

**Talk to Breast Cancer Action Group consumer forum  
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The Women's College, University of Sydney**

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If you were reading the newspapers earlier this week - and no doubt it was also on television - you could barely have escaped seeing a photograph of a young man with his hands all over a young woman's bosom. It's hardly the stuff to make international headlines, you might think, until you realised that the young man is none other than Prince Harry. Of course it's just the sort of photograph which headline writers love. "Harry's a handful for royals" and "Dirty Harry" were just two of the headlines that I saw. As the story made clear, it's also the sort of photo that his girlfriend - who was not the buxom blond in the photo - would hate.

And, so far as I was concerned, that was about all I needed to know about the latest in the royal escapades. Indeed, that was already "too much information". Until I read a column buried in the back pages of The Australian newspaper a few days ago. In that column, the media commentator Mark Day revealed that The Sun newspaper in England, which had run the photo on its front page, had failed to disclose that the picture was three years old. The story's suggestion that Harry had been sprung cheating on his girlfriend was therefore misleading in the extreme.

Perhaps we've all become so cynical about the media's reporting of royals and celebrities that this latest deception barely rates on the moral outrage barometer. But it's a potent reminder that it's sensible to be sceptical about what we read and hear in the media - whether it is reporting on the latest medical breakthroughs, scandals or even royal escapade.

As a journalist who has specialised in covering health and medical issues for so long that I've gone grey doing it - I thought I'd talk a bit about both the pitfalls and the pluses of the media when it comes to health advocacy.

The media is obviously a powerful tool for health advocates. There's nothing like the impact of a front-page headline for focusing political,

bureaucratic, professional and public attention on an issue. If you want to put breast cancer on the radar of politicians, then a story which is run prominently in the newspaper or on news bulletins will certainly help achieve this. If I think of all the areas in health where advocates have used the media most effectively, I think of tobacco control, cancer control, heart disease and, in more recent times, mental health. And in cancer control, I think it's fair to say that breast cancer is one of the higher profile areas. It is probably one of the areas where consumers have been more effective than in some other areas at having their voices heard in public debates. We could debate why this is the case and no doubt there are many reasons. Perhaps it reflects that women - to make a sweeping generalisation - are more interested in health issues than men. Perhaps it reflects that the outcomes for breast cancer patients are more positive than for some other patients. Lung cancer advocates are for example not so evident. No doubt it also reflects that breast cancer is so common and affects so many in the community. And of course it reflects the hard work that breast cancer advocates have been doing - that some of you have been doing for many years now - in establishing networks and lobbying for your cause.

The relatively high profile of breast cancer advocacy also says something about the media and the forces that drive media coverage. Breast cancer is seen as more newsworthy than some other areas of health. Media managers - the people who make most of the decisions about what stories will be reported and what prominence they will be given - believe that stories about breast cancer are more likely to interest more viewers or readers than stories about other health topics, such as Indigenous health, lack of housing for people with mental illness, the lack of respite care for families of disabled children, the impact of social and economic disadvantage upon children's current and future wellbeing ETC.

For breast cancer advocates, at least, this is good news. It means that you have a better chance than most of getting your issues onto the public and political agenda. This is far from meaning, however, that you are guaranteed of getting a good run in the media. Even though your odds are better than most, they are no guarantee of success. 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. We are not

in the business of doing good works or promoting your particular message, no matter how worthy it may be.

Don't make the mistake of assuming that because you have a good cause, that this will automatically translate into supportive media coverage. The mistake that many people make when they approach the media trying to sell their particular story or issue is that they don't take off their shoes. That may sound a strange thing to say. What I mean is that they see the world from their own little piece of ground. And from where they stand, their issue is one of the most important things happening in the world right now.

So the first thing to do when approaching the media is to take off your shoes. Metaphorically of course. And put on the shoes of the person or the outlet you are approaching. Think of how they see the world and what their needs and priorities are.

I can make three pretty safe predictions about this.

1. They will be drowning in a sea of story ideas, information. They are short of time and, possibly, manners. They are thinking of their next deadline, how to meet it, how to meet the never ending unrelenting demands of their news manager. Your story or issue will be one of many stories and issues competing for their attention. You have to capture their attention.
2. They will select stories according to the values of their particular outlet and audience. The main thing they will want to know about your particular issue or story is whether it is of interest to their particular audience (or their news manager).
3. The media industry, like just about every other industry these days, is asking its workers to do more with less. The people who work in newsrooms often look nostalgically back to the 'good old days' when they had more time and resources to research and write stories. What this means for advocates is if you can help make it easy for outlets to cover your story - for example by providing information and the required 'talent', whether this be a patient or a professor - you are more likely to get your story a run.

The point of all this is that if you take a minute to imagine what it is like in the shoes of the media outlet that you are approaching, you may be able to work out how to make your story and issue fit their needs. Be aware of who their audience is; be aware of their deadlines. Be clear and confident about the story that you are trying to tell.

And think laterally. Don't just think of the news pages of the SMH for example. There is also a daily features page, the op ed page, the weekly health supplement. The Saturday Spectrum section runs health stories. Then there's the Good Weekend magazine, the Sydney magazine etc. It's the same with most newspapers and outlets - there are many potential places where you might be able to gain some coverage. Don't underestimate the power of community newspapers - or the letters to the editor pages. They are well read.

Just imagine that your mission has been successful. You've won the ear of the journalist, who has been able to persuade his or her manager that this is a great story which really deserves a run. The news manager has taken the idea to the afternoon news conference, where the paper's senior decision makers decide what stories they like the sound of and where and how they should run in the paper. For once, the personalities and politics of the newsroom don't get in the way of a good story - your story is going to go on page one.

When I was a journalist on staff at the SMH I always used to have mixed feelings when I found my story was going on page one. On one hand, it is the measure by which your success as a journalist is judged by your peers and by your bosses. If you hit page one regularly, you must be a good journalist. Of course, the other possibility is that you are a great beat up merchant. I'd always get a bit nervous when a story was going on page one. The subs were much more likely to take the mix master to it - in other words to beat it up to justify the huge headlines.

So here we come to the pitfalls of the media. Whether you engaging with the media as an advocate or as a media consumer, you need to be aware of the potential pitfalls.

The first and most obvious one, a la the groping Prince, is that believing everything you see or read could prove a life-threatening mistake when it comes to health information.

There are so many reasons to take media coverage of health issues with a large dose of salt. Here are just five of them.

POINT ONE\* I often think media industry is a bit like health industry. It's chaotic, short-staffed, marked by professional turf wars and resource constraints, unpredictable and doesn't have good systems for ensuring quality. It's no wonder patients suffer adverse events in the health sector. It's amazing, when you think about the breadth and rapidly-changing nature of the world and the constraints of media deadlines, that the media doesn't make more mistakes. Another thing that the media and health industries have in common - none of us like to make mistakes or to own up to these mistakes.

POINT TWO \* The media industry - because of all the things I've mentioned, such as time and resource constraints and competition for audiences - is particularly susceptible to the influence of well organised and funded PR campaigns. It is far easier to report about the release of a new drug than to investigate the structural and professional barriers to better health care. As a by the by, I find the media's fixation on the relationships between the pharmaceutical industry and the medical profession somewhat interesting given the media industry's own willingness to enter into close relationships with the pharmaceutical industry. It is somewhat ironic that many health and medical journalists see no ethical dilemma in pharmaceutical companies funding substantial prizes for health and medical research journalism.

POINT THREE\* As we become more overwhelmed by information, our attention spans become shorter and shorter. The time of the average TV grab has dropped significantly. Short, snappy, sensational stories are more likely to provoke fear than understanding. We live in an age when fear is used by so many powerful interests - politicians, marketers, advertisers. It's easy to become unduly alarmed. Just look at what happened after Kylie Minogue's breast cancer. Many young women rushed off for mammograms.

POINT FOUR \* The world is an ever-changing feast. Knowledge changes and advances. The media provides a series of snapshots rather than context and definitive understanding. I spent last night - a tragic way to spend a Friday evening I know - checking revisions on a

book first published in 1999 by Judy and Les Irwig and myself. It is called Smart Health Choices. With the help of University of Sydney academic Lyndal Trevena, we are revising it so that it can be freely and fully published on the web, hopefully early next year. It has been interesting to see how much has changed since we wrote the book. The potential harms of HRT and some of the new arthritis drugs have become more evident. The revised version will probably also place more importance on the weight of peoples' personal stories, acknowledging the work of the DIPEX website in the UK, which collates the stories and experiences of people with various conditions. But the main premise of the book remains unchanged - that more people might make better health choices if they had some of the basic tools for evaluating health claims, whether those claims are being made in the morning newspaper or the doctor's surgery.

POINT FIVE \* I know I'm repeating myself here but it's worth saying again that the media is an intensely competitive business - not a public service. This affects both which stories are covered, as well as how they are packaged and presented. I hope you will bear with me if I read at length from a quote by a colleague who has worked for many years in both commercial and public television.

She says: "What they want - "they" being her managers - 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.

She continues on: "I had to do that with an arthritis product...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.

(Our competitor) 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 competitor) got the story and that damaged our program.

She says: “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 (our competitor) got the exclusive, then we would do a spoiler, saying it’s a load of rubbish.”

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.

This does not mean that journalists are not striving to produce balanced, meaningful stories in the public interest. Usually we are. 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.

What that story about the arthritis product also tells you is that news managers have many more pressing priorities when it comes to reporting health stories and health research than the quality of the evidence behind that particular story. They are more interested in whether their audiences will be interested in a story than whether it emanates from a large, well conducted RCT or a small, dodgy study driven by commercial interests. Smart media consumers are sceptical about what they read and hear.

It is for all these reasons - that the media can oversensationalise, get it wrong, make people unnecessarily fearful, and can be manipulated by vested interests - it is important that advocates like yourselves engage with the media. When we get it wrong, you need to tell us. When governments get it wrong, or medical organisations get it wrong, or bureaucrats get it wrong, you need to tell us. But you also need to be realistic and pragmatic about what it means to engage with the media beast.

It is not surprising that many people are reluctant to engage with the media. It

can be personally and professionally confronting. The media is an unpredictable and sometimes carnivorous beast with many heads. 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.

I would like to add that there are plenty of examples of effective health advocates who have been able to build constructive relationships with the media. Think thalidomide, tobacco, HIV, asbestos and the list goes on.

The tiger can be very helpful.

But I am not suggesting that you have any real chance of taming the tiger.

Occasionally you might suffer a nasty bite or even a mauling. And some of us might agree that the goal should not be to tame the tiger anyway; a tame tiger cannot do its job properly - of keeping everyone on their toes.

ENDS