



Communicating Medical News — Pitfalls of Health Care Journalism

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Whether they realize it or not, journalists reporting on health care developments deliver public health messages that can influence the behavior of clinicians and patients. Often these messages are

delivered effectively by seasoned reporters who perform thoughtfully even in the face of breaking news and tight deadlines. But all too frequently, what is conveyed about health by many other journalists is wrong or misleading. Some distortion is attributable to ignorance or an inability to interpret and convey the nuanced results of clinical studies. And some is due to uncertainty about journalists' proper role: Is our job to describe the bigger picture, or simply to report what is "new"? Should we present black-and-white versions of reality that lend themselves to stark headlines, rather than grayer complexities that are harder to distill into simple truths?

I believe that when journalists ignore complexities or fail to provide context, the public health messages they convey are inevitably inadequate or distorted. The news media need to become more knowledgeable and to embrace more fully our role in delivering to the public accurate, complete, and balanced messages about health. With some additional skills, care, and introspection — and a change in priorities — we can produce coverage more in line with our responsibilities.

Some health care journalists will say their paramount role is to report the "news" — strictly speaking, that which is new. These journalists tend to cover the findings of a new clinical study without

much, if any, reference to previous relevant studies. For example, in 2006, multiple news reports on the Women's Health Initiative Randomized Controlled Dietary Modification trial concluded that a "low-fat" diet (in which fat accounted for 20% of calories) produced no benefit in terms of reduced rates of disease in women.¹ Given the trial results, this was an inaccurate interpretation to begin with: breast cancer rates were 22% lower among women with sharply reduced fat intake than in the comparison group. Perhaps more problematically, almost no news story about this trial made reference to findings first reported in 2005 from the Women's Intervention Nutrition Study, which clearly showed that a low-fat diet reduced the risk of recurrent breast cancer among women who previously had the disease.² Apparently, that study was no longer relevant by 2006,

although it focused on the same topic. The “new” public health message for women was that dietary fat didn’t especially matter.



More broadly, a problem that is worsening in this era of the 24/7 news cycle is the frequent failure to put new developments into any kind of reasonable context for readers or viewers. In this environment, reporters become little more than headline readers or conduct interviews that amount to a “hit and run” version of journalism. For example, a September 24, 2008, report on CBS’s “Early Show” featured a 105-second discussion of transradial angioplasty. First, the interviewer incorrectly described all angioplasty as “the opening of blocked arteries through the wrist.” Then a prominent interventional cardiologist was allotted enough time to say that the transradial procedure was cheaper than traditional angioplasty and superior for most patients — but not enough time to cite the study on which his assertions were based. Completely absent was any discussion of when and why angioplasty should be done, let alone of the large, year-old study that raised important questions about whether too many angioplasties were being performed.

Journalists sometimes feel the need to play carnival barkers, hyp-

ing a story to draw attention to it. This leads them to frame a story as new or different — depicting study results as counterintuitive

not deemed sufficiently new or interesting.

A decade’s worth of unprecedented drug recalls and other worrisome developments in drug safety or efficacy have appropriately pushed many journalists into aggressive coverage of pharmaceutical issues. Much of this reporting has been important investigative journalism yielding many benefits, including increased transparency and timeliness in reporting clinical trial results. The downside of the drumbeat of coverage, however, is the implicit message communicated to the public that many drugs on the market are neither safe nor effective — and that federal drug-safety regulators are generally incompetent.

During congressional hearings in 2004 that unleashed a torrent of this type of coverage, a safety officer for the Food and Drug Administration (FDA), David Graham, singled out five drugs on the market whose safety should be “seriously looked at.” Some newspaper reports the next day featured graphic spreads on the “Five Most Dangerous Drugs” — the acne drug isotretinoin, the weight-loss drug sibutramine, the cyclooxygenase-2 inhibitor valdecoxib, the lipid-lowering drug rosuvastatin, and the asthma drug salmeterol. Four years later, all but one of these drugs (valdecoxib) are still on the market, although black-box warnings were strengthened or added for most and a new safety-oriented distribution system was created for isotretinoin. Few news reports at the time noted that Graham’s list was just that — his own personal list of worrisome drugs, not the FDA’s or anyone else’s. Almost no drug on the market is without risk. Web sites such as Public Citizen’s WorstPills.org feature literally hundreds of

or a break from the past — if they want it to be featured prominently or even accepted by an editor at all. Consider news reports on the findings of the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) study, reported in March 2006.³ The STAR*D study was a complicated trial designed to test treatment approaches for seriously depressed patients who weren’t helped by taking one antidepressant. The results showed that 50% of patients had improvement after pursuing additional treatment steps, such as switching or adding medications, taking a higher dose, undergoing cognitive therapy, or some combination of these. Arguably, for people with serious long-term depression, this was hopeful news. Yet on March 23, 2006, the *Washington Post* ran a story whose lead paragraph framed the study as a failure because half the patients had no improvement: “Antidepressants fail to cure the symptoms of major depression in half of all patients with the disease even if they receive the best possible care, according to a definitive government study released yesterday.” Apparently, simply noting that half got better and half did not was

concerns about dozens of drugs. One could conclude that the news media largely ignores most drug-safety or efficacy issues until, for whatever reason, a new study appears or someone shows up at the U.S. Capitol to talk about such concerns.

But so uncertain and episodic has been past coverage of drug safety and efficacy that much of the news media now feel duty-bound to report on many drug-related findings whether reporters understand them or not. A recent high-profile example was coverage of the Ezetimibe and Simvastatin in Hypercholesterolemia Enhances Atherosclerosis Regression (ENHANCE) trial.⁴ Although the study in fact raised questions about whether ezetimibe yielded any benefit when added to statin therapy, its findings were almost consistently misrepresented. Some journalists asserted that it showed the drug had no benefits in preventing heart attacks and strokes — something it certainly did not show, since heart attacks and strokes were not end points in the trial. We will never know the cost of this misinformation in terms of panicked patients or physicians who, perhaps unnecessarily, discontinued use of the drug.

In my view, we in the news media have a responsibility to hold

ourselves to higher standards if there is any chance that doctors and patients will act on the basis of our reporting. We are not clinicians, but we must be more than carnival barkers; we must be credible health communicators more interested in conveying clear, actionable health information to the public than carrying out our other agendas. There is strong evidence that many journalists agree — and in particular, consider themselves poorly trained to understand medical studies and statistics.⁵ But not only should our profession demand better training of health journalists, it should also require that health stories, rather than being rendered in black and white, use all the grays on the palette to paint a comprehensive picture of inevitably complex realities. Journalists could start by imposing on their work a “prudent reader or viewer” test: On the basis of my news account, what would a prudent person do or assume about a given medical intervention, and did I therefore succeed in delivering the best public health message possible?

Although the primary responsibility for improving health-related journalism must lie with journalists, clinicians and researchers can help. When interviewed by journalists about a news develop-

ment, such as a new study, they should offer to discuss the broader context, point reporters to any similar or contradictory studies, refer journalists to credible colleagues with differing perspectives, and mention any study limitations or caveats about the results, as well as any potential or real conflicts of interest among the study authors. It will take many expert hands to ensure that the health news the public reads really is fit to print.

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FOCUS ON RESEARCH

The Many Causes of Severe Congenital Neutropenia

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In 1956, Rolf Kostmann, a Swedish pediatrician, described an autosomal recessive disorder that he called infantile genetic agranulocytosis — which is now called severe congenital neutropenia. The

Kostmann form of this disorder is very rare; it is caused by disabling mutations in the *HAX1* gene, which encodes HAX1, a mitochondrial protein that inhibits apoptosis (see table).¹ There are

also autosomal dominant and sporadic forms of severe congenital neutropenia that are caused by mutations in the *ELA2* gene, which encodes the serine protease neutrophil elastase.² *ELA2* mutations