

This is the unedited version of a column which appeared in *Australian Doctor* in 2002. The published version may have had minor changes.

Media Bites: PROMOTING BALANCE

Journalists are caught in a bind.

We have to make our stories interesting, or no-one will read them - especially if our bosses decide they are too boring even to be published. On the other hand, our job, in the words of one respected hack, is to pursue the “best obtainable version of the truth”.

These imperatives can come into conflict - the “truth” is sometimes dramatic and interesting, but often it’s more complicated than that, or even dull.

Health professionals can face a similar dilemma.

Should they frame their messages in a way that is most likely to create fear or excitement - if, for example, this will encourage people to stop smoking or to use a treatment?

Or should they strive for a more balanced message which allows people to weigh up the pros and cons?

The issue surfaced at a recent Australasian Medical Writers Association workshop examining debate on mammography screening.

Associate Professor Jeremy Anderson, Interim Director of the Monash Institute of Health Services Research, presented the controversial Cochrane Collaboration review which concluded “the currently available reliable evidence” is inconclusive about whether mammography reduces breast cancer mortality.

The review triggered heated debate, both within the Collaboration and more broadly, and was also high on the agenda of an International Agency for Research on Cancer workshop last year. This concluded there was sufficient evidence to support screening of women aged 50 to 69 and that breast cancer mortality would be reduced by about 35 per cent in women of this age who were screened.

Some experts, however, believe this probably overstates the benefits in the real world, and argue that better evaluation of screening programs is needed to know whether they are good value for money.

The IARC working group found that many of the Cochrane review's criticisms were unsubstantiated, and recommended that women should be told of the potential harms and benefits so they can make an informed decision about whether to participate.

But the IARC media release didn't further this objective. It highlighted only the relative risk reduction from screening, and didn't mention potential downsides, such as false positive results.

In so doing, it perpetuated what many - including Jeremy Anderson - believe has been one of the major failings of mammography programs: in their efforts to boost screening rates, they have tended to overstate both the risk of breast cancer and the benefits of mammography.

Professor Jeanette Ward, director of population health in the South Western Sydney Area Health Service, has done several studies suggesting women have not been given enough balanced information about mammography.

Les Irwig, professor of epidemiology at the University of Sydney and a participant in the IARC workshop, agrees "absolutely" with such concerns, but says researchers are now developing tools to redress this.

It's that old conflict between making your story sound as good as you can, or telling the bigger truth. It's a tough issue for journalists, and an equally thorny one for the health sector.

Years ago, I was hauled over the coals by mammography advocates for writing about research raising the potential for screening to do harm. It wasn't an issue they wanted even mentioned in public.

It's encouraging the debate has evolved since then.