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SECURING BETTER MEDIA REPORTS OF CLINICAL TRIALS

We've got a long way to go

- Iain Chalmers: **1000 years** developing scientific method for clinical trials – still not agreed
- Modern **journalism** is relatively recent: and not geared to complex messages
- Changes speeded by technology/internet plus employer drive for profits – **fewer journalists**
- Newsrooms dependent on **Press Releases**
- Press Releases produced by **PRs** trying to ensure coverage for institution/drug company etc – simplified/sensationalised

Where do you want your story?

- Specialist press? – or aim to reach wider public?
- Different problems:
 - specialist press more susceptible to **pressure for improved standards** of reporting
 - But mainstream press key to **public awareness**.
- “Surveys continue to show that the **vast majority** of the public get most of their information about science from the mass media.”
 - **Science and the Media Expert Group, January 2010**

Main sources of health news

- Mainstream media UK (estimates end 2013)
 - >**50 million** daily readers of newspapers
 - >**14 million** accessing newspaper info online
 - **Tens of millions** in news audiences for TV & radio
- Compare with specialist health press
 - <**300,000** weekly readers of BMJ, Health Service Journal, Nursing Standard, Nursing Times & more specialist media combined
 - Plus **online** readers – maybe **1.5-2 million** monthly – almost all health professionals & academics

Who is reporting on health?

- Surveys of **HEALTH REPORTERS** show few have any specialist training:
 - and most of those who do were trained as health professionals or did science degrees before becoming a journalist (i.e: niche jobs, not editors)
- Few **training courses** available on health journalism in Europe, all small
- Most specialist reporters centred in **specialist** health trade press:
 - **Tiny audience compared with mainstream media**

News values versus balance

- Mainstream news media approach stories as **NEWS**, not from scientific interest.
- Nuances don't fit well into this framework.
- Traditional news values (Galtung & Ruge 1965):
 - **RELEVANCE** for target audience
 - **TIMELINESS** (immediacy: **happening now**) = little time for checking, balance, or scientific critique
 - **SIMPLIFICATION** – can it be described simply?
 - **ELITES**: can story be linked to a famous person?
 - **NEGATIVITY**: (simple) bad news sells (no subtlety)
 - **GOOD NEWS**: also sells (wonder drugs, etc)

Tackling the weaknesses

- Guidelines & campaigns on reporting **clinical trials**
 - ECRAN guidelines
 - Gary Schwitzer/*healthnewsreview* – 10 points
 - Science Media Centre – 10 points
- Seeking to ensure proper reporting
 - source, context, cost, timescale and critique.
- But few mass media employers/editors willing to invest anything in training or improved quality.
 - **Self taught journalists, newsroom pressures**
- Is there a way to bridge training gap?

europeanhealthjournalism.com

- Health journalists and journalism educators from 4 continents met last week in Coventry
- **Conference: *First Do No Harm*** on how to do the job better
- Set up new **online network**, offering support, information and encouragement – start small
- Published **new e-book** on health journalism *First Do No Harm* (link on website)
- **Problem** reaching front line journalists in mainstream news media -- **EDITORS**

Ways forward

- To get engagement we need to press for (non-drug, non-insurance) funding to **promote training** of health journalists – buy their time
- Academics and their institutions need new skills to put findings in **understandable language**
- Develop **popular stories** that accurately reflect research (news media is a **business**, not a public service, will always focus on target audience).
- PRs also need training on the same issues
- Pressure on **EDITORS** to be more responsible