

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.

