

**Speech Notes for Prostate Cancer Conference
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The latest Medical Journal of Australia raises some very important issues regarding media reporting of prostate cancer, even though, at least as far as I can see, it doesn't actually have any articles about prostate cancer.

Let me give you a summary of some of the articles in the journal.

There is a study documenting what it calls "important deficiencies" in the management of ovarian cancer.

There is another study documenting high levels of pain among nursing home residents. It concludes that "pain management activities" could be substantially improved.

Another study suggests that deaths are occurring because some patients admitted to hospital due to heart attack are not receiving appropriate care.

Likewise, another study suggests that patients are suffering unnecessary harm and complications after discharge from hospital because of poor coordination between the hospital and their GP.

Another article says Australian health care system is failing to take a coordinated approach to monitoring and preventing sports injuries.

On a somewhat similar theme, another article calls for greater attention to making sport safer - from lightning. The journal evidently thought this issue was so important (or at least likely to catch media interest) that it chose this article as the basis for a press release noting that 23 people died from lightning strike in Australia during the 1990s.

Amidst all this doom and gloom about the state of Australian health care, the journal's editor, Dr Martin van der Weyden has penned a rather cheery editorial which notes that the health of Australians has never been better; that we are in the top ten of the world's healthiest nations.

He says: "One would think that such significant achievements would be acknowledged. Not so! Year after year, we witness a cavalcade of national days or weeks focusing attention on society's overall fragility and ill-health. We are deluged with propaganda from our apostles of health, who effectively transform the healthy into the over anxious."

So what has this all to do with prostate cancer and the media?

From where I sit - as a journalist regularly approached by various players in the health sector all arguing that their issue is the most important, most needy, most deserving - it says a lot.

It says that prostate cancer is just one of many issues in health which is striving to gain a voice in debates about health, including debates in the media. And it says that the competition is tough.

Remember that the Medical Journal of Australia is a rather select publication, representing mainly the voice of academic medicine. There are many, many more interests outside the MJA and academic medicine which are striving to influence the health debate and media coverage of health - you only have to pick up the newspaper or switch on the six o'clock news to see the fingerprints of the powerful vested commercial and professional interests which influence how the media covers health issues.

I think most media observers would agree that perspectives of health consumers figure less prominently in the media than some of the other players in health. Perhaps this is partly a reflection of the difficulty of defining who is a consumer in health - is it the individual patient; is it groups claiming to represent broader patient interests; or does it also include the general community who have a stake in how health funds are spent even if they are not currently patients themselves.

So I hope you will forgive me if I take a slightly broader approach to the topic than might be suggested by the conference program. I don't think it useful to talk about media reporting of prostate cancer as if it is different from any other aspect of media reporting of health issues, whether that be of breast cancer, mental health or heart disease.

I don't think it does anyone with an interest in prostate cancer, whether they be health professionals working or researching in the area or patients and their families, to think that it is an issue which is or should be treated differently from other health issues in the media or public debate. Take this approach and you risk missing the boat in terms of trying to influence media debate.

So I want to try to put prostate cancer and the media in a broader perspective, of how the media covers health generally and in whose interests.

First of all, I wonder what you think of when you think of journalism.

Does it make you think of the scandal sheets and celebrity gossip - a style of journalism that might have been in the mind of one of the craft's early critics - Oscar Wilde, who made many witty pronouncements on journalism.

Two of my favourites are: "It (journalism) justifies its own existence by the great Darwinian principle of the survival of the vulgarist." and..."The fact is that the public have an insatiable curiosity to know everything, except what is worth knowing. Journalism, conscious of this, and having tradesmen-like habits, supplies their demands."

Or perhaps, journalism for you conjures up more idealistic notions, of the role of journalists in uncovering Watergate, thalidomide and other work in the public interest. It's a version which might be summed up by Watergate exposé Carl Bernstein's definition of journalism as: "The best obtainable version of the truth."

Of course, journalism is all of these things, and more. The media is a huge and varied industry. And it's not only journalists who shape

media-borne messages about health and illness. Think of John Le Carre's recent book, *The Perfect Gardener*, and its devastating portrayal of the pharmaceutical industry. Think of the film "A Beautiful Mind" and the public awareness it has generated about schizophrenia. Or think of the Australian film, "Rabbit Proof Fence" and the powerful insight that gives into issues affecting Aboriginal health and wellbeing.

In trying to make sense of how the media covers health - and I would be the first to acknowledge that this is not always easy - it helps to try 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.

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.

By its very nature, news is an unpredictable business. Major news events often spring from the blue; think of September 11. What this means is that even journalists often can't predict if or in what form their story is going to get a run. A journalist may take the utmost care and time preparing a lengthy, in-depth article on a sensitive topic and at the last minute it could be cut to shreds to fit into a small space because other events have overtaken news priorities.

Many journalists who cover health - perhaps most - are not specialists in the area and often do not have sufficient background knowledge to critically evaluate the claims made by the many vested interests in health. And so there is a constant stream of

stories reporting the latest breakthrough or cure in the battle against whichever disease. Often, when you read to the end of the story it becomes apparent that the breakthrough has really only been made in rats and thus its implications for humans may not be known for many years, if indeed it ever reaches that stage.

But perhaps one of the biggest constraints on how the media covers health is that many sections of the media see health as an area for attracting readers or audiences. Media managers are well aware of the general public's huge interest in health issues - and that front page stories promising cancer cures sell lots of newspapers.

Here is a quote from someone who has worked on health stories at TV current affairs on commercial television. "What they want is a promo that says this is a miracle cure for whatever it is, back pain, 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... 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. 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 (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.

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

- * New - eg the launch of a new test**
- * Stories which are shocking or involve conflict such as debate about screening for prostate cancer**
- * 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 or fashionable - breast cancer is deemed far more sexy than lung cancer, for example - or stories which affect a large proportion of the population.**
- * Stories which have a human interest element - a story which tugs the heart strings, is quirky, or just plain interesting for whatever reason.**

The media's commercial interest in health stories is fortuitous for many of the other players in the health sector: for pharmaceutical and other manufacturers who often achieve a remarkably promotional run for their products in the media. There is some research evidence that the media is more likely to report on medicines in a way which makes them sound as positive as possible, often without acknowledging potential downsides. Sometimes the medical and research experts quoted in such promotional stories have ties to the manufacturers but these ties often are not disclosed in media coverage.

It is possible to mount an argument that the media is unduly promotional in much of its reporting of health developments - that we don't apply the same levels of scrutiny and scepticism as we do in other areas of journalism. Partly, this is because there is a

tendency to believe that if an expert says something is so, then it must be so. Again, this acceptance of expert opinion as fact often reflects a poor understanding of the different types of scientific evidence.

I have plenty of examples from my own career of where I wish, in retrospect, I had asked tougher questions of experts. Two of the examples that immediately spring to mind:

Back in the 1980s, I remember attending press conferences where various medical experts on the menopause enthusiastically expounded the benefits of HRT in preventing heart disease. I am sure that my reports all but suggested the stuff should be in the water supply. I didn't realise at the time that their advice was based largely on the results of observational studies which are prone to all sorts of flaws. Now that some of the more rigorous RCTs have been completed, it looks like HRT does not prevent heart disease in post menopausal women and may even do some harm.

Another such example: in the 1980s myself and many other journalists were reporting a range of experts who were very enthusiastic about the potential for antioxidant supplements to prevent cancers. Again, I can't remember many journalists asking the hard questions about the reliability of this advice. Again, observational studies suggest antioxidants might be beneficial; more rigorous RCTS found no such benefit and the possibility even of harm.

In both such examples, there were obvious vested interests involved - multi billion dollar industries, in fact - as well as perhaps less obvious vested interests - such as researchers' careers and funding sources.

So what does all this mean for prostate cancer and the media?

The two main points are:

If you have an interest in raising prostate cancer issues in the media, the competition for space and airtime is tough. Your cry that this is an important, neglected or misunderstood issue is oh-so-familiar to journalists covering health for any length of time. You

have to understand how the media works - including the constraints it operates under - and learn how to pitch your message within the media's definition of newsworthiness. Of course, that definition may vary from outlet to outlet; Radio National generally takes a different approach to reporting health issues than A Current Affair.

Finally, and perhaps most importantly, there may be much to gain from people becoming more sceptical and informed consumers of health information, whether it is coming from their doctor or morning newspaper. So that they can question their health provider about their care and its implications and become more aware of concepts such as probability and uncertainty. So that they don't just believe the hype when new tests and treatments are being promoted, often dressed up as news. So that when they switch on the telly and hear promise of a cure for cancer, they understand that real breakthroughs are rare in health care, and that many developments are incremental, involving potential risk as well as potential benefits and often involving considerable uncertainty.

Many thanks for inviting me to your conference.