

**Notes for Talk to Cochrane Collaboration, Melbourne, 14 June 2001**  
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Thank you very much for inviting me to speak. In the spirit of the evidence-based movement, I thought I would do some research for this talk, rather than just boring you with my own opinions. So I did a small survey of a group of journalists, including media managers and writers, to ask what they thought about how health was reported in the media and what they thought about the Cochrane Collaboration.

But I must 'fess up. There is not much scientific about this survey - it includes mainly friends or other people who I could count on to make the time to have a chat with me. Most journalists, particularly those in the mainstream daily media, are so flat out juggling numerous and usually impossible demands that they wouldn't easily be able to spare the time. So it is certainly not a representative sample. But, anecdotally speaking, my contacts made some observations which may be of interest.

**First of all - WHAT DO JOURNALISTS THINK OF COCHRANE?**

Not much, it has to be said. Very few had even heard of the Collaboration including, I regret to say, someone who has been my boss for some years now. During those years, I have written many articles which at least mention Cochrane. So obviously he is not reading my stories! Or maybe you just can't rely on media stories in isolation to convey information. Interestingly, another media manager, for whom I also worked for some years, did know of the Collaboration - but only because she remembered a recent front page news story about the deal with the health insurance company.

Of the few journalists who were aware of Cochrane, only one said he had ever used it as a source for a story. I must admit that I was surprised how few specialist health journalists said they would even think of contacting the collaboration or searching its database. "I have thought of it as something more for clinicians," said one newspaper medical writer, who has been covering health for more than two years.

And this comment is from a longstanding medical writer, who works for both the medical press and mainstream media. “I don’t see it as being a useful source. Just getting abstracts isn’t terribly useful. The launch of new reviews is not newsworthy, not for consumer or medical press. Perhaps it’s just my image of the Cochrane Collaboration. Perhaps I need to update my image of what Cochrane is doing. It’s over 12 months since I’ve looked at what they are doing. Even now I don’t think of going to Cochrane if I’m doing stuff for Medical Observer, even not for features. Considering that I’m particularly well informed and use a lot of resources, it is particularly alarming that my impression, even though it may be a wrong impression, is that it’s not very useful to me as a journalist.”

This comment is from a senior journalist who has covered health, on and off, for many years. “I see it as another useful source of information. It could increase coverage of its work in a million ways. One of the drawbacks of it is that the people involved haven’t yet worked out how to make it all that user friendly and possibly haven’t even understood that they have to. That may be an outdated view but two or three years ago they didn’t have a clue that they were dealing with people apart from themselves. They should try to increase coverage of their work because the whole exercise is pointless otherwise. It’s no point building up a great library if no one goes there.”

This comment is from the editor of a widely read magazine for doctors: “We don’t currently use it heaps in news. We use it in features. We also write lots of stories about it, eg not being very user friendly to GPs. It’s probably not that difficult to increase coverage of its work. Why can’t they do a bulletin like ADRAC or CDI or email alerts? They need to put it in easily digestible form and they need to send it out to doctors. The new patient one might drive the doctors’ one to become more user friendly.”

Anyway, these are just a few anecdotes but I’d feel pretty confident that if I’d paid vast sums to have a proper media study done, it would find something similar: that Cochrane gets surprisingly little coverage of its work, in either the consumer or medical media. This would be even more evident if you surveyed how often the Collaboration and its work were mentioned compared relative to, say, coverage of so-called medical

breakthroughs or wonder drugs. Of course much of this coverage is generated by pharmaceutical industry or other vested interests.

## **DOES IT MATTER THAT COCHRANE HAS A LOW PUBLIC PROFILE?**

You might argue not; the media is an unpredictable beast to deal with at the best of times; that Cochrane's messages are complex and possibly not easily or properly communicated within a three second news grab; and that perhaps in this e-age, Cochrane can afford to bypass the mainstream media and rely on cyberspace to spread the word.

There are several reasons why I think it DOES matter that Cochrane is not more visible in the media. Firstly, it could help provide some much needed balance to what can be overly enthusiastic coverage of new treatments and interventions - thus providing better information to both consumers and health professionals; it could help increase the consumer voice in media coverage, perhaps leading to greater attention to issues of importance to consumers; and at a less altruistic level, Cochrane itself is likely to benefit from engaging more actively in public debate. If people know who you are and what you are doing, they are much more likely to support you. That applies to taxpayers, politicians, and "target groups" whether consumers or health professionals.

Just to go through some of those arguments in a bit more depth.

1. As already mentioned, the pharmaceutical and associated industries are doing a pretty good job of dominating media coverage of health. There is anecdotal evidence of this: just about every health journalist I interviewed was concerned about the unquestioning run that the general media often gives to wonder drugs. Even the Press Council is concerned - recently issuing a media statement to that effect and publishing some guidelines for journalists covering new medical developments.

And there is more formal evidence. Many of you will be aware of the study by Australian journalist Ray Moynihan and others, published in the New England Journal of Medicine last year. The researchers analysed the coverage of a cholesterol lowering drug, an osteoporosis treatment and

aspirin in 207 stories which appeared in the US media between 1994 and 1998.

The coverage was largely positive, with less than half of the stories mentioning potential risks. Most of those stories which quantified the benefits of treatment reported these in relative rather than absolute terms - an approach which is more likely to generate enthusiasm for treatment. And most of the stories which quoted an expert with industry ties did not mention these - the study did not specifically examine whether this was because the ties were not initially disclosed by the experts. There is no reason to expect the situation would be any different in Australia. In fact, you might argue that it would be worse - we have far less of a tradition than there is in the US and Europe of having specialist health reporters and specialist health sections in daily newspapers.

Moynihan and co hope their findings will encourage the media to become more critical of its coverage of medicines. But the study also has important implications for health professionals who deal with the media. Are they framing information in a balanced way or colluding with the media to achieve maximum impact? Are they disclosing potential conflicts of interest?

So that is, I believe, at least one good reason why Cochrane could play an important role - in ensuring journalists have access to more balanced information and, perhaps even more importantly, are better informed about what questions they should be asking researchers and others when writing stories about medicines.

Incidentally, in response to the findings, Moynihan and others have developed a tipsheet for journalists which they hope will improve coverage of medicines and other interventions. Copies are available if anyone wants to have a look, but to summarise, the questions for journalists to consider when writing stories are:

1. what is the size of the potential benefit offered by the therapy, and for what types of patient is it beneficial?
2. What are the potential harms associated with the therapy?

3. What are the links between your sources of information about the therapy and those promoting it?
4. How strong is the evidence to support the claims being made about the therapy, and how does it relate to other available evidence?
5. What is the natural history of the condition for which the therapy is being offered, and is there potential for what some have called 'disease' mongering?
6. What are the alternatives to the therapy being offered (eg no action or watchful waiting, generic drugs, non-drug options, complementary therapies)
7. What are the costs of the therapy and are the potential benefits worth the cost?

But, as we all know, good health is about much more than medicines. That the media's coverage of health issues often focuses on miracle medicines reflects that much of health agenda has been driven by powerful professional interests, ie doctors, bureaucrats, researchers. There is increasing competition for research dollars, and mounting pressure on public hospitals and medical research institutions to raise funds. Universities, research institutes, hospitals, charities and governments are all competing for media space. With certain exceptions, consumer groups generally have a lesser voice.

A few years back, I had a look at the articles relating to medical research, clinical practice, health policy and medical technologies covered in the SMH in 1964, 1974, 1984 and in 1994. To summarise briefly, I found that the majority of stories covered new developments - eg new research or technology - rather than analysing current practice. Most stories about new developments quoted only the vested interests - such as the researchers themselves - with very few containing comments from other sources. The overwhelming majority of news stories covering health and medical issues were positive about those issues covered, with only about one-fifth including critical or analytical views on medical research, technology, clinical practice or health policies. Consumers' views were rarely featured.

Similar conclusions were reached by a University of NSW researcher, who analysed 680 articles in the *Sydney Morning Herald* in 1990. That study found that scientists and health professionals had the greatest say in what

is presented about new treatments and medical research. The voices of two other significant groups, the community and the subjects of the research, were heard very little by comparison.

From where I sit, as an outsider, part of Cochrane's value is that brings together all stakeholders in health. By engaging with the media, Cochrane has an opportunity to broaden debate on health, so that it more fully encompasses issues of importance to consumers.

But perhaps the main reason for engaging with the media is that if you really believe that what you are doing is worthwhile, then surely you have a responsibility to at least try to share it with the broader community?

**So, assuming that I have convinced you there are grounds for Cochrane to attempt to engage more actively with the media, how might you do this?**

The most important point here is that you have to understand how journalists think and work. We are not health professionals. We are not in the business of health promotion or health education. We are in the business of producing news and other media products, whether features or documentaries. And we do so under huge constraints, which often are not appreciated by our critics.

That said, it is foolish to make generalisations about the media, which is a many headed beast. Radio will approach a story differently to television. Four Corners will approach a story differently to commercial current affairs.

Here is a quote from someone who has worked on health stories at TV current affairs at both Seven and Nine. "What they want is a promo that says this is a miracle cure for whatever it is, backpain, arthritis. They want a promo saying this is an astounding miracle cure so that people will watch the program. The story may contain a more balanced view but you have got to realise that is what will happen with the promo. Sometimes you may have to do a story you don't think is worth doing. Had to do that with an arthritis product, ginger, where a PR company was heavily pushing some very dubious research which wasn't scientific at all. I looked at the press release and said this is a load of garbage and put it in the bin. Today

Tonight did the story and it rated enormously well. And I got in a load of trouble. They said we should have done the story, we might have provided a more balanced view but the commercial reality is that Today Tonight got the story and that damaged our program. That is the commercial reality. That is your job. The reality is that the general public do watch stories that promise miracle cures and the program has to do them. Sometimes they do spoilers - quite often if Seven got the exclusive, then we would do a spoiler, saying its a load of rubbish.

“At Nine, the attitude is nobody cares about drug addicts. I tried at various stages to do some stories relating to the health of heroin addicts. The perception of decision makes is that our viewing audience don't have any sympathy with drug users so we will do stories showing them as problems rather than people with health problems. Drug addicts are seen as bludgers and criminals. Homelessness is another difficult one to do. Anything to do with mental health, with aged people, we just won't touch it because we don't think our audience want to see these people on their TV screens at night at 6.30 when they're eating their dinner. They can show the most horrific sex and violence. But heaven forbid that you should show an elderly infirm person or a person with a psychiatric illness or an aged dementia. They won't show these things on TV. The perception is that the audience won't tolerate it and to some extent that's absolutely right. Their perceptions are based on the ratings. They know when they do stories like that, viewers turn off. “

I've read you that quote at some length because I think it is absolutely powerful. That is the reality under which many journalists operate - they operate in an intensely competitive environment and often, as individuals, have surprisingly little say over what stories they do or sometimes even how they do them. And they have even less say over what can be just as important as the content of the story - how it is presented; such as the headline in newspapers or the promo on TV.

If you want to engage with the media, you have to understand it, understand the particular outlet that you are dealing with and their market. Be familiar with what they do. Know who tends to cover the health stories and what they are interested in.

But most importantly understand what makes a story for a journalist. Journalists have a gut feeling about what is newsworthy. They can sense a story. Even so, news can be terribly unpredictable - even journalists often can't predict if or in what form their story is going to get a run. But the bottom line is that news is a commodity, not a public service.

This does not mean that journalists are not striving to produce balanced, meaningful stories in the public interest. But these will be selected, packaged and presented in a way which sells newspapers or attracts television and radio audiences. Even public broadcasters are motivated by the ratings quest - the media is looking for stories which grab attention.

To relate this to the health and medical field, this includes stories which are:

- \* New - eg the launch of a novel type of drug
- \* Stories which are Shocking - eg a new drug linked to scores of deaths
- \* Stories which Involve conflict -
- \* Stories which are Weird - what editors call "the Martha factor" - something which will make Mr Everyman call out to his spouse "look at this Martha".
- \* Stories which are Timely
- \* Something which affects a large proportion of the population. Sadly, this definition of newsworthiness means that it can be more difficult to win coverage of issues which affect a minority of the population. Such as indigenous health.
- \* News also involves Fads - fashions come and go in the media. Breast cancer, for example, is deemed to be more sexy than lung or colon cancer. And, in recent years, impotence is the sexiest of all.
- \* Human interest - a story which tugs the heart strings, is quirky, or just plain interesting for whatever reason.

There are also different types of stories, which determine where they will be placed in the newspaper or news bulletin and how they will be produced or written. There are hard news stories, picture stories, feature stories, human interest or colour stories. Try to consider how the message you want to get across might be presented so that it fits into one of these formats.



And remember that there are many constraints on the way journalists construct news about health and medicine. These include practical issues, such as the reality of having to produce a product regularly. Many news journalists are expected to produce more than one story a day, meaning there is often little time to research issues fully. The pressures of unrelenting deadlines mean that stories are often "thrown together", rather than being written with the benefit of time to consider and mull over an issue. The context of the story will often depend on which source is available at a particular time and can spare time to be interviewed.

If you want to engage with the media, you have to be prepared to be available when they want you; otherwise you will may not get asked again. You have to be prepared to speak in their language and at a level that appeals to and is accessible to their audiences. This means doing more than simply providing the media with Cochrane reviews. The media needs to be given tailored information based on the latest reviews but translating them into something meaningful for a non-informed reader. And there is no point just giving them information unless you also provide a talking head, either to go on camera or to brief the journalist about what the review means in practice.

### **The Final question: IF YOU ENGAGE WITH THE MEDIA, WILL IT MAKE A DIFFERENCE?**

Every intervention has risks and benefits. As mentioned, the media is very unpredictable. The odds are that if you try to engage more actively, this will result in some stories you don't like. Sometimes you will feel that your words are being used out of context. Or you will put a lot of effort into publicising an issue that you care deeply about, and only attract the interest of the Mackay Mercury.

But there is also potential to have a significant impact, on public debate and understanding. Six months ago, just every GP could tell you a story about patients marching in and asking about Celebrex, "the wonder drug with no side effects". That is surely an example of media coverage having the effect it was intended to have.

The Celebrex story also has another lesson: that the media is only every one component of a strategy for getting out information. You can bet Celebrex marketing didn't rely only on PR but also included advertising, promotional material and "educational" initiatives such as one-on-one detailing of doctors.

The challenge for Cochrane in trying to engage the media is that it is more difficult to spread a message that is less sensational than Celebrex. As one media manager said in my survey, it is always going to be better to hear about a scientific advance than a failure. "No progress on leukaemia isn't exactly a great story. To do a story which says nothing much is happening doesn't really get you much of a run."

The trouble for Cochrane is that the media is all about telling stories. Our audiences tend to tune out at the mention of things such as RCTs, confidence intervals or percentage points. Think about the sort of stories that you like to read or watch. The odds are that they are telling stories about people. How to weave the concept of evidence into stories is a challenge for both Cochrane and journalists.

As a journalist who has actively tried to use Cochrane reviews in my work, it seems to me that the greatest challenge you face in trying to engage the media more actively is that your messages are so often equivocal - we don't have the evidence whether this intervention works one way or another and more research is needed. That sort of bland message will always have difficulty competing with the miracle drug breakthrough headline. But it's still worth trying to knock that headline off its perch.

**ENDS**