too raises significant issues. Are such patients being exploited for their stories – and how can this be ameliorated? What do journalists owe their subjects in terms of coverage and follow-ups? Is it legal, and appropriate, to publish their names, even with their informed consent? Do case studies scare people, or distort understandings of a particular illness? Or is there no better way to foster both understanding and empathy?

Engagement when writing about health is often a

difficult balancing act between veracity and outright entertainment. How this is better achieved, and how it is taught, is one of the key challenges for health journalism education.

Empowerment

Empowerment, the final element of our framework, is mostly dependent on journalists’ own motives for tackling any story in the first place. One end of the empowerment scale sees journalists as neutral disseminators of that which is new: a “here is the research, explained; take it or leave it” approach. The other end of the spectrum is a conception of the role of journalists as health advocates and even as health activists.

Regardless of where journalists might locate themselves on this spectrum (at any given time and for any given topic), stories should ideally provide information that at least goes a little way to facilitate change, at least in stories where behaviour change is implicated. In practice, this could be as simple as ending a story with, “if you think you might have these symptoms, speak to your GP”. Or, “go to this website for further information”.

But empowerment is about more than just directions for action; it is about creating the space for something to be done, or, at least, as a catalyst for thinking about doing something. It is about making it easier for audiences to act, to find out more, if they feel that way inclined. It is not about being prescriptive or prescribing, but perhaps about empathy with audiences and a duty of care towards them.

A foundational framework

Thinking about quality in health journalism across these five elements is, we hope, a way to enlarge the conversation and create a more rigorous typology of what is most useful to discuss and think about. It may be too simplistic to suggest that ‘good’ health journalism is some kind of combination of these five elements, as each story has something of its own logic and flow, but as a set of concepts, we hope these five elements are useful for looking at, and doing, health journalism.

And, in terms of an overall pedagogy with respect to creating curricula, devising short courses and guides, and other ways of impacting on the skills and aptitudes of journalists who want to write more and better health journalism, we’re hopeful that these five elements can become a foundational qualitative framework.



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Endnotes

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