

**12th National Symposium on Hepatitis B and C, Melbourne
20 November 2004**

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Thank you very much for inviting me along this afternoon.

Most people I know, journalists included, like nothing more than a good moan about the media - what we should or shouldn't be covering; why we are too tough or too soft, the problems with media monopolies, with media mistakes, beat ups, sensationalism AND SO ON. That we take ourselves too seriously, or not seriously enough.

So here are a few reasons to be good humoured about the media.

Question: How many journalists does it take to change a light bulb?

- * None. They like to keep everybody in the dark.**
- * None. Journalists never see the light anyway.**
- * Only one. Journalists don't like to share the spotlight.**

Meanwhile, here are some more insights about us.

Trying to determine what is going on in the world by reading newspapers is like trying to tell the time by watching the second hand of a clock.

"Being a reporter is as much a diagnosis as a job description."

"It has been my experience that what most viewers and readers are most unhappy about is not that journalists slant the news, but that we don't slant it their way."

"Harmony seldom makes a headline."

As a general rule, if you want to get at the truth - hear both sides and believe neither.

A Journalist is a machine that converts coffee into copy.

But some of my favourite comments about journalism come from Oscar Wilde. whose barbs are probably as relevant today as they were in his time.

Here is just a small selection from Wilde:

...there is much to be said in favour of modern journalism. By giving us the opinions of the uneducated, it keeps us in touch with the ignorance of the community... By carefully chronicling the current events of contemporary life, it shows us of what very little importance such events really are.

It (journalism) justifies its own existence by the great Darwinian principle of the survival of the vulgarist.

Meanwhile, Norman Mailer once wrote that: If a person is not talented enough to be a novelist, not smart enough to be a lawyer, and his hands are too shaky to perform operations, he becomes a journalist.

So there you have it. Journalists and the media industry make good subjects for satire. Many journalists would agree that the TV comedy Frontline was uncomfortably close to the bone.

Jokes aside, there is of course a very serious side to the media when it comes to health reporting. Consider what has been happening in health coverage in recent weeks. Acres of newsprint and endless hours of broadcasting time have been consumed by the great abortion debate.

Regardless of what you think about that particular debate, it is hugely important for an audience such as yourselves if you think of it in terms of opportunity cost.

There is limited space within any news bulletin for health stories. Health stories are competing against terrorism, war in Iraq, the latest political crisis or celebrity crisis to get a run in the media.

While the abortion issue is dominating the front pages, the feature pages and the letters pages, other important health issues go unheard.

Does that matter, you might ask?

If something is on the media's agenda, you can bet it is on politicians' and bureaucrats' agendas. While the Health Department was busy preparing a brief for Minister Abbott on abortion, there was less room at its table for other issues.

It is an interesting side effect of the whole abortion debate - perhaps intended, perhaps not - that the pressing argument for reform of health financing has been pushed out of sight.

If you don't engage with the media and public debate, it will likely be far more difficult to get your issue the broader attention and understanding it might deserve.

But to engage with the media requires a realistic and pragmatic understanding of what we are and how we work.

The first thing to understand is that we are not in the business of promoting public health.

We can be effective in spreading public health messages, raising public health debates, but we do it from a journalistic perspective rather than as public health professionals.

The media business - and here it is important to draw a distinction between the professional imperatives of the individual journalist and the commercial imperatives of the media industry - is intensely competitive.

The industry fights hard for its audiences. In this era of sensory, marketing and information overload, this means ensuring that media product will grab and engage peoples' attention.

I am, of course, speaking in gross generalisations, and there are many different heads to the media beast. But generally speaking, audience share is not only a concern for the commercial sector. Other outlets also are motivated by the ratings quest.

Here is a quote from someone who has worked on health stories at commercial stations and the ABC. I hope you don't mind if I read it at length because it is a very powerful insight.

She says: "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. I 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. The opposition 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 our opposition 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 the opposition got the exclusive, then we would do a spoiler, saying its a load of rubbish.

She says: "At the station, 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.

In terms of how health is covered, media managers tend to follow a formula. Health stories generally tend to be considered newsworthy if they fall into at least one of the following categories.

*** The breakthrough story, often involving a new drug with miraculous advantages and apparently no disadvantages worth mentioning.**

*** The scandal story. This often transpires as the sequel to the aforementioned category in which a drug, once hailed as a breakthrough, is found to be fallible.**

*** The conflict story - where the experts who were involved in promoting the amazing breakthrough drug now attack its critics**

*** Stories which are weird and quirky. These are what editors sometimes call "the Martha factor" - something which will make Mr Everyman call out to his spouse over the morning newspaper, "hey have a look at this Martha". Perhaps this occurs when a drug is found to have a totally unexpected new indication - treating hair loss, for instance.**

*** Stories which are timely or stories which affect a large proportion of the population. The first question many news managers ask when being briefed about a health story is: how many people does it affect?**

*** 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.**

*** And then there is the human interest category - where a story tugs the heart strings, is "colourful" or just plain interesting for whatever reason.**

You might have noticed the common demoninator to all those categories. I spoke of stories - journalists essentially are in the business of telling stories, big and small. "Great story" is what journalists and news managers say when they are excited.

So you have to think of the story behind the issue or angle you are trying to raise. How can you turn this into a story that will capture the attention of busy commuters, frazzled parents, and other overloaded minds.

To engage effectively with the media also requires an appreciation of the constraints that journalists work under.

Picture a frantic newsroom where, like most industries these days, journalists are now expected to do far more with less - less time, less resources. In this newsroom, there is more emphasis than ever before on the bottom line, cutting costs and keeping shareholders happy.

I am under more pressure than before to produce more stories for more deadlines. Stories must often be "thrown together", without 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.

In this newsroom, I am flooded with literally dozens of potential story ideas each day - press releases from universities, hospitals, research institutes, PR companies, health and medical organisations, conferences - never mind the medical and scientific journals and publications, phone calls from contacts. And then there is always the editor's pet health issue - his neighbour has just had some bizarre disease, or her kids have come down with an infection.

In this newsroom, I am competing with my colleagues to get my story run in the paper or the radio or TV bulletin. Each day far more stories are written or produced than ever are published. This is an unavoidable side effect of working in the chaotic, unpredictable news business.

My news managers, who decide which stories will get run and in what format, with what space - are inundated all day long by people like me arguing their stories' merits.

Most media managers have an attention span measured in nano-seconds.

Remember that they have many other things on their minds - war in Iraq, the US elections, murder and other mayhem. It's tough competition for a health story.

I hope I haven't made it all sound so hard; why bother even trying, you must be thinking.

There is a cost to not engaging with the media - which rightly or wrongly has become an important influence on political, public and professional agendas and behaviours.

I once heard the ABC broadcaster Dr Norman Swan give a talk to medical students. He said they should read at least three papers a day because the media was so important to their future practice and careers.

The media affects the health behaviours of patients and the broader community. It affects the landscape in which health professionals and organisations work. It has a strong influence on government priorities.

The media can be an easy target for criticism. But it may be worth engaging with the media because the media can do good.

The media has played an important role in uncovering and highlighting many important health issues. Think of thalidomide, think of patient safety issues, think of the media's role in changing public and political attitudes to tobacco and other public health issues.

It may also be worth engaging with the media because the media can get it wrong. And when it does get it wrong, it relies on well intentioned and well informed people to help correct its mistakes, or help it do a better job next time.

It relies on people to write letters to the editor complaining about stories which air only one side of an issue. It relies on people to ring a journalist and let them know if they've been conned with a story or made a mistake.

There are plenty of examples of constructive engagement with the media.

I recently heard an example of this from the United States, where in July 2002, two days after fire damaged a psychiatric hospital in New Jersey, a newspaper there ran an apology that was unusual both for its length - more than 1,000 words - and its tone.

The apology, for a headline in The Trentonian referring to “roasted nuts”, expressed lengthy remorse for having been insensitive and “incredibly disrespectful”.

The incident is an example of how media disasters can be turned to advantage, according to Associate Professor Beth Haller, a journalism academic from Towson University, Maryland.

Advocacy groups outraged by the offensive headline met with newspaper management and staff, who then rethought their approach to mental health. Dr Haller says the newspaper subsequently ran a series of excellent stories raising the concerns and views of those with mental illness, Dr Haller said.

Locally, the Stigma Watch project run by Sane Australia has had similar success in influencing media portrayal of mental health issues. Indeed, Ms Barbara Hocking, executive director of the advocacy group Sane Australia, believes the mental health sector should view media relations as “core business” if it is to influence community attitudes and reduce stigma.

Another mental health advocacy group, beyondblue, has been very successful in helping overcome stigma surrounding mental illness by promoting reporting of peoples’ personal stories. This helps humanise mental illness and make it seem something that belongs to all of us, rather than something which belongs only to “others”.

I would be the first to acknowledge, however, that effective engagement with the media is easier said than done. Like anything, it involves potential risks as well as benefits.

**You might know the work of US newspaper columnist Maureen Dowd
- her columns appear regularly in Australia. She once said:**

**Wooing the press is an exercise roughly akin to picnicking with a tiger.
You might enjoy the meal, but the tiger always eats last.**

Thanks again for inviting me to share your conference.

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