

Virtual Mentor

American Medical Association Journal of Ethics
March 2007, Volume 9, Number 3: 225-228.

Medicine and society

HealthNewsReview.org: criteria for excellence in health and medical journalism

by Gary Schwitzer

What, if any, are the criteria journalists use when reporting on new ideas in health care or on new claims for old ideas?

For the past year, a team of people with backgrounds in journalism, medicine, public health and health services research have applied 10 criteria to evaluate and grade health news stories reported in the U.S. that include claims of efficacy or safety. By applying these 10 criteria [1], we put a stake in the ground, making the case that these standards should be applied to all such health care stories.

There are almost 300 such stories that have passed through the vetting process and are now posted on HealthNewsReview.org. Three independent reviewers also evaluate each story to ensure that all of the criteria are met.

The criteria remind journalists, when reporting on treatments or tests, to:

- discuss costs.
- describe the potential benefits and harms.
- use absolute (not just relative) risk/benefit data.
- compare the new product or procedure with existing alternatives.
- seek out independent sources who have no conflict of interest.
- look beyond the news release.
- avoid disease-mongering—exaggerating or medicalizing conditions.
- explain to their audience that not all studies are equal.
- distinguish between what product or procedure is a new idea and what is just new wrapping on an old one.
- provide information about the availability of the product or procedure.

Our early experience shows some troubling trends. For example, when a study on using CT scans to screen smokers for lung cancer was published in the *New England Journal of Medicine* in October 2006 [2], journalists responded.

HealthNewsReview.org reviewed eight stories on that study.

- 6 of the 8 stories failed to adequately discuss potential harms of such screening, which can include radiation exposure, needless anxiety

engendered by a false-positive result and medical complications associated with follow-up biopsies.

- 6 of the 8 stories failed to adequately address the availability of CT scan machines that are capable of performing the lung cancer screening described.
- 4 of 8 stories failed to discuss the costs of the screening, which were talked about in the original *New England Journal of Medicine* article. Estimates for the cost of the tests range from \$200 to \$1,000 per scan, making this a significant consideration that half the stories ignored.
- 5 of 8 stories relied on a single source—usually only on the authors of the published study—and failed to present balanced, independent perspectives.

It is possible to achieve excellence in health journalism even in the face of deadline pressures and time and space limitations. HealthNewsReview.org has given our highest five-star scores to daily newspaper stories that used as few as 529 and 566 words [3, 4].

Stories in the 100-300 word range have not scored well in our system. We've given one-star scores to a 106-word story on cola drinks and osteoporosis [5], to a 142-word story on depression [6], and to a 244-word story on a drug for hypochondriacs [7]. News organizations employ such “news in briefs,” “science notebooks,” “health headlines” or “medical minutes” to give the appearance of broad coverage of health, medicine and science. But this type of coverage, while it may be a mile wide, is often only an inch deep, and readers deserve the vital information that is left out.

Indeed, the Statement of Principles of the Association of Health Care Journalists includes this clause:

While brevity and immediacy are touchstones of news reporting, health and medical reporting must include sufficient context, background and perspective to be understandable and useful to audiences/readers. Stories that fail to explain how new results or other announcements fit within the broader body of evidence do not serve the interests of the public [8].

A broader concern is how the agenda-setting potential of health journalism is sidetracked by such news coverage [9]. There may be a saturation of news stories about expensive new ideas that are unproven, of limited value and with greater potential harms than may be apparent on the surface. There may also be too few stories about who will pay for these new ideas, who will have access to them and whether there's evidence that they're really better than the existing alternatives. Such health policy concerns take a back seat to cheerleading stories that promote new, flashy ideas with little regard for evidence, harms and benefits, and true social need [10].

Editorial decision makers remind us that there is only so much space in a daily newspaper or newscast. Whenever space or time is devoted to coverage of stories

about new ideas, products or procedures, the opportunity to explore problems of the uninsured, health care costs and quality in the health care system may be lost. Journalists should strive to balance what they're feeding the public.

What can physicians do to combat some of the troublesome trends we have been seeing in medical coverage? First, they can encourage patients to read critically and rely on educational resources like our Web site to help them become smarter health care and news consumers. People need to develop realistic expectations about new ideas in health care, and physicians can help patients scrutinize media claims.

Physicians can be advocates for responsible health and medical news coverage. They can write letters to the editor, meet with editors, reporters or editorial boards, and initiate a dialogue that will help journalists improve the flow and quality of health news.

As primary sources of information for their patients, physicians can also abide by our criteria. The same standards we apply to news stories could be applied to patient-physician communication. Did you quantify harms and benefits to the patient? Did you discuss how strong the evidence was for pursuing a particular option? Did you discuss the uncertainties? Did you compare the new idea with existing alternatives? Did you discuss costs? If you have a conflict of interest in promoting an idea, did you disclose it?

Finally, physician-researchers who interact with journalists should have our checklist in mind or in hand when conducting news interviews.

There have never been more opportunities to communicate health news and information, and there's never been better health journalism than some that is reported in this country today. It is the daily drumbeat of stories in between these peaks of excellence that may damage public understanding. We hope that our Web effort can help journalists improve their work on these topics.

References

1. Health News Review. Rating information. Available at: http://www.healthnewsreview.org/ratings_info.php. Accessed February 15, 2007.
2. Henschke CI, Yankelevitz DF, Libby DM, Pasmantier MW, Smith JP, Miettinen OS, for the International Early Lung Cancer Action Program Investigators. Survival of patients with stage I lung cancer detected on CT screening. *N Engl J Med*. 2006;355:1763-1771.
3. Health News Review. A review of: Less acid, brittle hips? Some heartburn drugs may be behind an increase in fractures (*Los Angeles Times*). Available at: <http://www.healthnewsreview.org/review/review.php?rid=724>. Accessed February 15, 2007.
4. Health News Review. A review of: Short stint of Herceptin holds promise for breast cancer (*Milwaukee Journal-Sentinel*). Available at:

- <http://www.healthnewsreview.org/review/review.php?rid=256>. Accessed February 15, 2007.
5. Health News Review. A review of: It may be time to can the cola (*US News and World Report Magazine*). Available at: <http://www.healthnewsreview.org/review/review.php?rid=584>. Accessed February 15, 2007.
 6. Health News Review. A review of: Quick depression relief (*Buffalo News*). Available at: <http://www.healthnewsreview.org/review/review.php?rid=740>. Accessed February 15, 2007.
 7. Health News Review. A review of: Drug may help hypochondriacs (*Washington Post*). Available at: <http://www.healthnewsreview.org/review/review.php?rid=739>. Accessed February 15, 2007.
 8. Association of Health Care Journalists. *Statement of Principles*. Available at: <http://www.healthjournalism.org/resource/principles.htm>. Accessed February 15, 2007.
 9. Schwitzer G, Mudur G, Henry D, et al. What are the roles and responsibilities of the media in disseminating health information? *PLoS Med*. 2005;2:e215.
 10. Schwitzer G. Revealed: the stories that broadcasters did not want to cover. *BMJ*. 2005;331:1089.
 11. Health News Review. People involved in Health News Review. Available at: <http://www.healthnewsreview.org/people.php>. Accessed February 15, 2007.

Acknowledgements

HealthNewsReview.org receives its sole financial support from the Foundation for Informed Medical Decision Making. A list of our reviewers is posted on our Web site [11]. University of Minnesota School of Journalism and Mass Communication health journalism graduate students Bridgett Erickson, Amy Snow Landa and Rebecca O'Leary have done the daily search for reviewable stories.

Gary Schwitzer is an assistant professor in the School of Journalism and Mass Communication at the University of Minnesota, director of the school's health journalism graduate program and publisher of healthnewsreview.org. He had a 30-year career in health journalism prior to his transition to academia, including 15 years in television news during which he served as head of the CNN Medical News unit.

The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

Copyright 2007 American Medical Association. All rights reserved.