

Panel Discussion: Health reporting – Professional Realities

Speaker/chair: John Illman, Medical Journalists' Association

The first thing to say is that there is absolutely no need for Shaun Lintern to feel he should apologise for being an accidental health journalist. I don't know of anyone who at the age of 15 or 16 said 'I want to be a medical journalist'. It's something we all fall into totally by chance.

We know a lot about what we do badly. But what do we do well?

Exposure of wrongdoing: In the UK, I think we do that pretty well. But I don't know how it compares with other countries. Is it possible that in the UK we have got things that we can teach other people, and have other people got things they can teach us?

[Trudy Lieberman] Sometimes I do think that American journalists do things well. We've raised awareness about the healthcare system that's not safe. In America I think that we've done well in the last 4-6 years is raise awareness amongst the public that the American healthcare system is not safe. I think the expectation among certain segments of the public is that doctors and hospitals are sacred places and sacred people and they can do no wrong. Evidence is trickling out from the media primarily that this is not the case.

[JI] People do want to believe the very best in the people who could determine whether they live or die. I've often thought that this often gives doctors a rather inflated sense of their own importance, and this is something the media should guard against.

[Roy Lilley] I think what is done well is generally the technical aspects, the new machine will do this or a new cure for that. Although having said that reading in this morning's news the BMJ recanting an article that they wrote on statins where they said that on statins we would live longer, where actually quite a lot of us when that statins report came out (and I'm not a doctor) knew enough to know this didn't feel right. When I published the link to it I said 'Is this right?'. They pulled it this morning. And this is the BMJ. So I wanted to say we do the technical stuff well, but I'm not even sure that's right.

Badly? I think pretty much everything to do with policy. The Labour policy trotted out a figure of £100 million so that we could all see our GP in 48 hours. That works out at £2 a patient. It's nonsense. No one challenged it in the media. One hundred million quid sounds like a lot of money. No. The Department of Health said we've got 5,100 more nurses. But divided by the number of hospital in three shifts it's one nurse every Tuesday. But we publish it. I'm really not a journalist – but I do get very pissed off with people who are paid a lot of money to be journalists just trotting out the Department of Health press release. If all the evidence says today is Tuesday, the Department of Health would say it's no it's Wednesday and we'll put more money into it.

[JI] Most people would agree with that. The question is what do we do about it?

[RL] Shaun [Lintern] hit the nail on the head when he was saying a greater professionalism. The HSJ is a great magazine. But they have a problem as well, because they can't overly-challenge because they won't get access. Ministers will just close them down and they depend on getting access. I don't so I can say what I like. And they've got advertisers so they have to think about how they position themselves. I'm not being critical of the HSJ, I'm just observing life as I see it. So the opportunity to do real journalism on health is largely overlooked. Sophie Balden on the *Daily Mail*, where would we be without Sophie for a laugh? But it's entertaining. My mom loves the *Daily Mail*. And a lot of other moms love the *Daily Mail*. That's the problem. So we don't have enough professionalism to challenge what is going on because there's a lot going on in all our health services, not just here but across Europe.

[JI] Matthew Hill: we don't have enough professionalism. Right or wrong?

[Matthew Hill] I think I would agree with that. We don't give specialists enough time to analyse.

[RL] The BBC for years never had a health editor. They had a social and care affairs editor. The last week they appointed Hugh Pym to be the health editor of the BBC. We've gone since 5 July 1948 [when the NHS was founded], with the BBC not having a health editor and it's the second largest expenditure in government in the treasury, and the most important thing in all our lives. Where's the BBC? I'm paying for that.

[JI] Ok, you're paying for it, you're an influential commentator. Why haven't you influenced the right people?

[RL] I have. I've written about the paucity of BBC coverage, I've written about the fact there is no editor. I'd like to think I might have been instrumental in making them think about that. Before the election I said the BBC needs a health editor for elections.

[JI] I think we're being a little bit UK centric here. Let's have a view from the Netherlands.

[Rinke van den Brink] Where I work as a health editor for the Netherlands equivalent to the local BBC service, say, I was appointed 9 years ago. I got my appointment renewed last year for 2 more years. And then depending on the ideas of my boss at the moment I might be able to stay as the health editor, I might have to do something else, and I might be replaced or not be replaced. The whole discussion in the Netherlands with health is the number one budget: we spend 90 billion, about 12-13% of the gross budget on it, so it's really huge. Every other poll asking people what they find most important is health, health policy which touches health but nobody has a real health desk. So someone covers health for 2 weeks then someone else comes. So there is no knowledge built up. We are pretty poor in numbers. An example: 51% of GPs wanted to charge patients. We as a group don't understand numbers which can tell you everything, and the contrary.

[JI] Is there a case for having within medical and health journalism some kind of system of continuing education, as they do in medicine? In medicine postgraduate education is mandatory.

[Matthew Hill] Drug companies pay for doctors' postgraduate education. Do we want to have journalists' education paid for by drug companies? I suggest it's not a very good idea. My understanding of the BMJ and statins was that the retraction which was called for was of two articles that were critical of the use of statins around the issue of side effects. The request for a withdrawal was on the grounds that there was a mistake in the figures, 1-2%. This was about wanting to maintain the evidence of support for statins as being useful treatment given that we are on edge of giving another 7 million people these drugs. There's quite a concentrated attempt to discredit and if you want something that I don't think is done very well, I don't think that there's enough attention paid to the extent to which a lot of the treatments are driven by commercial interests and we could do more to look at the evidence behind it. I know the evidence is out there, you have to dig around and look for it. The internet has changed the game as far as journalism is concerned considerably.

[JI] But if they are not driven by commercial interests what kind of interests are they going to be driven by?

[MH] I would argue that the people who are criticising the excessive use of statins are driven by the fact that they care about the evidence and they looked at places who don't have commercial interest and that's one of the problems, because they end up doing a large amount of work for not very much pay. I think that there's questions around the assumption that pills are the way to ensure that people are healthy and the best way for prevention. I would argue that there is a lot more that can be done that doesn't have commercial backing.

[John Lister] The point that Shaun made about needing to invest in health journalism is important. As is the point of why haven't we got more journalists here? We've done everything we can in this context to make this as affordable as possible, and actually in many cases it's not money it's the fact that journalists can't get time off from the desk to come and do training. We can put a training package together and we can offer it but how do we get people to take it up when the editors and the proprietors won't give the space for the journalist to make that development. They'd prefer to produce low-quality news coverage that they get away with because people don't know any better rather than invest in it. I think we've got to go fairly high up the tree in order to pursue our campaign for quality and for more training.

[JI] Should we in the UK be trying to persuade some MP to start some kind of all-party organisation to promote medical journalism?

[RL] If you want to be good at your job and there's a really good conference you take a couple of days leave and you go because you are investing in yourself, in our own brand. Why would you want the government ting in us? If we want to be good at what we do, just get on and do it.

[JI] Because we need money, Roy. If politicians involved are all party, doesn't that get round that? Medical journalism is I believe unique because it does touch each and every one of us.

[Unattributed] Plus things overlap so much. For instance, statistics confirming poorly educated people are at greater risk of diagnosed with mental illness. You can't really separate health from bigger issues.

[JI] So the all-party idea is a bad idea. Someone give us a good idea.

[Shaun Lintern] Why can't it be individuals? As I said before about responsibility, I think agree with Roy. But there is a sense of individual journalists. There's no secret about how to read a paper in the BMJ or how to critically appraise a paper. There's no hidden secret around how to understand mortality rate. The experts are there ready to tell you if you ring them up as a journalist. You can educate yourself and I have done that myself over many years. Journalists can do it themselves.

[JI] Are you familiar with P values, confidence intervals, and so on?

[SL] I'm more familiar with them now than I was when I started in health journalism but nobody has taught me that. I've had to go and do it myself. I think that isn't the solution but it's got to be part of it. We as individuals have to take that responsibility.

[Anna Wagstaff] I think the idea of local health reporters, I'm just not sure that one flies at all at the moment and I can't see any way of making it fly. One statistic that I think is important is from the point of view of the *Oxford Mail*. We didn't have a health reporter for a long time. It's something the NUJ has been having a go at them for and we now have a health reporter. But the reality of his working week is that he does three days on the newsdesk and the other 2 days are spent covering Banbury, Kidlington and health. That is our health reporter, so if we do a survey around the country to find out which local papers have got health reporters it would be incredibly misleading. I just don't think there's any point quite honestly in talking about coming to conferences or education or training or understanding P values or any hope of reading reports about what's happening locally when that is the real resources you've got. It's not happening and we have to look elsewhere.

You can say we've got the *Health Service Journal*, you've got the BMJ, you've got the BBC, you've got the nationals. It seems to me that it might be worth exploring the role that a lot of journalists are looking for now, the room for being committed specialists which is what you need, and finding ways of financing that. I have got to say that I'm beginning to look at the sorts of crowd funding things that have been coming to the US and are beginning to work for some of our members in Oxford [NUJ branch] they're not using it on health yet. But you can do because there is a huge interest in funding that, and the wonders of crowd funding is that you can get lots of little bits from people who are genuinely very interested.

[JI] I think the thing I would say in response to this is that I take the point you are making but if you look back to 30-40 years ago and the time when I started out on a local newspaper, no local newspaper, no regional paper had health correspondents or medical correspondents at all, so we have made some progress.

[AW] But look what's happened to local newspapers in the meantime. It is fantasy, it honestly is not going to happen. I cannot see it, once we get local newspapers functioning possibly there's an

argument. At the moment they're going the opposite direction and we've got people like David Montgomery actually advocating an anti-journalist model for local newspapers where he wants it to be a community noticeboard. I just don't see that that is going to fly, I honestly don't. I think we should stop thinking about that. The other thing is that health is complex but it's not a question of education, I think knowledge is the point. Knowledge is what we have to keep doing. It's not something we can be told because we have to go and get it. That is our value. If we do go and get the knowledge about what's going on. That takes time. More than educational training, it just takes a full time. It takes a full-time people who are in independent. I don't think that this is a dream, I think that's what we have to look at. I'd love to do that. I think there are other people who quite like to do that. I think is it workable

There are also NGO types who have realised that it's not enough just to have a very good PR/comms operation and that there is value investing in journalists and journalism, and that is something I think maybe is a better thing to do - to look at models where NGO types, money that is committed to having good public equal-access health services in one area or another, finds ways of funding stuff that is genuinely independent, it's not impossible. I'm finding there are more and more places that are offering the people I work for do, which is fairly hefty grants for instance.

My organisation that I work for is the School for Oncology and it's starting to offer now grants for journalists and you do about €1800 on a proposal of doing a story on this, this and this – it's meant to be complex and analytical, it's meant to be something that affects patient outcomes, etc. It's a way of subsidising. Filling the gap where good journalism should be. They do in cancer, that's where their interest is but I think Wellcome probably look at this sort of thing. Other people do. Where you have something that is trying to promote journalism., not just PR and comms. That also could be something that we should be looking at. Either way I love the idea of the independent journalist who go out, get specialised in what they are doing and are not beholden to anybody because they are the only people who do a decent job.

[Colin Meads, Royal College of Midwives] Returning to Shaun's point about individual journalists because this struck a cord. Just this week I had dealings with a health editor, and it was a little bit of research that came about the exposure of newborns to dirt so they develop natural immunity. We were contacted for our take on this and we gave them our particular take. I feel here was an example of a journalist taking what they wanted. We were misquoted and misconstrued in this case and I complained quite strongly. A journalist was reporting on what could be quite important research on exposure of newborns to this kind of thing. We told them you don't have to use antibacterial gel when you're washing your hands, it's not necessary, just soap and water. He's got it out as part of a longer comment.

The story became 'Top midwives say you don't have to use antibacterial gels'. The story got lost, because most people look at the headline, look at the first line, that's their knowledge of the story. The important story, about exposure and developing immunity, was completely lost as far as I was concerned and I think that is a real shame. I think that's an example of where the tendency to think I've got a great story because someone important is saying something that's contradictory to what other people think, took over what should have been an important bit of reporting on an important bit of research.

It was 'sort of' balanced and the quote reflected what we said, but the top line – which was probably subedited – didn't.

[SL] In national newspapers and local newspapers, you're given the story to go and write. One of the reasons I love working at HSJ is that never am I told 'this is what the story is'. I go and research something and the story can change during that process and I present a finished piece and I convince the editor that this is the best story, and he trusts my judgement. We've created that relationship and it works very well, and HSJ is very well respected. But we are a specialist publication not a mainstream.

I think what we're discussing is an issue that applies to journalism generally. The way that we produce stories sometimes is completely wrong. The idea of editors dictating the story before the story is researched and written is error prone and it's leading to some of the problems we've seen in the industry.

Specialist grants [mentioned by AW] are a model for one kind of work. It's not work I would ever do. I have a mortgage to pay, and I need a full-time salary. I couldn't go down that road. I have tremendous respect for people who freelance. I wouldn't dare do it – I'm not good enough to get the business!

[AW] I think it's scary to be completely freelance. I'm on a freelance contract so I'm kind of half and half. But because I'm also secretary of the Oxford NUJ I see a whole load of different people doing different things. What we're following is somebody who has been through a full-time job at Elsevier, worked for the *Guardian*, has gone freelance because that gives him the chance to do what he wants. He is trying to do this crowd funding thing, which is working for him because it gives him a steady income and it's not absolutely guaranteed but then nor is a job. It is a way of getting a pledged income that give you a certain stability so you can look for stuff on top of that. Certainly it's working for him and I think it works for an awful lot of people but you do have to be a good journalist. You've got to be coming up something new and reaching the people who want to hear it. I think there is a growing room for that because it does seem to be functioning. It is a bit brave new world but we've all got to create a brave new world because the reality is that the old one is crumbling in journalism. I believe there will always be room for good journalism and paid room.

[JI] Can you tell us a little bit about Concordia?

[AW] I haven't dealt with Concordia yet. I know it's a news service where you get journalists who say 'I want to cover this topic; this is my background, this is what I'm interested in and if you want to back me pay £5 a month' and that will give you access to the entire output of all the journalists who are working, in this case for Beacon.com. I don't know how the pay gets divided up and how it all works – we'll find out. But I do know that if you go on to Beacon.com and Concordia is a very similar thing, then you will be able to get access to all sorts of specialist reporters doing specialist reports on all sorts of things they have managed to get enough people to back them on. International stuff, policy stuff, sorts of stuff that most normal news outlets would not let you do. It is functioning and it is growing. It must be workable for certain people.

[JI] Is this restricted to the UK or does it happen in other countries?

[AW] It came from the US.

[SL] I would still fear the question, 'What would July Bailey do with that model? That's what I worry about' [founder, Cure the NHS]

[RL] Looking at other industries I've been involved with. In the housebuilding industry there's the training levy, where you have to pay a percentage to go towards training. A lot of that's around safety training but it's a training board levy. Also in the engineering business there's a training board levy for engineering which develops. It could be an issue for the employers to send a training board levy which is then used for bursaries for training to develop their own stuff which of course would be in their own interests. That would be untainted, if I can use that expression, externally.