

EDITORIAL

Medicines and the media: a journalist's view

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(Aust Prescr 2000;23:70-1)

Much research has examined how the promotional activities of the pharmaceutical industry influence medical practice. A recent review of 29 such studies suggests that the billions of dollars the industry spends on promotions directed at health professionals are not wasted.¹

Far less attention has traditionally been paid to the impact of the industry's campaigns to influence media coverage of medicines. Yet, as every journalist working in the area knows, the industry invests significantly in public relations. Such campaigns are mostly aimed at promoting new products or new indications for old products, or at influencing health policy decisions, such as whether a product should be listed on the Pharmaceutical Benefits Scheme. Occasionally, such campaigns aim to highlight concerns about a rival product. Public relations practitioners can also assist with 'crisis management'; this might include training companies and their contacts in how to deal with the media about a potential or actual 'crisis', such as the publication of a negative study or a product contamination.

Public relations strategies can include sponsoring journalists to attend conferences, the mass dissemination of media releases,

and working with opinion leaders such as medical specialists to ensure journalists are briefed on particular topics. Many campaigns involve professional and consumer groups; one company is reported to have established a web site to encourage patients to lobby health authorities over funding.² Using 'third parties' to spread the message may help circumvent industry codes of conduct governing relations with the media, as well as increase the credibility of the message with the media and its audiences. A similar effect can also be achieved by running campaigns to raise public awareness about particular diseases or conditions – so-called 'disease mongering' – which may help create demand for new or existing treatments, even if they are not named in the campaign.

Many journalists believe that medicines receive a surprisingly good run in the media, given that journalists generally perceive their role as critics rather than promoters. The enormous costs of pharmaceuticals – not just in dollar terms, but also in adverse effects – generally receive far less attention than their perceived benefits. Why this happens is probably a reflection of what is 'newsworthy', the constraints under which journalists work, and the authority of doctors, scientists and other 'experts'. It probably also illustrates the seductiveness of technological fixes to health problems.

In other words, a story about a 'breakthrough' new treatment is more likely to grab a larger audience (and a more prominent space in the newspaper or broadcast) than a more sober analysis. Journalists and media managers often do not have the time or skills to critically evaluate claims about medical treatments and technologies. If a professor makes a statement in a media release, many journalists will assume that this is the 'truth', not recognising that other experts may present alternative views or 'truths'.

If direct-to-consumer advertising is introduced in Australia, this will provide fertile ground for research examining its impact on editorial coverage of medicines. It might encourage even more extensive and positive reporting for two reasons: the media would be more aware of new developments, and the separation between advertising and editorial is not always honoured.

That media coverage of medicines is so often uncritical is cause for concern, given the media's powerful role in influencing the attitudes and behaviour, not just of the general public, but also of health professionals, policy makers and politicians. A study evaluating the scientific quality of health care reports in five major Norwegian newspapers found that

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The media are usually the first to tell the public about new drugs. While this may inform consumers, leading medical writer Melissa Sweet reminds us that the reports are often uncritical. The internet is also a source of drug information, but Joel Lexchin tells us it can also be a source of misinformation.

Two popular topics in the media and on the internet are alternative medicine and sport. Anna Drew puts *Serenoa repens* in perspective, and Peter Fricker informs us that some alternative medicines may contain substances which are banned in sport. The issue of drugs in sport is certain to be widely discussed during next month's Olympic Games in Sydney.

Some internet sites promote cures for cancer. In contrast to these unproven cures, chemotherapy has an established role, even in elderly patients. Ian Olver explains why older people can benefit from treatment and Snow Partridge reveals how chemotherapy helped him.

it was difficult for readers to distinguish opinions from facts. There was rarely any indication of the validity of any underlying evidence or the size of the purported effects or risks.³ It is a safe bet that this is a problem which extends beyond Norway's borders.

However, moves are afoot to place media reporting of health issues under greater scrutiny. Researchers in Norway have developed explicit criteria to assess the scientific quality of media reports on health issues. They are now conducting a randomised trial to assess the impact of inviting journalists to attend a workshop on evidence-based health care reporting. Les Irwig, professor of epidemiology at the University of Sydney, has also run workshops for journalists, aimed at promoting evidence-based reporting of health issues. An Australian journalist, Ray Moynihan, is involved in an international collaboration to develop tools for assessing media coverage of medicines, which has published a study based on an analysis of five years of media coverage of medicines in the USA.⁴

In the meantime, journalists could take simple steps to help their audiences better evaluate what they are being told about medicines. If a story originates from a public relations campaign, this should be explicitly stated – especially if the story is being told through a third-party source and its origins are unclear. However, some journalists and news managers

may dislike this suggestion, as it may reduce a story's chance of 'getting a good run'. Some media outlets have previously failed to declare when a story has resulted from a vested interest sponsoring a journalist's travel or providing other incentives. This may occur less often in the future as the radio industry's recent 'cash-for-comment' controversy seems to have prompted greater awareness of ethical issues in the media.

Many media professionals would bristle at suggestions that they should have a role in health promotion. They are more likely to respond to interventions aimed at improving journalistic skills in areas such as critical analysis.

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Valediction

Peter Fletcher

The Executive Editorial Board of *Australian Prescriber* has said farewell to its long-standing chairman Professor Peter Fletcher.

Professor Fletcher joined the Editorial Board in 1985. He took over the chair in 1990, becoming the first full-time clinician to hold the position. Under his guidance the influence and readership of the journal have expanded enormously. Professor Fletcher has particularly encouraged the development of the electronic version of *Australian Prescriber*.

The Editorial Board has enjoyed Professor Fletcher's avuncular style of leadership. This has led to very productive meetings and the successful resolution of many difficult issues.

Although he is leaving the Editorial Board, Professor Fletcher will not have a lot of extra time on his hands. He is taking on the task of helping to organise the 14th World Congress of Cardiology in Sydney, 2002.

We wish him success in this project and in his continuing role as the Professor of Cardiovascular Medicine at the University of Newcastle.

