

Post-Print

This is a pre-copyedited, author-produced PDF of an article accepted for publication in *Journal of Medical Ethics* following peer review. The definitive publisher-authenticated version **Lipworth W, Kerridge I, Morrell B, Bonfiglioli C, Forsyth R. 2012. Medicine, the media and political interests. *Journal of Medical Ethics*. 38:768-770** is available online at <http://jme.bmj.com/content/38/12/768.short>

Medicine, the media and political interests

Lipworth W, Kerridge I, Morrell B, Bonfiglioli C, Forsyth R. (2012)

Wendy Lipworth, [Centre for Values, Ethics and the Law in Medicine](#), University of Sydney

Article type: Brief Report or Paper

Abstract:

The news media is frequently criticised for failing to support the goals of government health campaigns. But is this necessarily the purpose of the media? We suggest that, while the media has an important role in disseminating health messages, it is a mistake to assume that the media should serve the interests of government as it has its own professional ethics, norms, values, structures and roles that extend well beyond the interests of the health sector, and certainly beyond those of the government. While considerable attention has been given to the ways in which uncritical publication of industry perspectives by news media can negatively impact on public understandings of health and health behaviours, we would argue that it is equally important that journalists not become the 'lapdogs' of government interests. Further, we suggest that the interests of public health may be served more by supporting the ongoing existence of an independent media than by seeking to over-determine its purpose or scope.

Keywords

Journalism, mass media, government, conflict of interest, ethics, media regulation

In recent months, media ethics has risen to prominence in the public arena with the Leveson inquiry in Britain into phone hacking by The News Of The World[1] and the Independent Media Inquiry in Australia.[2] In general terms, this is good news for health because the information disseminated by the news media plays a major role in shaping the public's understanding of health, illness and disease, and their attitudes towards prevention and treatment. Indeed, there is evidence that health news can be even more influential than high-budget government sponsored public health campaigns in shaping the public's health-related expectations and

behaviour.[3] In this context, the increased attention to the ethics of the news media is a welcome development.

But public and professional expectations often extend beyond simply an expectation of integrity to a belief that the media and health reporting should support the goals of medicine and public health. In recent months the media has been criticised for failing to align itself sufficiently with mainstream scientific, medical and public health views on (to give just a few examples) vaccinations,[4, 5] the obesogenic effect of foods and beverages such as fruit juices,[6] the risks of hormone replacement therapy,[7] and the promise of genetic technologies for the treatment of mental illness.[8] Such 'failures' of reporting are seen to adversely affect relationships between doctors and patients, change health service utilisation, distort the public's risk perception, increase social stigma, neglect the roles that industry, employers or government might play in generating or preventing disease and/or diminish support for public health interventions.[3, 9-11]

Indeed, misalignments between news media and health messages are often the source of intense frustration for clinicians, public health practitioners, and scientists.[12] The following statement, from an author writing in the *American Journal of Public Health*, is typical:

“(i)nadequate, misleading or incomplete news reporting constitutes a public health threat. Such reporting can lead people to make misguided choices that may put their health at risk or influence policymakers to adopt inadequate or harmful laws, regulations, or policies”. [12][P1158]

Some take these criticisms further, arguing that the media should prioritise its responsibilities to health over its other functions, such as its role in setting agendas for public debate. In an article in the *American Journal of Public Health* about media coverage of Hurricane Katrina, for example, the authors complained that: “(t)he media's significant attention to the government's response may have limited coverage of public health roles” and went on to hypothesize that:

“...the lack of public health health-oriented articles leads to the assumption that either the media does not fully recognize the role and function of a public health response or it considers establishing an agenda-setting function of *greater significance* than health promotion or disease prevention activities.” [13][p608] (emphasis added)

Implicit in this criticism is the idea that the media should consider its health functions to be *more* important than its other functions such as agenda setting and providing information. Even some journalists themselves bemoan their own failure

to place health first, as evident in this comment by Susan Dentzer, a reporter and academic journal editor, writing in the *New England Journal of Medicine*:

“We are not clinicians, but we must be more than carnival barkers; we must be credible health communicators *more interested* in conveying clear, actionable health information to the public than carrying out our other agendas”[14][p3] (emphasis added)

These frustrations are often accompanied by calls for better education of journalists, greater internal or external control of the media in the interests of the public’s health—by, for example, controlling their interactions with health-related industries such as the pharmaceutical industry, and/or better communication with journalists by clinicians, public health experts or their media relations agents.[15, 16] In recent times, particular attention has been paid to the specific impact of industries such as the pharmaceutical industry on media reporting of health-related issues. In a recent issue of this journal, for example, we argued for the need to be vigilant to the ways in which commercial organisations cultivate relationships with journalists and news organisations with the aim of influencing the content of health-related news and information communicated through the media.[17] The basis of our argument was that journalists who write about health have a number of obligations to the public, including the obligation to inform, to provide independent critique, and to do so in a transparent and trustworthy manner. These roles can be undermined if journalists have conflicts of interest, which are likely to be particularly damaging if they involve industry, because industry’s primary obligation to its shareholders is likely to be at odds with journalists’ primary obligation to the public and to principles of journalism, such as integrity, credibility and fairness to all of those who want to have a say about health-related issues.

While relationships between the media and commercial entities are an important concern, less attention has been paid to the question of whether the media should have close relationships with governments—including those parts of government that are responsible for public health. We suggest that while there is little question that media reporting of health issues should be informed and accurate, the media’s principal responsibility should be to the broader public rather than to sectional interests, including not only industry bodies but also governments, the medical profession, and other major stakeholders. Importantly, the media should not function simply as a tool of these stakeholders, even though they may all use the media effectively for their own ends.

In this regard, we need to remember that the media has its own professional ethics, norms, values, structures and roles, and that these extend well beyond the interests of the government health sector. News journalism prides itself on providing a public service as a ‘watch-dog’, exposing wrong-doing, revealing hidden conflicts of interest, holding both business and government accountable, giving citizens

information they need for self-governance, and informing democratic decision-making. Journalists also value highly reporting that is, accurate, fair, relevant and complete, and that does not cause preventable harm.[18, 19] And in seeking to give voice to the voiceless, journalists may, at times, take positions on health-related issues, rather than present a 'neutral', balanced and impartial perspective,[5] advocating for, or against, *any* sectional interest, including those of government.

With this in mind, we agree with scholars in critical public health—a field that aims in part to critique mainstream public health imperatives—who believe that the media can and should contribute more:

“to the development of a more reflexive public health practice that is cognizant of the political and ideological drivers that work to problematise particular risk factors, behaviours, individuals and communities, rendering them the objects of interventions.”[20][P1]

Critical public health scholars have, for example, criticised the media for failing to sufficiently question the assumption that Western nations are besieged by an “obesity epidemic”,[21] and for inadequately challenging assumptions about the dangers of second hand smoke.[22] The concern is that the media might on the one hand be censored by governments or, alternatively, be used a vehicle to promulgate government messages.

It follows from this that the media should at times be supportive of government health campaigns, interventions and educational messages; at times be neutral or ignore the activity; and at times be deeply critical and work against the goals that governments are seeking. And this is as it should be. While there are undoubtedly benefits that may follow the alignment of public health messages and those of the media, there is also value in having an independent and diverse media that can challenge government approaches to public health. After all, government approaches to public health are not ahistorical, acultural or apolitical, and they at times turn out to be misguided.

Recent public debates about screening mammography,[23] human papilloma virus (HPV) vaccination,[24] and pandemic influenza[5, 25] are just a few examples of cases in which government health campaigns and interventions have turned out to be more controversial than initially expected, and where parts of the media has played an important role in calling attention to these (arguably) problematic government efforts. Intense media coverage of the debates around screening mammography, for example, drew public attention to the controversy surrounding the US Preventive Services Task Force (USPTF) 2009 decision no longer to recommend routine screening mammograms for women under the age of 50. While some were (rightly) critical of inaccurate and misleading media coverage of the controversy (generally in favour of mammography and against any form of health

care 'rationing') it was also acknowledged that health news coverage of the mammography controversy has prompted additional information seeking by the public.[26] Irrespective of whether such media coverage of public health controversies such as this one ultimately turn out to be good for public health, there seems little doubt that such debate and information-seeking is appropriate in the context of current levels of scientific uncertainty.

None of this suggests that the media should be freed from responsibility for accurate reporting of health-related messages, including those put forward by governments, as there have been many situations in which messages promulgated by the media have been misleading and even dangerous. Moral panic about the transmission of HIV following media coverage of high profile cases;[27] parents' refusal to immunize their children following media reports of alleged links with autism;[28] and women fearing breast cancer due to misleading reporting of the risks of hormone replacement therapy[29] are, unfortunately, just a few of the well-documented examples of the media's capacity to impact negatively upon public health when its messages are inaccurate or misleading. But even if we accept that the media will sometimes misunderstand issues, disseminate biased information proffered through public relations agents or foment public anxiety about an issue on a scale that is disproportionate or unintended, this does not mean that independent journalism is not a vital part of democratic society.

With this in mind, it seems crucial that the media is able to maintain some degree of independence from all of its sources—be they industry sources, academic sources or government sources. And this need for a critical and independent media is likely to become greater as the relationships between governments and industry become more entangled, and public-private partnerships become more common through, for example, shared advertising campaigns.[30] Indeed, even without such public-private entanglements, it is important that the government is subject to scrutiny given the public's relatively high level of trust in public health institutions, as compared, for example, to their lack of trust in private industry.[31]

Given the importance of an independent and diverse media, it could be argued that medical and public health professionals should be concerned not only with the media's failure to align its health messages with the currently accepted wisdom of government bodies, but also with the challenges to the very existence of an independent media – be that from private or public interests. The rise of the internet and social media, and the dependence of mainstream journalists for employment on media organizations competing for profits in a commercial world, or public service media organizations dependent on falling levels of government funding, have all contributed to erosion of independent media in Europe, the US and elsewhere.[32] As a consequence, journalists are becoming more politically homogeneous (at least in the mainstream media), increasingly 'time-poor', financially constrained, professionally vulnerable, and excessively dependent upon their sources. And this is, in many ways, at least as much of a public health problem. Of course, it is possible to

construct effective public health systems in the absence of an independent media, as has been the case in Cuba, for example. But the experience of screening mammography discussed above suggest that a free media can make a positive contribution to public health and that something important may be lost by closing down public debate about health-related issues.

While clinicians and public health professionals may not be able to ‘rescue’ the news media from the forces of change, there are some things they can do. First, rather than being too ready to criticize the media when its messages conflict with those of government bodies, or at least do not promote them, health professionals should accept the media on its own terms and enter into its conversations—both in order that they may use the media as a vehicle for disseminating public health messages but also in order to appreciate how important it is to democratic processes, upon which all of society—including public health—depends. The “new media”, while in some ways threatening to the viability and independence of traditional media, also provides increasing opportunities for clinicians and public health practitioners to engage with media-led debates about health-related controversies. And second, we should watch carefully as the current media inquiries unfold, and take steps, as a profession, to ensure that measures used to restore media integrity do not do so at the expense of media independence.

Competing interests: The authors have no financial or non-financial conflicts of interest

Funding: Empirical research related to this article has been funded by the National Health & Medical Research Council (NH&MRC). No funding was received for writing this article.

References

1. The Leveson Inquiry (official site). <http://www.levesoninquiry.org.uk/>
2. Australian Government (Department of Broadband Communications and the Digital Economy). Report of the Independent Inquiry into the Media and Media Regulation. Canberra, 2012.
3. Seale C. Health and media: an overview. *Social Health Illn* 2003;**25**:513-31.
4. Roehr B. Media induced anti-vaccination sentiment can even affect health workers, vaccine researcher says. *Br Med J* 2012;**344**.
5. Leask J, Hooker C, King C. Media coverage of health issues and how to work more effectively with journalists: a qualitative study. *BMC Public Health* 2010;**10**.

6. Bonfiglioli C, Hattersley L, King L. Australian print news media coverage of sweet, non-alcoholic drinks sends mixed health messages. *Aust N Z J Public Health* 2011;**35**:325-30.
7. Brown S. Shock, terror and controversy: how the media reacted to the Women's Health Initiative. *Climacteric* 2012;**15**:275-80.
8. Wilde A, Bonfiglioli C, Meiser B, et al. Portrayal of psychiatric genetics in Australian print news media, 1996-2009. *Med J Aust* 2011;**195**:401-04.
9. Rock M. Diabetes portrayals in north American print media: a qualitative and quantitative analysis. *Am J Public Health* 2005;**95**:1832-38.
10. Kim AE, Kumanyika S, Shive D, et al. Coverage and framing of racial and ethnic health disparities in US newspapers, 1996-2005. *Am J Public Health* 2010;**100**:S224-S31.
11. Grilli R, Ramsay C, Minozzi S. Mass media interventions: effects on health services utilisation. *Cochrane Database Syst Rev* 2002:CD000389.
12. Voss M. Checking the pulse: Midwestern reporters' opinions on their ability to report health care news. *Am J Public Health* 2002;**92**:1158-60.
13. Barnes MD, Hanson CL, Novilla LMB, et al. Analysis of media agenda setting during and after Hurricane Katrina: implications for emergency preparedness, disaster response, and disaster policy. *Am J Public Health* 2008;**98**:604-10.
14. Dentzer S. Communicating Medical News — Pitfalls of Health Care Journalism. *New Engl J Med* 2009;**360**:1-3.
15. Woloshin S, Schwartz LM. Media reporting on research presented at scientific meetings: more caution needed. *Med J Aust* 2006;**184**:576-80.
16. Schwartz LM, Woloshin S, Moynihan R. Who's watching the watchdogs? *Br Med J* 2008;**337**:1202-03.
17. Lipworth W, Kerridge I, Sweet M, et al. Widening the debate about conflict of interest: addressing relationships between journalists and the pharmaceutical industry. *J Med Ethics* 2012;**38**:492-95.
18. Donohue GA, Tichenor PJ, Olien CN. A guard dog perspective on the role of the media. *J Commun* 1995;**45**:115-32.
19. Elliott D. All is not relative: essential shared values and the press. *J Mass Media Ethics* 1988;**3**:28-32.
20. Bunton R, Crawshaw P. Public health and the media: Introduction. *Critical Public Health* 2006:1-4.
21. Holmes BJ. Media coverage of Canada's obesity epidemic: illustrating the subtleties of surveillance medicine. *Critical Public Health* 2009;**19**:223-33.
22. Ungar S, Bray D. Silencing science: partisanship and the career of a publication disputing the dangers of secondhand smoke. *Public Understanding of Science* 2005;**14**:5-23.

23. Steele WR, Mebane F. News media coverage of a women's health controversy: how newspapers and TV outlets covered a recent debate over screening mammography. *Women Health* 2005;**41**:83-97.
24. Haber G, Malow R, Zimet G. The HPV vaccine mandate controversy. *J Pediatr Adolesc Gynecol* 2007;**20**:325-31.
25. Hooker C, King C, Leask J. Journalists' views about reporting avian influenza and a potential pandemic: a qualitative study. *Influenza Other Respi Viruses* 2012;**6**:224-29.
26. Weeks BE, FriedenberG LM, Southwell BG, et al. Behavioral consequences of conflict-oriented health news coverage: the 2009 mammography guideline controversy and online information seeking. *Health Commun* 2012;**27**:158-66.
27. Lupton D. Archetypes of infection: people with HIV/AIDS in the Australian press in the mid 1990s. *Sociol Health Illn* 1999;**21**:37-53.
28. Boyce T. *Health, risk and news: the MMR vaccine and the media*. New York: Peter Lang Publishing, 2007.
29. Patel A, Norton R, MacMahon S. The HRT furore: getting the message right. *Med J Aust* 2002;**177**:345-46.
30. Atkin C, Wallack L. (Eds). *Mass Communication and Public Health: Complexities and Conflicts*. Newbury Park, CA: Sage Publications, 1990.
31. Hudson J. Institutional trust and subjective wellbeing across the EU. *Kyklos* 2006;**59**:46-62.
32. Champagne P. The 'double dependency': the journalistic field between politics and markets. In: R B, Neveu E, editors. *Bourdieu and the Journalistic Field*. London: Sage, 2004:48-63.