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A Comprehensive Analysis of the Impact of Health Journalism through Women's Magazines

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Abstract

The first women's magazines date back to the beginning of the twentieth century. Throughout the years, they continue to advise, entertain, and give a voice to women. This paper examines one particular area: health journalism, an area that offers the potential for a substantial impact on readers' health and lifestyle. This thesis explores the potential impact through interviewing the health editors and writers, as well as the readers themselves. The thesis also profiles a pioneer health writer, Barbara Seaman, whose decades of health writing for women's magazines served as a catalyst for change on several critical women's issues. Seaman's work appeared in several influential publications directed at women, and these magazines emerged as advocates for women's health at a historically important time—the 1960s-1970s—the beginning of the women's movement. Overall, women's magazines push for change and serve as advocates for women's health, and this was especially true in that time period. The articles that ran in magazines helped sway society on two specific issues: choice in breast cancer surgery and the option of having fathers in the delivery room. Today, magazines include articles on just about every aspect of health: from anxiety disorders to exercise advice. This thesis examines the six issues that pertain to women's health that women's magazines helped define and promote: menopause, drugs/pharmaceuticals, sex, diet/nutrition, cigarette smoking, and parenting. Readers take magazines seriously and rely on them to provide accurate and useful health information. Therefore, a cohesive code of ethics for this area was formulated and included in the conclusion.

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Preface

Ever since I can remember, I adored and collected magazines. It started one night when, at the age of 13, I borrowed more than 20 of my best friend's back issues of *Seventeen* magazine (she had a subscription) and read each one from cover to back. I couldn't get enough of the glossy monthly wealth of information and was hooked officially. This obsession continued as I started reading magazines like *Glamour*, *Cosmopolitan*, and even *Time*.

In high school I realized I wanted to pursue magazine journalism as a career. For those reasons, I set my heart on the Syracuse University's Newhouse School. Upon arriving, my professors stressed that we should find our niche in magazines, and identify the area we wanted to focus on. At the time, many of my peers were interested in working for a fashion magazine, and I knew I didn't want to just write about shoes or purses for the rest of my life (although I do love shopping). I wanted my writing to make a difference. If I became an editor, I wanted the magazine for which I worked to change people's lives. That is how I stumbled upon *What the Health* magazine, which a former honors student started as her thesis.

With my involvement through *What the Health*, I discovered my strong passion for health journalism. The first story I wrote during the fall semester of my freshman year was a feature story on Pilates. I researched the history of it, overall benefits, and took a private lesson with a professional instructor in Manlius. Although maybe not a "life-changing"

topic, I was so intent on doing a thorough and solid job on this piece because I felt it could influence a reader's overall health or wellness. The experience reinforced how I wanted to make a difference — health journalism — and I have pursued it ever since with published articles on topics from indoor tanning to dealing with grief in college.

The experience with *What the Health* also helped me land two internships at magazines that dealt with women's health topics (*Redbook* magazine health department and *Babytalk* magazine). My obsession grew even stronger. I became more health-conscious in my own life; eating healthier (I gave up fried foods and sweets and replaced those with a balanced diet of lean protein, fruits, and veggies), exercising more and smarter (I incorporated regular weight lifting into my routine to build lean muscle and reduce fat), and cutting back on any risky behaviors to my future health (I stopped going to an indoor tanning bed).

I truly feel this career is one where I will be successful and influential, so when it came time to develop a thesis topic, I knew the route I wanted to take: health journalism and women's magazines.

Acknowledgements

I need to thank my adviser, Ann Hettinger, who supported, encouraged, and guided me in this endeavor ever since I first brought it up to her during my junior year. Also, my honors reader, Melissa Chessher, for her constant advice and the great amount of time and energy put into proofreading, editing, and commenting on this paper. I feel honored and privileged for the opportunity to work with these two women who serve as ideal role models for aspiring magazine journalists.

Many thanks to the numerous health editors of women's magazines who were willing to take time out of their busy schedules to talk to me and offer extensive insight. Also, I can't say enough about Barbara Seaman, a true pioneer of women's health writing, for her thoughtful opinions and willingness to share her stories with me on a number of occasions.

Advice to Future Honors Students

The hours I happily spent in the basement of the library, surrounded by bound books full of women's magazines dating decades back, revealed to me I had chosen the right path for a thesis as well as a career. Find that one thing you absolutely love, and delve into it fully. Although a thesis seems insurmountable at first, the sense of accomplishment and knowledge you gain along the way will cancel out any of your original doubts.

“Genuine enthusiasm can only be sustained if you are truly passionate about something. Find that passion, embrace it, and take action.”

-Ardath Rodale, Chairman of the Board of Rodale Inc.

Introduction

The purpose of this thesis is to explore how great of an influence health journalism can have through women's magazines. Do women's magazines really influence reader's lives or do reader's simply glance over the information and then discard it? This question is explored by investigating past examples and critically analyzing current examples. It is answered by extensive research and interviews with health editors, writers, and others involved with the magazine business. The thesis also attempts to show why accuracy in health reporting is so important, how current health editors feel about their job, and the future of it all.

Women and Connection through Magazines

With the ever-increasing magazine options available to women on the newsstand, the public is inundated with health information on all sorts of topics from sexual health to the best way to lose weight. In 2006, the National Directory of Magazines reported 19,419 magazines available in the U.S, up from only 12,797 available in 1989.

Women's magazines play a special role in their readers' lives, and it is of the utmost importance that those magazines provide readers accurate health information. A 2006 survey that included 5,000 women conducted by the North American Menopause Society and *More* magazine found, "The vast majority of respondents felt confident in their doctor's knowledge of menopause; however, more women viewed books and

magazines as their primary source of menopause information than their gynecologists and other health practitioners.” This demonstrates that women turn to magazines for pertinent health advice on life-changing information.

A number of different theories as to why women may be more apt to go to a magazine for some health advice instead of doctors exist. “You hardly have five minutes with a doctor because they are very busy and have a lot of financial pressure,” said Cory Barbour, health editor of *Quick and Simple*, a new weekly magazine which claims to provide “the week's best deals, tips and how-to's for value-conscious women on the subjects they care about most.” Others suggest the intimidation factor. “The chief reason is embarrassment. Sometimes it's easier to send a health question in an email to an anonymous person at a magazine than it is to sit down and have a face-to-face with your doctor. It's less scary,” said Lynya Floyd, current health editor at *Essence*, a magazine targeted to African-American women with a readership (the circulation a magazine guarantees to advertisers for each issue) of 1.05 million.

Women may find an article about something they are dealing with but are unable to talk about. “Magazines often talk to readers in a comforting tone and in understandable language,” said Adam Martin, health editor at *Health*, a women's magazine focused on health and fitness with a readership of 1.35 million. “This tendency among women

sometimes leads us to select stories that we feel are on their minds but not discussed.”

Also, the most successful magazines attempt to create an identity that welcomes readers as “friends.” This enables readers to trust the magazine and turn to the publication as they would a friend.

When asked about her personal reasons for involvement with health journalism, Floyd said, “It’s an opportunity to have a profound impact on someone’s quality of life—maybe even save someone’s life. It’s a chance to increase the readers’ longevity, quell their fears, and boost their happiness. Are there any greater services you can provide to a reader?”

The simple quote by Floyd captures the essence of why health journalism, especially in women’s magazines, can impact a reader’s life. The quote also refers to the importance of stories being well-researched, accurate, and relevant to the reader.

But, not every health issue presented in magazines relates to everyone, which increases the importance for editors to understand the issues their readers’ will find important. A study done by Linda Aldoory of the University of Maryland investigates the idea of health communications and meaningfulness to women. “Many comments from the women illustrated a general need and desire for personal relevance or involvement with health messages for the women to connect and pay attention to the messages’ content” (Aldoory, 2001). The women

commented that they either “related” to messages or that they identified right away that the health message was not for them.

One participant in the study said that she wouldn’t like to spend a lot of time reading about health issues that she doesn’t have a personal reason to find out more about. Another said that she usually skips stories unless it’s something that really could impact her life, when discussing health stories in *Woman’s Day* (Aldoory, 2001). *Woman’s Day* is a general women’s magazine with a readership of 3.8 million. One of a health editor’s responsibilities includes choosing and editing articles their readers will consider interesting or relevant; otherwise little difference will be made in the reader’s life. For example, if a magazine such as *Seventeen* ran a ground-breaking piece on menopause treatment, the readers would most likely skip over it. But, if the same piece is published in *Ladies Home Journal* or *Good Housekeeping*, it has the potential to alter a reader’s life.

Throughout the years, women’s magazines have advised, recommended, and explained all sorts of health topics for their readers. Some of the repercussions are positive, such as a woman reading a story about a disease and realizing her symptoms are the same. But, others elicit negative impacts, such as a magazine supporting a certain drug simply because they are being backed financially by advertising revenue from the pharmaceutical company. “If you want to arouse women to their own best interests, the women’s magazines are the places to go,” said Barbara

Seaman, health magazine writer and author of multiple women's health books.

Positive Impact in History

Women's magazines possess the power to serve as a catalyst for change. The first women's magazines began in the early nineteenth century. But, the past 50 years, more specifically the 1960s-1980s, are explored in this section due to the large push for women's health in that time period. Some people, such as Seaman, argue this is due to the increase of the feminist movement.

Two examples of health issues changed due to the push from women's magazines are the choice in breast surgery and the ability for a father to be in the delivery room. According to Julia Kagan, health director at *Ladies Homes Journal*, a general interest women's magazine with a readership of 3.8 million, "Women's magazines did the stories questioning these practices and putting pressure on for change."

Breast cancer strikes at the heart of female identity. The American Cancer Society estimated that in 2007, of the 678,060 women with cancer, 26 percent of the cases will be breast cancer, topping the list of cancer types. Up until the early 1970s, the 'classic' operation for breast cancer was the standard radical mastectomy. In this procedure, the surgeon removes the breast, underlying muscles of the chest wall, all glands in the armpit, and any other glands beneath the muscles of the chest wall. It took anywhere from two to four hours, produced a cosmetic deformity, and 20

percent of women who had the operation have from that time on, a swollen arm on the side where the operation was performed (*McCalls* 1971).

Everyone accepted the standard radical mastectomy as the typical way to treat breast cancer, although it left many women feeling deformed and sad.

“In the old days, if he did [find breast cancer], you'd already signed a paper giving him the right to do a radical mastectomy without even asking you. And of course, even then there were options, including the modified radical,” said Kagan.

Women's magazines began to blow the whistle on the surgery and debate whether women really needed such a drastic surgery to remove lumps – regardless of whether they were cancerous or not. In an April 1971 *McCalls* article called “The Operation Women Fear Most,” Dr. William Nolen explored the question of how to define the ‘best’ treatment for breast cancer and suggested that the medical community lacked that understanding at that point in time. Nolen was a practicing surgeon and author of eight different books, including *The Making of a Surgeon*, a book published in 1970 about medical-school experiences. Nolen changed his approach from automatically performing a surgery and explained why in this article. Nolen chronicled his experience with a longtime family friend, Jean, who came in for a routine physical examination. He found a lump deep in her left breast and informed her of what he found. He reassured her that most breast lumps weren't cancerous but explained that the one way to be certain was to remove it.

“The next day I operated on Jean. Through a small incision, no more than two inches long, I removed the lump, along with a margin of normal breast tissue. The pathologist examined it and gave me the bad news: the lump was cancerous. So, proceeding almost automatically, I did the operation we surgeons have been doing for breast cancer for the last fifty years—the so-called radical mastectomy. I removed Jean’s entire left breast, the underlying muscles on her chest wall, and all the small bean-shaped glands—the lymph glands—in her left armpit. As a result of this surgery, Jean was in the hospital for ten days, has the obvious cosmetic deformity that goes with the loss of one breast, and has a left arm that is about 20 percent thicker than her right. And yet in all the tissue that I removed there wasn’t one cancer cell; simple removal of the lump would have done as much to cure Jean as my radical mastectomy.” (McCalls 1971)

The last sentence of Dr. Nolen’s paragraph articulates the problem of how doctors perceived breast surgery. The complete removal of the breast and glands was unnecessary when the only extraction needed was simply the lump. Nolen goes on to explain why doctors widely accepted the misconception. “Why? Tradition, mostly. That’s the way we’ve treated the disease for fifty years; therefore, it must be the best way to treat it...No

one had ever made a serious attempt to find out whether a lesser operation might not be just as effective (*McCalls* 1971),” wrote Nolen.

This article published in 1971 started to give women the idea that maybe other options existed. Then, the February 1972 issue of *McCalls*, included another expose titled “The Right to Choose” by Rosamond Campion. It chronicled her personal experience as a patient and the empowerment she found through exploring surgery options. The introduction to the article reads, “one woman’s revolt against fifty years of medical tradition: the radical, disfiguring operation that women fear most, which she was convinced she did not need.” Campion’s inspirational, yet disheartening, story looks into the struggle she experienced in order to gain respect as a woman and opt out of radical mastectomy surgery. She mentions that a friend gave her the previous *McCalls* article by Nolen about the new concept in treating breast cancer. Campion feels this helped her realize the other options available.

When she went in for the biopsy, she refused to sign the hospital form that permitted an immediate radical mastectomy if the biopsy revealed a malignancy. The procedure revealed the lump was malignant. Following the news, the doctor came in to speak with her and berated her for her decision to forgo the radical mastectomy. “Now, you are being a very silly and stubborn woman. You ask too many questions. I could have performed the mastectomy while you were under, and you would not have to go through this trauma twice and everything would have been fine”

(*McCalls* 1972). Many doctors at this time were not prepared to consider other options for breast cancer surgery or admit that what they had been doing for all these years was not totally necessary.

Campion chose to go to another doctor with a different view than her first one and said that he didn't see a need to remove the breast, because the lesion was in the inner quadrant and there was no need for the full dissection. She simply had the lesion removed, and it turned out the tissue surrounding the cancer was healthy. This health writer for *McCalls* saved her own health and breast purely by doing her own research and refusing to blindly accept what the male doctor told her as the option. She ends the article with an empowering and groundbreaking call to women: "I can't help wishing that truly liberated women would begin to question matters more urgent than being allowed into all-male bars: such as, why have breast-cancer patients meekly accepted for more than fifty years a surgical procedure performed almost perfunctorily?" (*McCalls* 1972).

Many women may not previously think about engaging in a healthy and respectful relationship with their doctor or surgeon. "I want to be a living tribute to the belief that a surgeon and his patient owe each other mutual respect. Each avenue of cure for each individual must be considered," she wrote. "No woman on earth is exactly like any other woman. Even in the thrall of a dreaded disease, she is unique and must be paid by her doctor the compliment of being allowed to be a partner, within

the proper framework of her illness, in deciding what is the best solution for her own special, or even eccentric, needs.”

No other medium targeted to women discussed these issues or gave women a voice for health issues. Even 30 years later, the words and statements still empower.

In a June 1974 issue, *McCalls* continued to cover the issue, but the choice in surgery progressed into a common practice as more and more women were informed of their options through magazines. The 1974 article reported the number of women who objected to decisions being made without their knowledge was increasing and hospitals were changing their procedures because of this. The hospitals would perform a one-day breast biopsy, and if it was malignant, follow it up with the best medical opinion on the best kind of surgery for a particular patient. (*McCalls* 1974). The article also included a list of ten hospitals across the country who adopted this philosophy of choosing the best options for breast cancer surgery and treatment.

Good Housekeeping magazine, a general women’s magazine with a current readership of 4.6 million, also ran in-depth articles on this new approach to breast cancer surgery. An April 1974 issue included an article titled “The Better Way: What you should know about the controversy over breast surgery.” It provided a clear guide to the different types of surgeries, what each one means, and the various opinions from sources such as the American Cancer Society, the National Cancer Institute, and experts at

New York City's Memorial Sloan-Kettering Cancer Center. In their September 1975 issue, an article titled "The Operation Women Never Dreamed Would Be Possible" discussed surgery to reconstruct a breast for women who lost it to needed or unneeded mastectomy. It explains how maybe the surgery is not for everyone, but to those who go through with it, it seems like a miracle.

In this time period, women's magazines played a role in changing the way the medical community handled breast cancer across the country. They raised awareness and pushed for change at a time when other advocates for women's health were scarce. According to a 2006 *Oprah* magazine article, "Old-fashioned breast doctors agreed that the Halsted radical mastectomy was the 'greatest standardized surgical error of the 20th century.'" The first change in breast cancer treatment went from radical mastectomy to simple mastectomy. Later, doctors started using lumpectomy with many patients.

It must be said also that breast cancer remains an on-going subject for women's magazines today. Magazines such as *Good Housekeeping* continue to discuss and report on lumpectomy.

Women's magazines continue to explore options for breast surgery since the first articles appeared in the 1960s. But, removal of the whole breast may still be considered the best option for some women, even today. Key word in the previous sentence: "option." Women can now make the choice, thanks in part to women's magazines.

These publications not only pushed for changes in health issues for women, but they also influenced the family – in particular the role of childbirth for a husband and wife. “From the early 1950s through the mid-1970s the question was argued in medical meetings, aired in the press and popular magazines, legislated about, put before Congress, and settled in the courts” (Leavitt 2003). The specific question at hand was whether fathers should be allowed in the delivery rooms with their wives.

Up until the mid-1970s, doctors banned fathers or husbands from the hospital delivery rooms. Even if a hospital lacked a specific restriction against this practice, a father usually missed the experience of participating in the birth of his own child.

But, long before hospitals allowed any husband to snip his son or daughter’s umbilical cord, women’s magazines discussed the issue and examined the controversy. A *Good Housekeeping* June 1964 article titled “Should Fathers be in the Delivery Room?” clearly stated both sides of the argument. Doctors who opposed the practice felt that the husband may somehow get in the way, contaminate the delivery room, be disturbed or upset by any possible medical complications, or misinterpret things that happen, which could result in unjustified lawsuits against the doctor or hospital. The article then goes on to state the possible benefits: husbands offer coaching, they save doctors’ and nurses’ time by helping wives during labor, and fewer exams are needed as parents together follow the stages and inform the doctor. Husbands also like being an active

participant, and wives receive reassurance and emotional support throughout and following the delivery.

At this point, the time when the 1964 article was published, a significant amount of opposition to the idea of having husbands in the delivery room existed. The resistance came mainly from the physicians themselves for reasons the article lists, as well as the worry that a father's presence would challenge their own authority. Dr. Edmund Jacobson of Chicago stated that husbands should not be allowed in delivery rooms because it "would limit the doctor's freedom to perform deliveries in accordance with his best judgment for the welfare of the patient and limit the freedom of doctors and the conduct of ethical medical practice" (Leavitt 2003). *Good Housekeeping* attempted to present both sides equally in the 1964 article to fuel the debate of what should be allowed.

By 1974, it was becoming increasingly more common for fathers to be in the delivery room, and *Good Housekeeping* ran a first-person essay, "My Husband Delivered Our Baby," in the September issue. The author, Margaret Curtin Marshall, described in detail the active role her husband played in the birth of their child: he stood at the end of the bed, received the baby after the final push, and even cut the umbilical cord. It was rare for husbands to take on the role of doctor in the delivery room. The author discussed her experience and showed how much of a help and benefit a husband offered in the delivery room. "Together we held the son we had created and whose beginning we had shared," she wrote.

The couple's story gradually became a more common experience for other husbands and wives. An article in their November 1974 issue discussed the overall changes that took place in the delivery room. "Not so many years ago it was almost unheard of for fathers to be admitted to hospital delivery rooms. Now, thanks to what amounts to a childbirth revolution, it is almost routine—at least in big city institutions" (*Good Housekeeping* 1974). The article reported that eight out of ten mothers go in for natural childbirth, and the vast majority of them want their husbands at their sides from start to finish. Although all doctors did not completely change their opinion, some interviewed for the article began to see the benefits of husbands in the delivery room. "Dr. Bernard Nathanson, the director of obstetrics at another New York hospital, St. Luke's, admitted he had been irritated and offended ten years ago when a husband first said he wanted to be with his wife in the delivery room. Now he fully accepts the idea, although he still missed the old ways when obstetricians had a uniquely close relationship, half husband and half father, with the women they delivered" (*Good Housekeeping* 1974).

Nathanson felt that there was no good reason to keep a husband out of the delivery room. The only things he insisted on was that the husband take a childbirth-preparation course with his wife, that he wear a mask and gown in the delivery room, and that they promise to leave if there's an emergency. His requirements remain as the standard protocol to this day.

The shift from merely letting fathers witness the birth to actually encouraging them to be in the room came in the 1980s. “By 1980, the overwhelming majority of physicians and hospitals allowed, and even encouraged, husbands to stay with their wives throughout labor and delivery” (Leavitt 2003). All the previous worries about the dangers or challenges to authority a father would present became history.

The evolution in childbirth practices stands as one of the early steps toward many of the benefits fathers enjoy today. Creating equality between husband and wife in the role of childbirth paved the way for practices such as paternity leave and stay at home dads.

A Crusader for Women through Magazines: Case Study of Barbara Seaman

Many health editors and writers consider Barbara Seaman as the most prolific and acclaimed health writer of the past 40 years. “Barbara Seaman is the first prophet of the women's health movement and her prophecies are still coming true,” Gloria Steinem, feminist activist and founding editor of *Ms. Magazine* has said.

Seaman’s first article was published in 1960 in a magazine called *Mothers Manual*. In “How to Subvert the Breastfeeding Practices in Maternity Hospitals,” Seaman explained that doctors were persuaded by the Infant Formula Manufacturers into believing their product was superior to mother’s milk. The article begins Seaman’s long career of publicizing health truths for women, no matter what the repercussions were.

In 1969, Seaman worked as a columnist for *Ladies' Home Journal* and published a number of pieces about the hazards of birth-control pills. Her first published book, *The Doctor's Case against the Pill*, also came out in 1969. Soon after, an ad-account executive representing a major drug company, took the magazine's publisher to lunch. The executive wanted to buy ads in *Ladies' Home Journal*, but the company disliked Seaman's coverage of their most profitable prescription product. As a result, Seaman lost her job (Folio 2004). Yet, the book garnered some positive feedback. This early form of the Pill contained dangerously high levels of hormones, and Seaman exposed this. "It sparked a U.S. Senate hearing that mandated warning labels on oral contraceptives—the first of any prescription to carry them" (Women's Health 2006). Because of Seaman's determination to find out the real truth and lack of fear to expose it, all contraceptives began carrying warning labels and companies started making safer pills with lower doses of hormones.

From 2000-2003, Seaman wrote a monthly health column for *Hadassah* magazine. "It was the most widely read feature in the monthly magazine," said Seaman. According to the website, *Hadassah* magazine is "a monthly general interest Jewish feature and literary magazine, covering the entire spectrum of issues important to Jewish life. Sent to every Hadassah member, the publication presents the best in contemporary writing, offering thought-provoking articles and engaging stories." After the publication of "The Greatest Experiment Ever Performed on Women:

Exploding the Estrogen Myth,” the magazine fired her because of the pressure from Eli Lilly. “Eli Lilly does not advertise in the magazine, but it does give a lot of money to the Hadassah Organization’s Women’s Health programs,” said Seaman. “What hurt me the most about this latest firing was that the Hadassah Magazine took all my columns down from their website and they were some of the best short pieces I had ever produced.”

Seaman understands how women’s magazines can contribute to a reader’s health. “All in all the women’s magazines let in the women’s voices more than most other media, so I was lucky and feel proud that I was writing for women’s magazines,” Seaman said.

Women tend to act upon the advice a magazine offers. After World War II ended, the U.S. labor department sent Public Relations representatives to distribute labor department outlines of articles and stories to the women’s magazines, according to Seaman. They hoped the magazines would run articles with this information to entice women to return to their homes and become housewives again. “During the years when the boys were away, many of the girls discovered that they like receiving their own paychecks,” Seaman said.

The key to Seaman’s reporting is taking the patients or readers’ concerns into mind — instead of the doctors or large companies. “In the years when I started writing for women’s magazines, they were almost the only media outlet that included the patient’s voice,” Seaman said. “Outside

of women's magazines, with some exceptions here and there, only doctors, scientists, or drug-company executives commented on drugs and other treatments." Because of this bias, Seaman explains, articles avoided including the personal experience of patients due to the magazine's resistance to consider them "experts."

Seaman credits her desire to give patients a voice to how her life post-graduation fell into place. She graduated from Oberlin College and was offered a job as a copy girl by Herman Dinsmore, the editor of the Foreign Desk at *The New York Times*, and a friend of her parents. But, she turned it down because of her upcoming marriage to a doctor who was taking up his residency in Cincinnati. "Had I begun my career at the Times and had I had the good luck to write on health and medicine, I would not have had much opportunity to publish what I was hearing from women about their bad experiences with the high-dose early pills," Seaman said. "I would have been stuck for the most part with the FDA panel on the Pill, Planned Parenthood, and so forth, only the 'experts.'"

Seaman recalls a certain doctor who repeatedly said no blood clots were found in their clinics, and the statement appeared in many newspaper stories. Although it technically could be a true statement, the articles did not include the whole truth, as Seaman realized. Patients with a blood clot wouldn't go to that doctor anyway because that kind of clinic does not have the facilities to deal with it. Instead, they would go right to the emergency room and wouldn't think to go to a clinic for such an

emergency situation. “Most likely I would never have been able to say this in a respectable newspaper, but I did get to make this point in ‘girl talk’ situations meaning certain magazines and certain talk shows,” Seaman said.

Although her groundbreaking book about the dangers of The Pill came out in the 1960s, she still involves herself with issues surrounding pills today. “There are some low-dose contraceptives that seem to be more dangerous than others, such as the Evra Patch,” Seaman said. “I’ve been asked to update ‘The Doctors Case against the Pill’ once again and have been collecting a lot of research papers.” Seaman applies what she learns about these issues to her own life and family. “I said that if my daughters had wanted to take the Pill I would have cried, but if my granddaughters want to take it I could live with it.”

Seaman became one of early voices to also alert women to excessive medical advice and interventions for natural processes, such as menopause. This notion has been termed “medicalization.” Seaman wrote about the idea and commented on it years ago. “I was entirely serious when I introduced the idea of medicalization in the early 1970s,” said Seaman. “I wrote and said a lot of things in an ironic or tongue-in-cheek form. A chuckle helped people to remember or to discuss an idea that could encourage them to stand up for their personal rights. Also, we were being very abused and disrespected by many gynecologists.”

She feels medicalization still goes on today, although it takes on different forms. One example of a form of medicalization today is the prescription of pills solely for prevention of heart disease or breast cancer, versus curing the disease. Seaman explains that many doctors automatically prescribe pills to women in “high-risk” groups, and currently no research exists to prove the effectiveness of the drugs. Although medicalization is still around in different ways, Seaman does feel that women possess more freedom to choose.

Barbara Seaman’s devotion to exposing the truth and refusing to fear any consequences accompanying the action are qualities for every health writer and editor to aspire to. Her decades of health reporting for magazines have improved the well being of generations of women. Although strong health writers work in magazines today, none are comparable to Seaman’s forty years of experience and constant devotion to revealing the facts for women.

The Impact Today and in the Future

As history shows, women’s magazines possess the opportunity to make a monumental impact on the lives and health of its readers. Yet, as the country’s obsession with health and wellness increases – thanks in part to the aging of one of the largest and most powerful generations, Baby Boomers – it remains important to take a critical look at the health messages currently in women’s magazines. What follows is a critical

analysis of women's magazines today and the quality of reporting on a number of different health areas. In some of the subjects, it is necessary to reference the past in order to understand the current progress being made in health journalism. The following six topics were chosen due to the high prevalence in women's magazines and potential to influence a woman's health or lifestyle.

Drugs/Pharmaceuticals

Barbara Seaman's firing from *Ladies Home Journal* due to pressure from a pharmaceutical company was one of the first examples of the conflict between drug/pharmaceutical advertising and editorial content. Many magazines struggled with the conflict between the two. In a 2004 *Folio* magazine article, author Rachel Lehmann-Haupt profiles Hilary Macht, former health editor for a women's health magazine when direct-to-consumer pharmaceutical advertising increased dramatically. "Magazines everywhere were carrying seductive ads for a better life through antidepressants, arthritis drugs, cholesterol busters, and cures for erectile dysfunction" (Lehmann-Haupt, 2004).

Macht's now-defunct magazine landed a schedule of ads from Eli Lilly for its hot new antidepressant, Prozac, just when it was planning a big article about depression. The story covered Prozac and included statistics from a study showing that a significant number of patients suffered sexual side effects from the drug. Macht says the word came down from the top of the magazine to cut the

sexual side effects from the article for fear that the magazine would lose the ad campaign. (Lehmann-Haupt, 2004).

This case shows how the financial interests of drug companies helped keep important information from the public due. Another fact is that these companies realize how to reach and influence potential consumers — through women’s magazines. “In 2003, pharmaceutical companies spent \$2.5 billion on consumer advertising — over \$1 billion of which went into magazines, according to TNS/Media Intelligence/CMR” (Lehmann-Haupt, 2004).

In order to gain access to the coveted editorial space in magazines, companies go to many lengths to get the attention of health editors. In a 2002 article in the *Columbia Journalism Review*, Ann Hettinger and Hilary Macht, former health editors of *McCall’s* and *American Health for Women*, respectively, discussed what really went on behind the scenes.

In January 1997, editors and writers for some of the country’s largest magazines gathered in Washington to attend a ball celebrating President Clinton’s second inauguration. They ate, drank, mingled, and spent the night, all courtesy of the pharmaceutical company Wyeth Ayerst. It was common for the leading manufacturer of hormone replacement therapy (HRT) drugs to court women’s magazines. (Hettinger and Macht, 2002)

The article details how pharmaceutical companies bombarded the magazine industry with propaganda touting the benefits of HRT. Many

reputable magazines such as *Better Homes and Gardens* and *Ladies Home Journal* published articles that suggested estrogen therapy offered a safe way of preventing heart disease. A tidbit related to this discussed in the *Folio* article: “Magazines continued to run stories even after the 1998 Heart and Estrogen/Progestin Replacement Study found that hormone use increases risk of heart disease in the first year.” Later studies such as the Women’s Health Initiative in 2002 also showed that the risks of HRT actually outweighed any benefits it had.

Fortunately, some articles published dug up the truth of hormone replacement therapy. Health writer, Nissa Simon, wrote an article for a 2001 issue of *New Choices* magazine, and considers it the first article in a major consumer magazine to bring up the serious problems of hormone replacement therapy. The article came out well before the Women’s Health Initiative released its findings. Simon considers this her proudest moment as a writer. The article, titled “What Every Woman Should Know about Hormone Replacement Therapy” discussed how doctors prescribed estrogen without much evidence of its benefits, how estrogen therapy may contribute to heart disease, clots, and strokes, its role in osteoporosis, memory loss, and heart and endometrial cancers. “The interesting thing is that the information was all there, piecemeal, in the smaller medical journals. It took some digging in medical libraries to find these articles, but it wasn't an onerous task. Once the pieces were fit together, the conclusion was obvious,” said Simon. It makes one wonder why this information

wasn't referenced sooner, and why no one was paying attention to the actual scientific evidence available.

Today, the idea that estrogen therapy might be harmful is more commonly accepted. But, for many years, readers of women's magazines thought these drugs offered benefits, but over time they posed great harm. The estrogen case provides a cautionary tale for future editors to be more wary of where the information comes from and not let all the free opportunities influence their opinions on certain drugs.

The editors who exposed this truth no longer work at the magazines, and therefore not in jeopardy of losing their jobs. That fact may be a large reason why they felt comfortable revealing the truth.

When asked if they ever felt pressure to mention/promote advertiser's products, most of the current health editors shot this idea down quickly. "No," responded Martin of *Health* magazine. "Very rarely," replied Floyd of *Essence*. "No. I'm lucky to work at a company that makes very clear distinction between the editorial and the business side of things," said Dolgoff of *Self*, a women's magazine focused on health and wellness with a readership of 1.4 million.

One common practice used by pharmaceutical companies to garner editorial space is sending out polls or information about a certain drug. Editors offered varied responses as to how they might use them in their individual magazines. Oglethorpe of *Good Housekeeping* uses an

absolutist approach: “If it is paid for by a drug company, we will NOT use it.”

But, some editors feel some of this information may serve a purpose. “If the information really is valuable, simply alerting the reader to where the information came from does the trick,” said Floyd. “For example, I’d be more inclined to use a stat like (and this is fabricated) ‘95% of people who wear contacts report some kind of discomfort, according to Acuvue’ as opposed to something like ‘95% of people say getting fit for contacts changed their life, according to Acuvue.’”

Martin offers a similar outlook, “We occasionally look at them and publicize surveys or polls that seem relevant to our readers. But, as a rule, we look skeptically at information coming from companies that may have a financial interest in the publicity. Conflicts of interest or the perception of a conflict are always on our mind.”

Cory Barbour, health editor of *Quick and Simple*, feels it’s pretty easy to decipher the motives of these companies or the real source of information. So, determining the financial interest and not letting the advertising content influence the editorial is extremely important for editors.

Menopause

Menopause happens to every woman and for this reason, one might assume women’s magazines frequently cover the topic over the years. Up until the 1960s, the opposite was true. “Articles in women’s magazines

almost never mentioned or discussed menopause or the “change of life” until the 1960s. The 1960s marked the period when the use of hormones burgeoned and medicalization of menopause, which had been growing for some years...had become a powerful trend,” wrote Marlene Cimon in a 2006 *American Journalism Review* article. The lack of menopause coverage in women’s magazines is somewhat surprising considering they were around for over seventy years. *Good Housekeeping* made its debut in 1885 and in 1904, *Ladies Home Journal*, became the first to reach 1 million in circulation. Needless to say, no shortage of outlets to discuss the topic of menopause existed, or eyes that would read the articles.

“Several trends emerged in the magazines during the years from the early 1900s until the 1960s. The topic of menopause itself was virtually ignored, while the glories of middle age were extolled. Menopause, as a subject, was either regarded separately from middle age or the magazines simply decided that the subject was too distasteful to discuss within its pages. This is an interesting dichotomy, as menopause was an inevitable consequence of aging. The magazines avoidance might have been a reflection of the time, when public discussion of women’s sexuality and reproductive functions was discouraged, and, in some cases, even punishable by law” (Cimon, 2006).

Cimon’s suggestion of women’s magazines ignoring menopause because they deemed it socially unacceptable to discuss might be a valid

idea; yet that seems a weak excuse for the magazines who serve as a voice for women and source of advice.

During the 1960s, women's health suffered a new assault with the publishing of a book (later found to be funded by the drug-industry) by a practicing gynecologist named Robert A. Wilson. Titled *Feminine Forever*, it "chronicled the complaints of miserable husbands, compared postmenopausal women to cows and promised hormones would be the answer to these afflictions" (Cimon, 2006). Wilson described menopause as a living decay where women went into a "vapid cow-like" state. He theorized giving women estrogen would transform a cow into a youthful "calf" again.

This book began the widespread commercialization of estrogen and women's magazines were quick to support it. But, estrogen's popularity forced the women's magazines to put the drug into context, and articles began to appear about menopause.

Today, the reporting on menopause has an upbeat and inspirational tone. It is viewed as more of a journey and not an end to a woman's life. In the April 2007 issue of *Ebony*, a magazine targeted to African-American woman with a readership of 1.45 million, an article titled "Menopause 101: New School Strategies for Navigating the Change" provides advice for dealing with this time period.

"This is not a disease," said a doctor quoted in the article. "It's not abnormal. This is a normal process – women have gone through this for

eons” (*Ebony* 2007). It then goes on to quote different women who successfully dealt with menopause. They viewed it as a slight change, but felt comfortable with themselves to get through it. "I'm a very positive person and I just decided to deal with it," said Sharlie Stevens, a recent General Motors retiree. "I'm secure in who I am; this is just a process, another phase of life” (*Ebony* 2007).

Beyond providing reassurance for readers, the article dispelled the sexual myths surrounding menopause. “The issue of sexuality in mid-life is complex, but experts agree that menopause is not the end of a woman's sexuality” (*Ebony* 2007).

The relationship between reporting on the process of menopause and frequency in women’s magazines has been rocky throughout the years, as history shows. But, menopause coverage today remains positive and will assist in giving women a new outlook on the menopause process.

Diet/Nutrition

A majority of women’s magazine readers want the magic diet or easiest way to lose weight or stay healthy, so nutrition advice is prevalent in magazines. As people seek to broaden the range of non-prescription treatments, information on herbal remedies also appears routine. New studies on the benefits of different foods and herbs are constantly conducted, and the feat of sorting through those and accurately reporting on health information is difficult, yet very important. “The public is enormously confused. They need a better understanding of the role

nutrition plays with respect to disease. We haven't been doing a very good job of putting things in perspective," said Richard Rivlin, M.D. of New York Hospital in an interview with Marilyn Larkin, a former health editor.

Adam Martin, of *Health* magazine, agrees with Rivlin. "There is so much information that it's confusing. We try to highlight nutrition issues on a regular basis, sorting out what you can rely on and what you can't," said Martin.

But, not everyone echoes that similar sentiment. Alice Oglethorpe, health editor at *Good Housekeeping* magazine, disagrees with Rivlin's comment. "I don't really agree with it [public being confused about nutrition], because recently there has been such a big push for healthy eating," Oglethorpe said.

Floyd takes a slightly different spin on this issue. "I don't know if they're confused so much as they're just not aware," said Floyd. "When you look at major health threats: heart disease, diabetes, obesity; they can all partially be prevented or managed with proper diet."

Dolgoff, of *Self* magazine, explains perhaps the major problem with many nutrition articles in magazines. "The truth is, aside from eating your vegetables and keeping your weight healthy and stable, there are few direct nutrition/disease links that have withstood the test of time. But people want to find something that's going to save them, a magic bullet, be it low carb, low-fat, green tea, or dark chocolate," said Dolgoff. "The way we handle it

is by doing lots of stories clarifying what people hear, separating the myths from the facts. We also try to come up with new ways to reiterate what is known rather than what is just supposed.”

As time goes on, more accurate, yet sometimes conflicting nutrition information emerges. In a December 2005 *USA Today* article, Kim Painter outlined some health advice offered in 2004 that researchers disproved in 2005. Echinacea, previously thought to prevent or treat colds, serves as one of the examples. “Echinacea does not prevent or treat colds, at least not when taken in the doses used in a study published in July in the *New England Journal of Medicine*. Defenders of the herb, which rakes in \$155 million a year from U.S. consumers, say the study doses were too low. But the researchers behind the study were pretty confident in saying the stuff just does not work” (Painter, 2005).

Painter also notes that it usually takes a big, well-designed study or two to set us straight. “I’m going to try to keep that in mind next year, every time I read about ‘early,’ ‘preliminary’ or ‘small’ studies that ‘suggest,’ ‘hint at’ or ‘offer hope’ for a cure or breakthrough,” Painter said. Health editors should keep in mind her simple advice in deciding what stories to report on in order to inform their readers.

For example, in the November 2006 issue of *Self* magazine, a short piece on the eat-right page reports on a supposed study. “Vitamin K, found in broccoli and peas, may aid in keeping joint cartilage healthy, researchers from Tufts University in Boston report. The vitamin activates proteins that

help calcium bind to bones and prevent cartilage loss. Spinach and cabbage are also good sources” (Self 2006).

In actuality, the study is not completed. According to the Boston University website, two professors in the School of Medicine have partnered with a professor of nutrition at Tufts University to investigate the possible link of Vitamin K in an ongoing study and results are not tabulated yet. It reports that preliminary results from the study may be available by the middle of 2007.

The debatable issue with the *Self* coverage of the Vitamin K piece is the lack of explanation for the status of the study. Although *Self* uses the word “may,” the reader may not understand that no results showing a strong link were discovered, and the result may be absolutely no link between Vitamin K and healthy joint cartilage.

Sex

Sex sells. The commonly heard cliché holds true in the magazine industry, not just in racy covers and celebrity photographs, but also in the editorial. In a *Columbia Journalism Review* article by Liza Featherstone titled “Faking It: Sex, Lies, and Women’s Magazines,” Laurie Abraham, an editor at *Elle*, a women’s magazine focused more on style with a readership of 1 million, was quoted as saying that the worst thing about women’s magazines is “how much we lie about sex.” The CJR article reveals that any writers, editors, and fact-checkers involved with these sex

articles agreed that the editorial standards for them are abysmal. The people interviewed or quoted in the article represented a number of leading women's magazines such as *Elle*, *Cosmo*, and *Marie Claire*.

Featherstone goes onto explain how many of the people or sources used in the articles about sex are made up. The facts of the story may be changed or tweaked, so that the story is more what the editor thought the reader would want to see.

Some may wonder why the industry finds it acceptable for editors to change stories on sexual matters. "Some factual stretches are aimed at making the sex stories 'more realistic'" (Featherstone, 2002). In other words, editors would think that a certain anecdote or quote provided in an article does not reflect something anyone would actually do or someone couldn't possibly be having a certain amount of sex.

For example, Laurie Abraham remembers a specific experience. "I quoted my best friend all through school who's from Cleveland, Ohio, like I am. And she told me that she and her husband — they had been married like, eight years — had sex five times a week. And so it was edited out and it was actually changed to three times a week!" Why? "Because the editor couldn't believe that a couple, married for eight years, was having sex five times a week," Abraham said while speaking on a panel included in Featherstone's article. This tends to give a narrow view of what is "normal" and warps the truth.

These changes occur beyond the anecdotal-type sex stories such as the night a reader lost her virginity, but they occur also in sex-related health stories. “Some women's magazines, so intent on selling their readers on having sex, make dubious claims about its health benefits” (Featherstone, 2002). Different magazine articles claim the calorie-burning benefits of having sex for a long amount of time or how sex is good for your complexion and can “make you prettier.”

Another disturbing notion that Featherstone discusses is the idea of sex always ending in an orgasm and how women's magazines perpetuate that idea. “The sex-health claims in magazines, a fact-checker points out, ‘always, interestingly, equate sex and orgasm. But you often have one without the other, sadly.’” As a result of this, women across America feel that there may be something wrong with them if orgasms elude them during sex. Being bombarded with flowery pieces on sex that describe earth-shattering and multiple orgasms can make women feel sexually inferior.

For example, a January 2001 *Cosmopolitan* article titled “O Yes!” describes 26-year-old Charlotte's experience. “I could feel both my G-spot and my clitoris tingling, and together the sensations became more than the sum of their parts. My orgasm was so intense, I was speechless for minutes afterward” (*Cosmopolitan* 2001). *Cosmopolitan* boasts a readership of 2.9 million, and targets young, career women, and prides itself on including “candid discussion of contemporary male/female relationships.” The article

goes onto describe how this should not be all you settle for. “And if you've blown your fuse once, don't assume you have to call it a night. Every woman is capable of having multiple orgasms since the clitoris stays erect even 'after it has set off its first run of fireworks. The secret to orgasmic excess is largely mental” (*Cosmopolitan* 2001). What if a woman lacks the physical stamina to achieve such an intense orgasm, or, multiple ones? The article states that “every woman” possesses the capability. Whether Charlotte’s story recounts the truth or embellishes her experience is debatable. Regardless, the possible inferiority a woman may feel if she is not experiencing what Cosmo says “every woman” is capable of is worrisome. The sexual fabrication or embellishment goes against fundamental journalistic principles because it does not present reality and strays from the truth.

In the five years since the article’s publication, magazines continue to tout mind-blowing sex as the universal female feeling. When contacted recently to comment on how the sex coverage had changed, since the article was published in 2002, Abraham responded that she really doesn’t know much more than she knew then and suspects things are status quo. Readers turn to sexual health stories for advice — not cheerleading on behalf of multiple orgasms.

Sexual health topics also may be some of the issues women find too embarrassing to speak to their doctor about, and instead, go to a magazine to find answers. “According to a 1997 Kaiser Family Foundation survey,

three-quarters of adult men and women consider magazines an ‘important’ source of information on such topics as birth control, sexually transmitted diseases, and HIV/AIDS. Half of these people say the information magazines provide on these topics is frequently information readers are not likely to get from other sources” (Walsh-Childers, 1997). This statistic illustrates that health coverage — even those stories about sex — must be completely true and accurate.

Providing the readers with information that really does pertain to their lives should be of utmost importance as well. Another Kaiser Family study found that “women’s magazine coverage emphasizes planned pregnancy, contraception, and abortion; considerably less attention overall is devoted to other critical sexual health issues facing women today, including HIV/AIDS and other sexually transmitted diseases, and unintended pregnancy” (Walsh-Childers, 1997). Although the article came out a number of years ago, it still emphasizes the importance of covering topics relevant to readers regardless of the topic’s sensitivity.

Smoking

The coverage of cigarette and tobacco risks exists as perhaps one of the most controversial aspects for women’s magazines. According to *Medical News Today*, cigarette smoking causes more than 440,000 deaths annually in the U.S. Lung cancer remains the leading cause of death by cancer among women since 1987, with women's death rates from lung cancer up 600 percent since 1950, correlated with increased smoking rates.

With the harrowing statistics, it is surprising that women's magazines tended to ignore this subject throughout history.

For many years a surprising fact existed. "There was an understanding within the advertising industry that magazines that accept tobacco ads do not run derogatory articles about tobacco" (Ferris 1994). The tobacco industry paid large amounts of money for the advertisements in magazines because they knew the publications reached its target audience. This agreement forced editors to decide between providing accurate editorial content and denying the magazine tens of thousands of dollars in advertising. Unfortunately, up until recently, the advertisers usually won the battle.

Jan Ferris provides an example of this in a 1994 *Columbia Journalism Review* article. The California Department of Health Services tried to place an ad in *Essence* magazine. "The magazine was targeted because young women are one of the fastest-growing sectors of smokers in the country and, at least in California, more black women smoke (one in four) than does the female population as a whole (one in five)" (Ferris 1994).

The Department of Health Services thought that they had an "in" at *Essence*, because the senior editor for health, Linda Villarosa, previously published a critical article on magazine-cigarette relationships in the *Harvard Public Health Review* (Ferris 1994). In the article, Villarosa said,

“Alienating a tobacco company means more than kissing off just cigarettes; it may mean alienating a conglomerate.”

The ad that was prepared for *Essence* featured three black singers that had died of tobacco-related diseases and copy that read “Cigarettes made them history.” They reserved space in time for the May issue, but when the ad came in, the magazine suddenly ran out of room. Another attempt to publish the ad was made for the June “health and fitness” issue, but the ad was “deemed to be very controversial,” and it never appeared. (Ferris 1994)

The battle between editorial and advertising over cigarette advertising continued throughout the 90s. Fortunately, in recent years, women’s magazines are shifting away from featuring cigarette advertisements. Some magazines, such as *Self*, refuse to accept tobacco advertisements.

Smoking does not only relate in terms of advertising, but it is also important to look at the role it plays in editorial stories. The American Council of Science and Health published a report in 2004 on Smoking and Women’s Magazines from 2001-2002 that said smoking coverage has improved. It is important to note that many questioned the American Council of Science and Health’s motives. Their president and founder, Elizabeth Whelan, received criticism for being outspoken against the tobacco industry, and for ignoring or downplaying the risk of other environmental chemicals such as pesticides on one’s health. Many critics

of Whelan feel this is the case because the American Council on Science and Health receives funding from corporations with a direct interest in the ACSH's chosen battles.

Yet, the basis of the survey is to examine women's magazines and cigarettes, and it accomplishes that purpose. The survey examined the health and smoking-related coverage in fifteen magazines, including *Cosmopolitan, Elle, Family Circle, Glamour, Good Housekeeping, Harper's Bazaar, Health, Ladies' Home Journal, Prevention, Reader's Digest, Redbook, Self, Shape, Vogue, and Woman's Day.*

It found that the coverage of negative health risks associated with smoking improved over recent years, but that there is still room for improvement.

“Only a small fraction of the health articles surveyed in the new study (1.3%, or 55 out of 4,156) focused primarily on quitting or preventing smoking or on the risks of smoking - even while many magazines devoted much space to other serious health topics such as breast cancer, skin cancer, and obesity. Some magazines continued to ignore smoking-related information when it was relevant to the topics they covered, downplayed the risks of smoking when they were mentioned, or even sent positive editorial messages about smoking to their readers (particularly Elle, Vogue, and Harper's Bazaar).” (Medical News Today)

Overall, women's magazines smoking coverage improved from the years of cigarette advertising determining editorial content. It continues to improve in recent years, with some women's magazines that preach health refusing to run cigarette advertisements. With all of the known risks of tobacco, it would be desirable that women's magazines completely phase any slightly positive reference or advertisement out of their issues for good.

Pregnancy/Parenting

Mothers crave help and information about a host of child-rearing challenges, such as potty training, getting babies to sleep through the night, and dealing with the terrible twos. Magazines fill the role of trusted friend efficiently and conveniently by arriving monthly with tips, advice, and suggestions on everything from breast feeding to grocery-store fits. For this reason, health journalism in these types of magazines possesses a strong responsibility to readers.

In April 2005, *Babytalk*, a magazine for new mothers with a readership of 2 million published a feature article to celebrate their 70th Birthday of being in print. In the article, they reviewed all the good and bad advice that has been dispensed to mothers over the years.

In a June 1949 article, *Babytalk* advised mothers to "Prepare baby's skin for first sunbaths with a thin coating of baby oil. This will help prevent dryness and encourage tanning." In October 1950, *Babytalk*

recommended that “to suit baby’s needs, cow’s milk must be ‘modified’ usually by addition of sugar and water until the baby can digest milk” and also that “most doctors prescribe orange juice before the baby is one month old.” Publishing these suggestions today would be unheard of due to the knowledge currently available. But, at the time, these theories seemed reasonable, so it was made available to the public through *Babytalk*. *Babytalk*’s example shows how over time certain research comes out that gives clear answers to what people should and should not do.

But, over the years *Babytalk* dispensed advice which they currently feel proud of. Some of its best advice dates way back to June 1939, “Does routine rule you? Of what value is a plan so rigid, so inflexible that it cannot be changed slightly to meet existing and unexpected, unforeseen conditions?” or “Babies need time to develop on their own, at their own individual speeds, to attain physical achievements when they are ready,” in a March 1967 article. *Babytalk* dispensed valuable advice, and also empowered mothers with their “Declaration of Independence for Mothers” in July 1942: “I will do my utmost to give my baby every advantage, physical and mental, that I can afford, but I will not become a slave and make sacrifices that leave me flat, broken, and spiritless.”

Babytalk recognized both its successes and mistakes over the years and the previous examples show how the advice can vary over time. Currently, more magazines specifically for parents are available, and

popular women's magazines such as *Redbook* also include a section on parenting.

According to Anne Cassidy, a former writer for women's magazines on the topic of parenting, "there were about five times as many parenting books published in 1997 as in 1975, and they are apparently the most frequently cited source of parenting information for new mothers" (*Washington Post* 1998). The sheer number of these magazines continued to increase over the past few years. With titles such as *Parents*, *Parenting*, *Child*, *Babytalk*, *American Baby*, and *Family Fun* popping up; it's hard to miss these options on the newsstand.

Cassidy's opinion on her career shows the positive and negative aspects of the increase in parenting advice available through magazines. "As a writer for parenting and women's magazines, it was my job to collect research and opinions from psychologists, doctors, educators and other experts, and shape their suggestions into stories that thousands of other parents would read. For the first few years of Suzanne's [her first daughter] life, I saw a sweet synchrony between how I lived and what I did for a living," said Cassidy referring to her early years as a writer.

But as time went on, Cassidy began to doubt the advice she disseminated. "I was so filled with knowledge that I became self-consciously aware of every decision I made, even on simple things such as breakfast" (*Washington Post* 1998).

She finally made the choice to abandon all of the knowledge she gained over the years. “I did not want all these thoughts in my head anymore. They were banging around in there and making it difficult for me to bring up our three little girls,” said Cassidy. “So I stopped writing and reading articles that tell parents what to do. And I've started telling parents to listen to themselves” (*Washington Post* 1998).

Cassidy's story shows both sides of parenting advice through magazines. On one hand, magazines provide mothers with the latest theories on motherhood and how to raise a child. But, on the negative side, the inundation of sometimes opposing information can confuse a mother.

Currently, magazines tend to take more of the “whatever works for you” approach in advising mothers. For example, the March 2007 issue of *Babytalk* included an article on getting your baby to sleep. “By now, you've probably heard a dozen different ways to put your baby to bed: Rock her, don't rock her; let her cry, don't let her cry; put her in your bed, don't put her in your bed. Yet you're still desperately seeking sleep. Congratulations--you've learned the first, most golden rule of parenting: There's no one right way to do anything” (*Babytalk* 2007).

If this article topic ran in a magazine 10 years ago, it might just highlight one approach that supposedly should be the “right way.” But now, the magazines realize the essential need to provide mothers with a number of options because every parent and child is different.

How current health editors feel about their job and its importance

Although some areas need improvement in health journalism such as reporting about sex and conflicts between the advertising and editorial, many current health editors realize the importance of their job and the influence they possess.

“Why is ensuring accuracy of health information personally important to you?” was asked to multiple health editors. Here are their responses:

“With health, people read it and take it for gold...they read it in a magazine and think it’s true...so it needs to be correct...it’s a lot more important than reporting on a product.”

-Alice Oglethorpe, health editor of *Good Housekeeping* magazine

“I feel like that, for good or bad, magazines are where people get health info. There’s just so much of it out there and the stakes are high if we get it wrong.”

-Cory Barbour, health editor of *Quick and Simple* magazine

“The average reader doesn’t talk to her doctor every single month, but she will pick up our magazine and read about ways she can improve her health each month. We have constant contact with the reader and want to build a relationship of trust with her. More important than just trust, however, is the fact that if the reader receives inaccurate information, it could not only

be detrimental to her health, but also to the health of others (if she passes on incorrect information).”

-Lynna Floyd, health editor of *Essence* magazine

“As a journalist, I take pride in delivering useful information to consumers. We mostly do “service” stories, offering actionable advice. If consumers are going to act after reading this magazine, they need to know our information is accurate, safe, and effective. I would feel awful if I gave readers bad information that could hurt them.”

-Adam Martin, senior health editor of *Health* magazine

“People associate correct info with your name, and you also want readers to trust you to give the right information.”

-Madhu Gadia, health editor of *Family Food Collection* and
Better Homes and Gardens

“I am a professional journalist and it’s urgent that all the information is accurate because it’s life or death for people.”

-Julia Kagan, health editor of *Ladies Home Journal*

“Making sure a story is accurate should be equally important to someone covering health as it is to someone covering celebrities or fashion, but of course in service journalism you’re often advising the reader to try a treatment, look for signs of illness, or take a particular action that might have immediate repercussions. Secondly, there’s just so much confusing information out there that often gets oversimplified or boiled down to the

point where it's meaningless, so it makes me want to try extra hard not to confuse people further.”

-Stephanie Dolgoff, health editor of *Self* magazine

Possible Roadblocks for Magazines

Although editors take their jobs seriously, some circumstances out of their control may affect the amount or accuracy of health information available in magazines.

Barbour explains that magazine editors do their best to ensure the accuracy of stories by finding knowledgeable experts and examining the studies, but the challenge lies in the fact of magazines serving a dual purpose. Not only do they need to inform readers, but they also need to sell magazines. “Sometimes it can be slightly skewed because sensationalized stories are more interesting to the reader,” she said.

The pressure to sell more magazines could influence health information, and also the space constraints can affect it. Oglethorpe feels that women shouldn't go to magazines over doctors. Editors often have to cut stories to fit the allotted space, so they can't always include all the information that may be helpful for the reader. For example, if they publish a story on a certain study that explores benefits of a certain food, they may not be able to include both sides of the debate because of space limitations.

Yet, some people involved in health journalism feel that space constraints serve as poor excuses for cutting necessary information. “I don’t buy the idea of not having enough space,” said Gary Schwitzer, founder of healthnewsreview.org and director of the health journalism graduate program at the University of Minnesota. “Magazines can print as much as you need to, I just don’t accept that.”

Schwitzer believes in the ABCs of health journalism—Accuracy, Balance, Completeness. In his opinion, women’s magazines tend to lack the balance and completeness aspects. His feelings relate back to what Oglethorpe discussed in terms of space constraints. Some health stories are unable to provide balanced information because the space is limited, or a story won’t seem complete because only a certain amount of information is able to fit.

Schwitzer feels that it’s the magazine’s choice to go in the direction of shorter pieces with less information. The recent trend in all magazines, not just women’s, includes more shorter pieces. “It suggests that women don’t have the intelligence to read long articles,” Schwitzer said. “It’s offensive to suggest that women don’t have the patience/time to read things in-depth.” He says that he is very sensitive to the argument that you need to sell magazines, but doesn’t think that there’s been a good test of in-depth piece in magazines. “You take on the brand you choose to take on,” said Schwitzer.

He also recognizes the importance of health journalism, and devoted his professional life to it. “Unlike other areas of journalism, here people will get hurt, absolutely predictable with certainty, that people will be hurt by imbalanced, incomplete, inaccurate information.”

Survey Results and Discussion

After discovering how the health editors felt about the influence of their magazine, finding out the readers opinions was essential. In order to investigate further into the habits of readers of women’s magazines, a survey was filled out by 45 random females, ages ranging from 19-59. Questions in the survey were as follows (Age and top three favorite magazines were pre-questions to get more information on the interests of survey participants):

1. Who would you rather go to for health advice: (circle one)
A DOCTOR or A MAGAZINE

2. How much do you trust the health information put out by womens magazines? (circle one)

Not at all	Usually, but still skeptical	Always
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3. Explain your answer to question #2 (why or why not?)

4. How often do you take health information provided in a women’s magazines and apply it to your personal health? (circle one)

Never	Once in awhile	Almost every time I read a magazine
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5. If possible, please give an example of a health story that influenced you (for the good or bad)
6. What magazine do you trust the most to provide you with credible info?
7. Which magazine provides the least credible information?
8. How could the credibility of the health coverage in women's magazines be improved?
9. Are there certain health topics you wish magazines would cover more?

Results/Discussion:

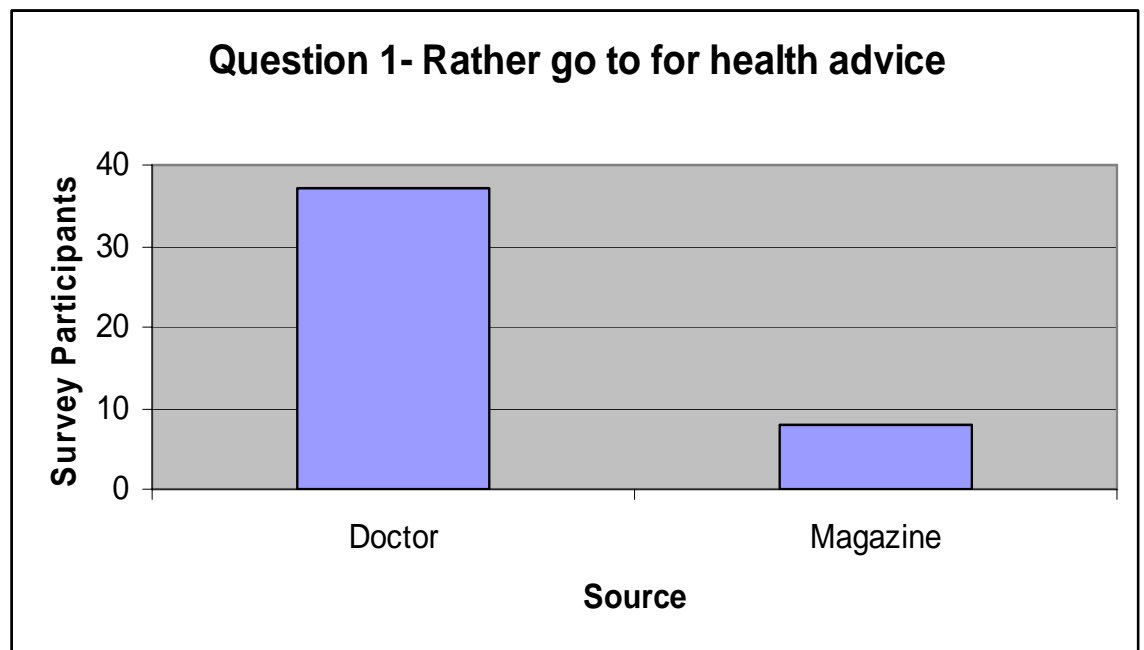


Chart 1 Explanation: 37 participants (83% of those surveyed) said that they would rather go to a doctor for health advice, whereas 8 participants (17% of those surveyed) said they would rather go to a magazine.

This is interesting because in the survey mentioned earlier, it found women more likely to go to a magazine versus a doctor for health advice on issues such as menopause. The answers could be skewed because women in this survey were uncomfortable admitting they go to magazines over doctors. Yet, the fact that 8 participants, 17% of those surveyed, admitted they would rather go to a magazine is a significant fact to note. A 42-year-old female who chose a magazine over her doctor noted that a magazine gives “better real time, tried and true advice.”

But those who chose their doctors over magazines gave other explanations such as, “a doctor had to get a degree to give me advice,” “more professional opinion,” and “a doctor has background knowledge and is probably less influenced by the latest discovery or claim”.

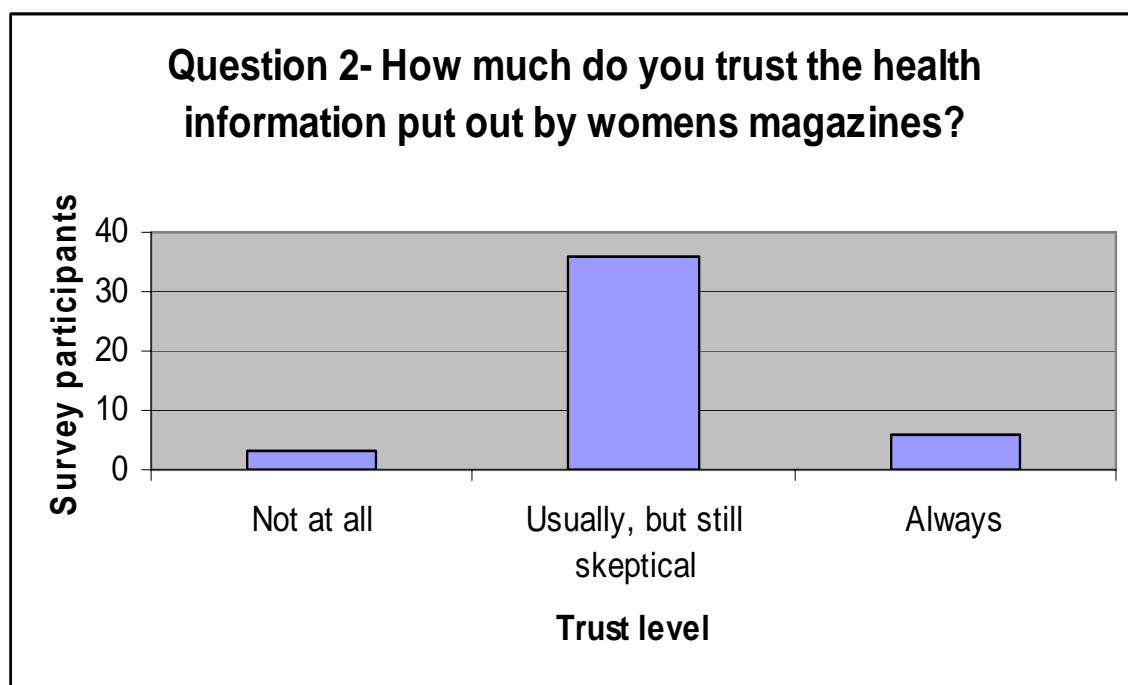


Chart 2 Explanation: 3 participants (6% of surveyed) said they don't trust the health information at all, 36 participants (81%) said they usually do but still remain skeptical, and 6 participants (13%) said they always trust the health info put out by women's magazines.

Question #3 asked to explain your answer to question #2 and there were varying answers as well. A 59-year-old female, who chose usually but still skeptical, explained her opinion: "I believe the magazine has its readers' best interests at heart and wants to be accurate. On the other hand, the magazine wants to sell copies too." A 34-year-old female participant who also chose usually but still skeptical commented that "the info in the magazine is usually still the opinion put forth by one MD (who could be wrong)."

A 22-year-old female, who chose the not at all option, said "I like to read them for motivational tips, new exercise moves, and other things like that, but I don't really trust the health information because it always shifts month to month." On the other hand, a 20-year-old female, who chose the always option commented that she always trusts the information put out by women's health magazines because "they are usually referenced by actual doctors."

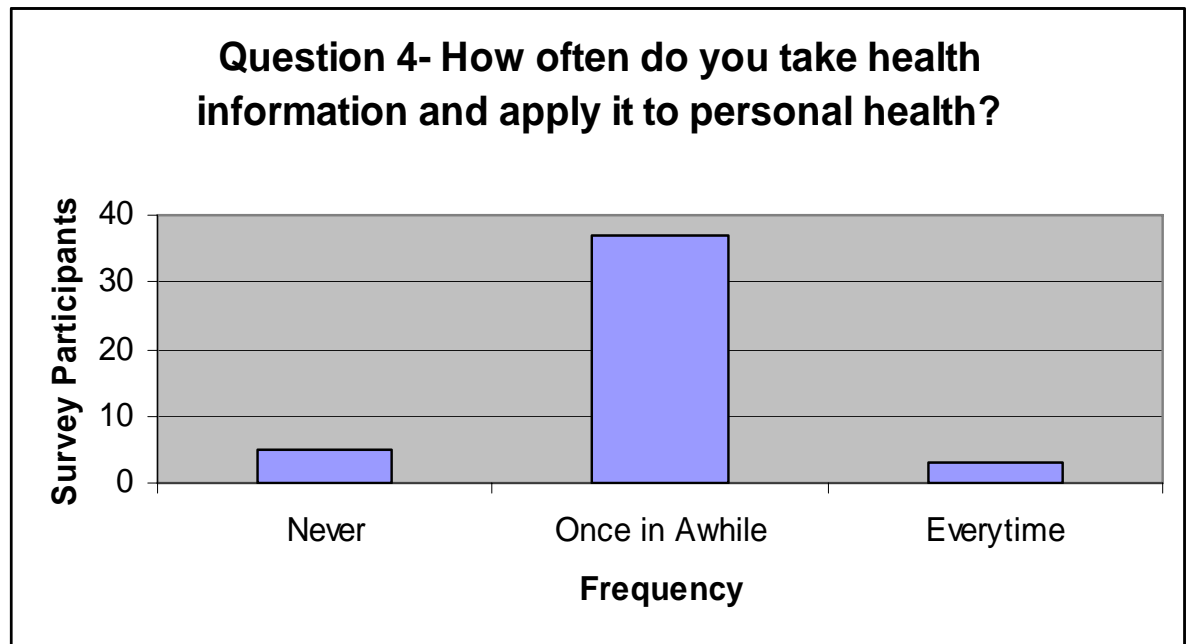


Chart 3 Explanation: 5 participants (11% of surveyed) said they never take health information and apply to personal health, 37 participants (82%) said that once in awhile this happens, and 3 participants (6%) said that every time they read a magazine they take some sort of health information away.

Question 5 asked for examples of health stories that influenced the participants personally. Their reactions illustrate the large impact women's magazines can have on readers.

“I read an article about a woman who died because of a wrong diagnosis. She knew something was seriously wrong even after the doctor told her it was nothing. She died a few days later. This influenced me to take action of my health problems and to always get second opinions.”

20-year-old female participant

“Editorial of woman’s trials with cervical cancer—I had just had a positive pap...”

26-year-old female participant

“Any stories about drinking, drugs, suicide, depression...any real life stories with topics such as that always scare me and make me feel sorry for the person affected and take the right steps to ensure that doesn’t happen to me.”

21-year-old female participant

“Good bedtime tips to improve sleep really helped me”

42-year-old female participant

“I read an article about the vaccine that can prevent women from contracting the virus that may lead to cervical cancer. It moved me enough to talk to my doctor about getting the vaccine, or at least learning more about the facts and risks that are involved with taking it.”

24-year-old participant

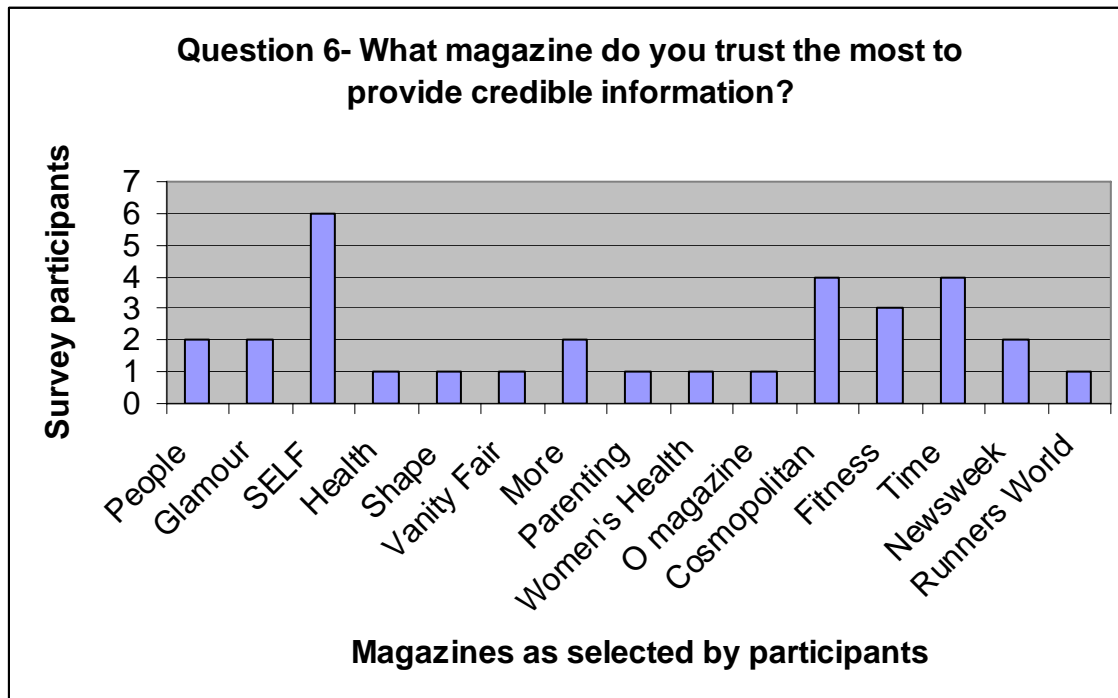


Chart 4 explanation: Overall, *Self* magazine had the most votes for most credible information, 6 of the participants (13% of surveyed) said that they felt it provides the most credible information.

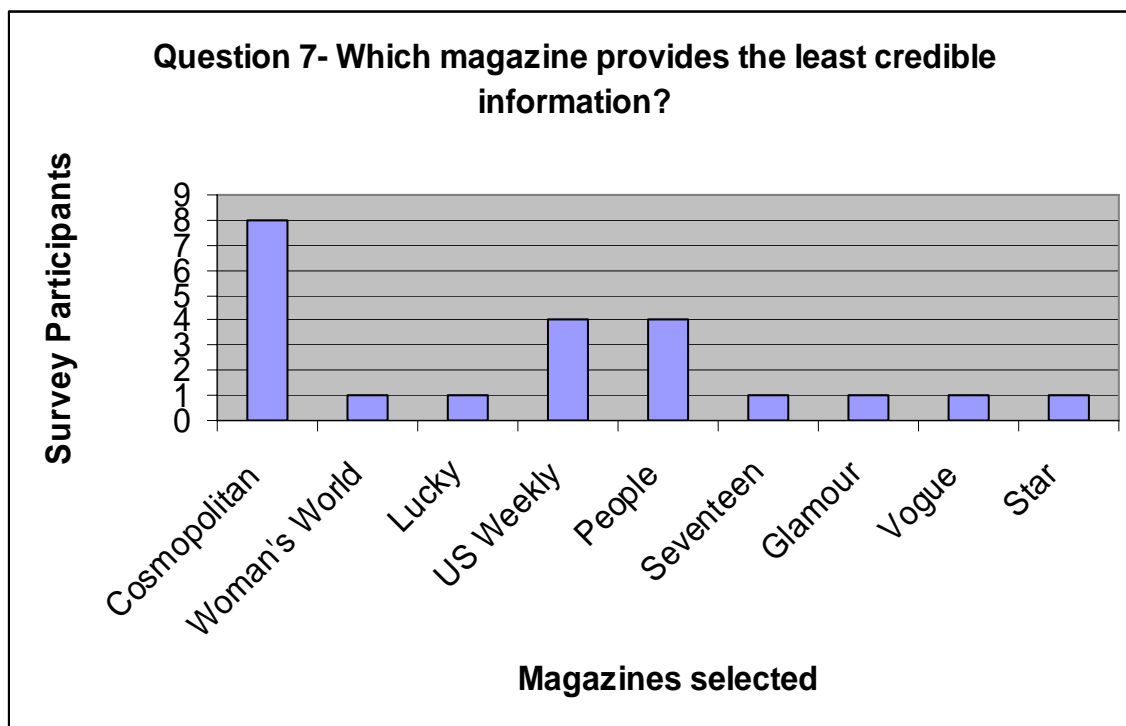


Chart 5 Explanation: Overall, Cosmopolitan received the most votes with 8 participants (17%) feeling it gave out the least credible information.

*Fewer magazines included in question 7 versus question 6 because some participants left the question blank or couldn't come up with a specific magazine they felt was not credible.

Question 8 consisted of asking how the credibility of health coverage in women's magazines could be improved. There were many helpful suggestions that would be useful for health editors to take into account.

“Attaching the words “Harvard,” “Yale,” or any other Ivy League name to the doctor's title does not necessarily make them a credible source...sometimes I am a bit skeptical about how qualified these doctors are in the specific area that they are asked to talk about.”

19-year-old female participant

“Provide multiple angles/opinion for each topic”

30-year-old participant

“By not having the magazine also advertise cigarettes or liquor”

59-year-old participant

“Make it more obvious where the information and expertise is coming from”

20-year-old participant

“When they conduct a study, it has to have more than 200 people for it to be a ‘proven fact’”

19-year-old participant

“Coverage of health issues which don’t lead to you getting laid. The only issues discusses are usually sexual ‘health’ ones.”

21-year-old participant

“Longer articles, more stories of actual women that have experienced the problem.”

21-year-old participant

“Not sure exactly, I just think it is difficult because different doctors believe different things. For example, doctor A believes this will help someone with headaches while doctor B says something else completely different. I just think magazines need to highlight the different medical opinions out there more. Perhaps provide more reader-based surveys on the subject.”

24-year-old participant

These select quotes from the answers provided show that female magazine readers do want to know where their information is coming from and be able to identify that it is a credible source, and also that perhaps women readers do actually want more in depth articles on health issues.

The final question in the survey asked if there were certain health topics that magazines should cover more. A good majority of the participants made suggestions for topics to be covered more, yet many concluded that magazines do a good job of covering health issues. Here are a variety of select responses to this question:

“Not that I can think of, seems like nowadays, the topics run the whole spectrum!”

35-year-old participant

“They do cover a lot...but people still want to read the issues that they are embarrassed or scared to talk about.”

22-year-old participant

“Menopause”

47-year-old participant

“I think that the topic of weight loss/getting in shape is covered so much that I don’t really believe any of it anymore...so I guess I don’t wish they would cover it more, but cover it in a more reliable and credible way. I also think it would help to cover more lesser known health topics so women are aware to look out for them.”

20-year-old participant

“Simpler topics, i.e. nail fungus”

42-year-old participant

“More things that we are not aware of especially things that are going to affect us later in life that could be prevented with certain measures.”

19-year-old participant

“No, magazines are pretty good about covering all health issues now, even the ones that were hushed in the past are now surfacing.”

19-year-old participant

“My main interests are different forms of exercise, different diets, stretching techniques, that sort of thing, which they covered well. I think it was Marie Claire though whose December 2006 issue had three different readers follow three different diets and illustrated the requirements for each diet and how it worked for the reader. It was very well done and showed not everything works for everyone. I think more articles similar to this would help.”

25-year-old participant

So, overall, some women feel that magazines cover the spectrum of health topics; yet some feel there is room for improvement. One of the participants suggested another interesting idea in her quote about magazines covering things that perhaps the public is unaware of. In a sense, women’s magazines can be watchdogs for health issues women need to know about.

Overall Conclusion of Survey

The survey supported many of the ideas presented in previous research. The results showed that women readers do take into consideration the health information put out by health magazines, and some even go to magazines over their doctors for health advice. It also emphasized just how aware females are of what they consume in magazines. The survey showed that readers want well researched information that is backed up by credible experts, even though magazines feel they need to keep articles short and simple. Readers notice when

something lacks credibility and for that reason, sometimes feel skeptical of health information. Many of the survey participants shared stories about a certain magazine health article that made a difference in their life, which demonstrates the enormous responsibility and impact that magazines possess, more specifically, women's magazines.

Code of Ethics

After conducting extensive research on the topic of the impact of health journalism through women's magazines, one factor remains clear: a cohesive health writer/editor code of ethics should be formulated. This code of ethics would serve as a reference point for everyone involved with health journalism to keep in mind. A similar code put out by the National Association of Health Care Journalists (see appendix A) is available, but their mission serves a slightly different purpose and inapplicable to the sensitive audience discussed in this thesis. Also, the NAHCJ code of ethics is extremely lengthy and unnecessarily wordy at times. Their mission serves to cover more of the public health sector and health care issues nationally for both sexes. Therefore, some of the principles in the NAHCJ may be applicable, yet most do not serve the needs of women's magazines' readers.

Health Writer/Editor for Women's Magazines Code of Ethics

*This code has been formulated from the research, interviews, and comments used throughout this paper so that it is specifically targeted to

those who write for women's magazines. It is short, simple, and to the point so that those it applies to can easily keep it in mind at all times during their career.*

PREAMBLE: As an advocate for women through magazines, we understand the great impact that our editorial and journalistic choices can make on the readers. A reader's health is of the greatest importance to our profession and we will keep that in mind constantly. Because of this special type of sensitivity in the area of health reporting, we will strive to follow the principles listed below in every aspect of our profession.

- **Know that my priority and responsibility is the reader** and not the so-called expert, doctor, or large company. As history has shown, women's magazines tend to be one of the only media outlets where women's voices can be heard, and we will hold that of the utmost importance for the future.
- **Understand the difference between health reporting** and other areas of a woman's magazine. In this case, it could be a life or death situation if a reader is misadvised. On the positive side, I understand that I could save someone's life if, for example, they take certain suggestions about symptoms of a disease or illness and when to get checked out.

- **Hold the ideal of accuracy to a whole new level** in every single word that I write or in the stories that I edit. Because of the monumental impact I have the possibility to make, I will be meticulous about the information that has my name attached to it.
- **Refuse to fear any consequences** that may come from exposing the real truth. Whether these consequences come in the form of scrutiny from other media, anger from those in the article that are exposed, the advertising side of the magazine, or possibly from those internally at work. Worst-case scenario being that I may lose my job if financial interests of the magazine conflict with my reporting, but I am prepared to deal with that if it comes along. I would rather work for an employer that has my similar ideals in terms of health reporting than be mandated to put my conscience on the line.
- **Agree to always present balanced and unbiased health information** to the readers. Even if there are space limitations, I will make it a priority to fit both sides of a study or new information into the word count I am allotted, no matter what.
- **Find sources without financial ties to the product or study** under question. I will question sources about their funding and promise to reveal the financial ties of all sources used in articles.

- **Be grateful and understand the privilege I have as a health writer/editor** and never take my career for granted. I will always keep the readers as my number one priority because without them, I would not be able to do what I do.

Conclusion of Thesis

The resounding conclusion found by exploring the vast potential impact of health journalism through women's magazines is that women's magazines possess the power to shape and influence their reader's habits and lifestyle. Editors and readers hold this viewpoint as well.

The information provided by women's magazines impacted history in a number of health arenas. Pioneers such as Barbara Seaman gave a voice to women through magazines, and there are currently few writers in the industry today that parallel her accomplishments and determination. Health journalism continued to change and develop since the birth of women's magazines, and as history shows, the power of the written word is extraordinary.

The trend in the past few years seems to be the inundation of diet and nutrition articles in magazines. Although this area serves an important purpose because readers are interested in the material, it deters from the reporting on hard-hitting health issues affecting women's lives. Less in-depth stories are written today on all aspects of women's health, and instead, editors devote more space to dieting or weight-loss stories.

Hopefully, women's magazines will begin to tweak that balance and incorporate more ground-breaking stories that change women's lives.

All of those involved with women's magazines and health journalism should keep the above Code of Ethics in mind while doing their job, because it is based on the specific research of the exact area they cover. The exact future of magazines remains uncertain, but with a strong passion for accuracy and ethics, health editors and writers will continue to make waves in the everyday lives of readers for many years to come.

-Appendix A-

Statement of Principles

Association of Health Care Journalists

Preamble

Members of the Association of Health Care Journalists believe journalists have a special responsibility in covering health and medical news. This responsibility is inherent in journalists' role as watchdogs, holding the powerful accountable and giving voice to the voiceless.

Association members know that readers and viewers may make important health care decisions based on the information provided in our stories.

We embrace the Society of Professional Journalists' code of ethics with its emphasis on seeking truth, providing fair and comprehensive accounts of events and issues, minimizing harm, acting independently and being accountable. To see that code of ethics, go to:

http://www.spj.org/ethics_code.asp

In this statement, we identify some unique challenges that health care reporters face and suggest how to meet those challenges. This effort is one sign of our organization's commitment to help its members improve health journalism, to help them scrutinize their own efforts and to encourage open discussion and debate on how health care news is reported and disseminated.

We further believe that well balanced and thorough news coverage of health encompasses the determinants of health and not merely medical science or the provision of medical services.

We suggest that news organizations scrutinize their role as providers of health care news and information, commit to coverage of health care issues and develop a strategy that meets the needs of their audiences.

PROFESSIONALISM, CONTENT, ACCURACY

Because our objectivity and credibility is paramount, health care journalists are bound by professional standards of truth, accuracy, and context in every report. To achieve this, health care journalists should:

Be vigilant in selecting sources, asking about, weighing and disclosing relevant financial, advocacy, personal or other interests of those we interview as a routine part of story research and interviews.

Investigate and report possible links between sources of information (studies or experts) and those (such as the manufacturers) who promote a new idea or therapy. Investigate and report the possible links between researchers and private companies, researchers and public institutions, patient advocacy groups and their sponsors, celebrity spokespersons and their sponsors, non-profit health and professional organizations and their sponsors.

Recognize that most stories involve a degree of nuance and complexity that no single source could provide. Journalists have a responsibility to present diverse viewpoints in context. In addition, anyone with knowledge of the health care industry, of medicine, and of the scientific community knows that many vested interests reside among government health spokespersons, researchers, universities, drug companies, device manufacturers, providers, insurers and so on. To reflect only one perspective of only one source is not wise. Most one-source stories lack depth and meaning. Avoid single-source stories.

Understand the process of medical research in order to report accurately. Realize, for example, the distinction between Phases I, II, and III drug trials. It is misleading to report bold or conclusive statements about efficacy in Phase I trials since the primary goal of Phase I trials is to evaluate safety, not efficacy.

(A simple guide is available at:

<http://www.cancer.gov/clinicaltrials/understanding/what-is-a-clinical-trial.>)

Be cautious in reporting results of preliminary studies, in vitro or animal studies. Give accurate portrayals of the status of investigational drugs, devices and procedures,

including significant caveats and explanations of hurdles, unknowns and potential problems.

2

Preserve journalistic independence by avoiding the use of video news releases or the use of quotes from printed news releases. Label and credit the source whenever a portion of a video or printed news release is used.

Be judicious in the use of television library or file footage. The use of footage from the past may be inappropriate, misrepresentative, or embarrassing to individuals if used today. It may not even fit the topic of the day. Strive to ensure that your television station has policies on the use of health-related file footage by all news personnel.

Recognize that gathering and reporting information may cause harm or discomfort. Use special sensitivity and understand legal limits when dealing with children, mentally handicapped people and inexperienced sources or subjects. Always consider alternatives that minimize harm while making accurate reporting possible.

Show respect. Illness, disability and other health challenges facing individuals must not be exploited merely for dramatic effect.

Remember that some sick people don't like to be called "victims." Be careful with the use of the term "patients." This can contribute to the medicalization of normal states of health. Calling people in an experimental trial "patients" or referring to an experimental intervention as a "therapy" may contribute to the notion of therapeutic misconception, the implication that subjects in a research trial will certainly derive direct therapeutic benefit from what is actually an experiment with uncertain benefits and harms.

Avoid vague, sensational language (cure, miracle, breakthrough, promising, dramatic, etc.)

Make sure anecdotes are appropriately chosen to serve the interests of fairness and balance. Avoid the "tyranny of the anecdote." Personal stories used as examples must be consistent with the larger body of evidence. Whenever possible, individuals who had both positive and negative outcomes should be included.

Quantify the magnitude of the benefit or the risk in the story. Explain absolute risk or benefit, along with relative risk or benefit whenever possible. A 50 percent increase in relative risk may not mean much if the absolute numbers are small. Consider explaining the "number needed to treat" – the number of people you would have to treat with the experimental intervention (compared with the control) to prevent one event. (See <http://www.cochrane-net.org/openlearning/HTML/mod11-6.htm>.)

Report the complete risks and benefits of any treatment, along with the possible outcomes of alternative approaches, including the choices of "watchful waiting."

Clearly identify and explain the meaning of results that indicate an association, rather than a causal link, between factors in a study. Remember: association is not cause.

Clearly define and communicate areas of doubt and uncertainty. Explain what doctors don't know as well as what they do know.

Seek out independent experts to scrutinize claims and evaluate the quality of evidence presented by sources. Apply the same scrutiny and skepticism that would be applied in any other news story. Avoid uncritical acceptance of official or expert pronouncements. Be skeptical about all emphatic claims, particularly about claims that an intervention has few or no adverse side effects.

Strive to include information about cost and insurance coverage in any reporting of new ideas in medicine.

Ensure that the total news package (headlines, teases, graphics, promotional material) does not oversimplify or misrepresent. Coach editors, photographers, producers, writers, graphic artists and copy editors to embrace these values in their work.

3

Consider public interest the primary criterion when choosing which stories to report. Follow up on those stories that serve a wider public interest. In particular, followup stories on subsequent failures, negative findings or other reversals of fortune for investigational drugs, devices or procedures should receive coverage comparable to that given initial positive reports.

Distinguish between advocacy and reporting. There are many sides in a health care story. It is not the job of the journalist to take sides, but to present an accurate, balanced and complete report.

Be original. Plagiarism is untruthful and unacceptable.

INDEPENDENCE

We should strive to be independent from the agendas and timetables of journals, advocates, industry and government agencies. We should nourish and encourage original and analytical reporting that provides audiences/readers with context. Given that thousands of journal articles and conference presentations appear each year, and that relatively few are immediately relevant to our audiences/readers, health journalists have a responsibility to be selective so that significant news is not overwhelmed by a blizzard of trivial reports. We are the eyes and ears of our audiences/readers; we must not be mere mouthpieces for industry, government agencies, researchers or health care providers.

INTEGRITY

Those who cover health care will encounter many different interest groups including government, academic medicine and research, medical centers, providers, purchasers, advocacy groups, pharmaceutical companies and device manufacturers. Health care journalists should remember that their loyalties reside with the truth and with the needs of the community.

We must:

Preserve a dispassionate relationship with sources, avoiding conflicts of interest, real or perceived.

Avoid any personal or financial interest in any company in any field related to what is being covered. This includes actual and potential competitors of subjects about whom we report. It is not wise to own stock in health care companies. We must not profit from, nor allow others to profit from, non-public information, including, but not limited to, results in embargoed journal articles and meeting abstracts.

Remember that journalists face other potential conflicts of interest. Think about questions such as: Were you a patient at a particular hospital? Do you have a relative with a specific disease that could unduly influence your handling of a story? Does this insurance company cover employees in your newsroom? It is the journalist's responsibility to recognize these conflicts and prevent them from influencing stories or story choices. The best way to do this is by constant, open and honest discussion with other reporters, editors or producers.

Deny favored treatment to advertisers and special interests and resist their pressure to influence news coverage.

Refuse gifts, favors, and special treatment. Refuse meals from drug companies and device manufacturers and refuse to accept unsolicited product samples sent in the mail.

Weigh the potential benefits involved in accepting fees, honoraria, free travel, paid expenses from organizers of conferences or events against the desire to preserve our credibility with the audience and the need to avoid even the appearance of a conflict of interest.

Also weigh the potential benefits of accepting awards from organizations sponsored by an entity with a vested interest in health care against our need for credibility.

Weigh the potential conflict in accepting support from public, private, or foundation sources.

4

RESPONSIBILITY

We must improve our coverage of the structural, institutional, political, financial and ethical issues in health, medicine and health care. We have a responsibility to encourage editors to pay as much attention to health stories as to medical stories. It is our responsibility to understand the difference between the two types of stories and to help our editors maintain an appropriate balance. We know stories on health policy and public health are significant and contribute greatly to public debate. We know they are relevant and important for our readers and viewers. We must work harder to make them interesting. We must work harder within our newsrooms to keep health care coverage comprehensive and proportional. 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. Finally, it is our responsibility to lobby our editors to raise the standards of health reporting. Our beats can be viewed as health, medicine, business, health policy, research, science, finance, politics and other specialized areas of news. We must ensure that our beats don't become so superspecialized that we let important health issues fall through the gaps of our finely defined beats. We must work with editors to ensure that our specialized knowledge, training, expertise and instincts have a voice in the broader editorial decision-making of our publication or broadcast or website.

###

-Appendix B-

The following articles are copies of original magazines from the 1960s and 1970s. They are each discussed at some point in the section on the “Positive Impact in History.”

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