

Why Health Journalism Matters

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An Impromptu Survey: Health Journalism in the UK Press

Every time I come to England I am impressed by how much health journalism I see the minute I get off the plane until the time I leave and go back to the USA – how much the people get in the way of health journalism. So I decided to do a little bit of a survey.

Mostly I was reading the *Independent* because that's the newspaper that was put under my door in London. This is what I have learned since I've been in the UK. That there's a problem with mental health. Apparently, a lot of mental health beds have been closed, particularly in the constituencies of two health ministers. And the reason why they have closed these mental health beds? Apparently there are cuts at the NHS. So what's happening is the mental health patients are being driven hundreds of miles for treatment, and of course the headlines are deploring this particularly bad conditions they are staying in.

I looked a little bit further and I found that there was a very large headline that said 'Household products are detrimental to sperm'. Well I thought that was kind of an interesting 'How to' story, a cautionary story that maybe men who were trying to conceive should not be using household products to do routine cleaning. A health story of sorts, I think.

I also found that maybe newborns *should* be exposed to bacteria where they are in the nursery, because maybe, just maybe, that can prevent asthma when they become adults or older children. In other words, the mice stories, which is what this story is all about, is suggesting that nurseries are too clean and that maybe we should do something about them. I'm not exactly what the story suggests in terms of what we should do about them, but maybe it was another warning to the NHS that they should be more careful about introduced germs in the nursery to help these new babies along.

Then there was the interesting story about Pfizer and Astro-Zenica. Pfizer, an American company I believe, flew in its top dogs to lobby parliament, essentially to approve a takeover of Astro-Zenica. Apparently this is supposed to be a wonderful thing for both Pfizer and Astro-Zenica, but some people in Britain aren't buying it and what the issue seems to be here is that there may be job losses.

At first, the press was reporting that there's not going to be any job losses and then the last thing I heard was that yes indeed that in 5 years there may be some job losses but Astro-Zenica weren't able to qualify it.

The other thing that I've learned from this health story, a big business health story if you will, was that if this merger or takeover (I'm not exactly sure what it is) does not take effect then patients are going to suffer. How are they going to suffer? It seems like Astro-Zenica is not going to be able to make the medicines that are life saving and patients are going to suffer. Didn't tell us exactly what

medications it was talking about or how this was really going to affect people, but just a veiled warning that if this did not take effect and the government did not do what approving it had to approve in terms of this takeover, that people in Britain would suffer.

I also saw a quote produced by Pfizer:

'This merger is necessary to liberate the balance sheet and tax both companies that are involved in this issue.'

Another story was that the Labour party, who have lost some points in the latest polls against the Tories, are saying that now they are going to play the NHS card and what they are going to do here is make available some £100 million so that they can reduce waiting times for GPs and Ed Miliband has pledged to reduce those waiting times to 48 hours.

So the people of Britain were getting a really interesting health mix, I think. The one that really grabbed my attention, and this was a very small item, was that word has now come particularly from the Chianti region, that red wine and chocolate are no longer affordable for our health. Remember the days when we heard that red wine was ok, a wonderful thing, was going to prevent heart attacks, somehow it went through a fad, if you drank enough wine you would be able to be very healthy? Well apparently now the latest study is that is not the case. That they are now considering that they are some other compounds in plants that may be more protective of French health than red wine is.

In any case, I think it's clear from this little sample, which of course was very unscientific, that health is very big and that health journalism is very big. Most of these stories were not done by health reporters. What these stories told us is that politics are really important, we've heard the NHS mentioned a lot in these stories. We also got a business and health story. I would like to see a lot more of these, particularly in the USA, but here there was some real discussion about whether Pfizer ought to take over Astro-Zenica.

Doing Health Stories Well

Whether the stories were done well is another matter.

There was a ton of speculation. If you think about health stories, there's always a lot of speculation. Here we had speculation that asthma in kids might disappear if they spent the first few days of their life in a bacteria-filled nurseries. There is speculation that men trying to conceive should probably not use any household products, which probably contain bad things that might make sperm less active and impede them. We also heard a debunking of a very widely held belief, that if we all drank red wine we were going to live longer and it didn't matter how many saturated fats we ate.

So I think that we've had in our little sample what we'd really like to think of what health journalism is all about, and at the Association of Healthcare Journalists on which I have served for many years as a board member and as a past president, what we've tried to do is categorise the different kinds

of health journalism that are members are engaged in. I think my sample shows the different kinds of health journalism that show up in England with just one newspaper in a 2-day period.

I think we can conclude from this that this is really hot stuff. It's big stuff, it's important stuff to all kinds of people, and it needs more attention and better attention. I didn't plan to do a critique with any of these stories, but I do want to mention two things that I really think we need to think about.

In the Pfizer story, I mentioned the quote about liberating the balance sheet and the tax of both companies. Now I would like to know what exactly that means. The average person reading that story is probably going to wonder what that means. Does that mean that both companies are going pay less taxes in the US and in Britain? That's what it seems to say. If that is the case, then should not the reporter had followed up on that quote and try to press the person from Pfizer who said it, about what was meant? Instead the tendency is to take that off the website or a press release, wherever it came from, and let it stand.

Then we have the one that I was particularly interested in. It was about the Labour party's interest in fixing the NHS. Where is this money going to come from? He said they were going to corral the existing NHS budget, that they were not going to have any new money.

Indeed, in one of the stories I found that what they were planning to do is 'cutting back the competition for health contracts introduced by the coalition government'. Now again, I ask you: what does that mean to the average reader of that story? What do they know about health contracts, negotiated, cut, introduced by the coalition government? I would think that somebody would have to be a really smart person about NHS finances in order to understand what that means.

That means a health journalist covering that and taking that comment from Miliband or whoever said it, should have asked him exactly what he meant. What did he mean by 'contracts'? How is that going to affect other important area of the NHS if all you are doing is sloshing money around? I think that that's the kind of thing that needs to be reported a whole lot more than it is. It's what I like to call 'all the things that are being left out'.

And Then There's Obamacare...

I will use a couple of examples from my own voluminous coverage at this point of Obamacare which I've been working on since about 2007, which was characterised by spin on both sides, both the Obama forces and the Republican opponents, and there is still this clash in the two groups.

On the one hand we had the Obamacare people spinning it as affordable, quality healthcare for all which it is not. It is not going to be affordable for the people who have bought the policies under Obamacare exchanges as time goes on. Quality is certainly a question mark throughout the whole of the healthcare system in the US. So I think that it also is not universal and I think that's one of the biggest points that I've had in explaining Obamacare, especially to people from other countries.

All the Obama reforms did was improve the private insurance market by making it a little more friendly to people who had pre-existing health conditions and wanted to buy a policy without fear of rejection from the company because they were sick, which was the case before. When you look at it in this context you see the spin from the Democratic side.

On the Republican side we've heard early on about socialised medicine, government-run healthcare, rationing, 'death panels', all these terms that one associates with socialised assistance, or a more universal system, which is a path many people on this side do not want to go down.

So most people contest Obamacare today, which is a great number of people in the USA, I think the approval rating for Obamacare is still really low. They believe they don't like it because they believe in their heart that it is socialised medicine and that it is going to bring universal coverage to people who don't deserve healthcare. We still have this feeling in the USA that there are undeserving people who should not have healthcare and you often hear people just talk about this all of the time, and they talk about it without any knowledge about what it does.

It is certainly not 'government-led' anything. The government provides tax subsidies for people and perhaps people are unhappy about that because at its core Obamacare is a means-tested welfare programme.

So in countries other than the USA you have people believing it's one thing, people in the USA thinking it's one thing or the other and not very many people really understanding at its core what it is. It's a very modest kind of reform. Needed, important, and it will help some people. But it's anything but universal healthcare.

The State of Healthcare Systems

I think when you look at all of this and you think about why we are going to cover these kinds of stories that I've just talked about, we have to think about where healthcare right now is in the EU and in the world.

We are finding that the systems are getting much more complicated and it's getting much more complicated to maintain good health. Part of the reason for that is that the systems themselves are complicated. I think the other thing that's happening is that healthcare has become so much more commercialised. In my survey I also looked at the health ads in the *Independent*. The one that really struck my eye was for £129 you can get a full body scan, Lifeline scanning, it was advertised as one of the only ways you can get an accurate check on your health.

We've talked about this in the USA many times. I don't think it's being advertised quite as widely as it once was. We've gone through a whole period in the USA where that kind of screening was looked upon as not really what you wanted to do. There's lots of problems with it, not least a bunch of false positives. But there's more and more of that stuff bombarding us and making it harder for us as journalists to sift through what's really right and what's really wrong and what you want to question more. I don't know whether the *Independent* has ever written a story about full-body scanning but certainly some health reporter in the UK have done this or should be doing it, because there are

many problems with this technology, this intervention, this salesmanship, that is trying to get to people to do this.

So we have a problem with increasing commercialisation. Health is a huge business, and we just see that in the small example of Pfizer and Astro-zenica. We have great conglomeratisation, not only with pharmaceuticals but in the USA particularly in hospitals and I guess to some extent here in Britain where you have many hospital systems, that are getting bigger and bigger, and guess what happens when they get bigger and bigger? They control the price of care and that's what's happening in the USA.

Theoretically, the insurance companies are supposed to be above this and push back against them but guess what's happening to the insurance companies? They're getting bigger and bigger too. I remember the days when United Healthcare, which is the biggest insurance companies in the USA, which also has some businesses in the UK, I believe, was a little tiny part of travellers' insurance, a big life assurance company, a long time ago – two decades ago. So we see in two decades what's happened to the insurance market in the USA.

So we have a situation where we have often these big sellers of healthcare as the biggest employers in an area: Cleveland is one of them, Boston is another. So this makes it much harder for the press in these areas to push back and write about the biggest employer which is Partners Healthcare in Boston and the Cleveland Clinic in Cleveland, and you don't find reporters very much stepping on those toes, and we know if they do - and I've talked to reporters who've done it – they always get calls and letters and visits from the hospitals, to the paper, or the news-station. We're working in a situation that is really difficult. At the same time, we're having more and more conflicts of interest, but what we see here is that there seems to be no shame any more in these institutions like hospitals, doctors' offices and so on, taking all kind of money and having all kinds of alliances with drug companies and anybody else to increase their bottom line.

Of course, what that means for the patient is the question of whether the patient will get the best care – and I think we really don't know. I think in some cases the patients might be ok, in some cases maybe not. This is part of the milieu that we really have to think about as we go forward to try to be good healthcare journalists.

Be Better Health Journalists

Our job as health journalists is harder of course because there have been so many changes in our industry and so many cutbacks but I think even so there is a lot of new outlets, new ways we can cover health and I think going forward it's a challenge to find these or to participate in creating them. Certainly a lot of the web stuff has come about in the last 6-8 years; I started blogging for the *Columbia Journalism Review* in 2007. I never expected that this would become my work, I thought I was still going to be a long-form journalist but nobody does that any more.

We have to also realise our profession has changed and that we have to change with it and look for new ways to provide this really critical health information for the public because I think without it we're going to have people on their own, looking up stuff on the internet, who knows how good it is,

listening to the stuff that is spun from the hospitals or the latest stuff from the drug company, pamphlets left at the doctors' office etc, so I think that the public are really in a jam here and what's necessary is for us to help them out.

I think about the drug Solvadi which is something I've been writing a lot about in addition to Obamacare which is an \$84,000 drug to cure hepatitis C, or at least it's supposed to cure hepatitis C. I think there's been one major clinical trial. I'm not sure how many other's there have been, where it doesn't seem like it's had a track record yet. It's a very expensive drug, \$1000 a pill, and you need to take it 3 months in order to get cured.

I've done a lot of reporting on it and when reporters in the USA first started writing about it in December when it came out it was the usual kind of rah-rah reporting, that here is a story promoting all of the benefits and very little about the harms, very little or nothing about the price, all the quotes from the supporters of this drug, the makers of this drug, the testers of the drug, and so forth. Even some of the groups that would benefit from the push-back because it is so costly. I should say it's less money in the European countries only because the governments in the European countries push back. But it's still a very expensive drug.

I think about Solvadi and I think about this red wine business which is turning out not to be so and all the other drugs that we've found have turned out not to be so that we've paid for. Where is this going to lead? What is our obligation as journalists to write more critically about red wine or Solvadi or any other drug that comes along where the stakes are really high? In the USA the stakes are really high because United Healthcare have just reported that they spend \$100 million in the first 3 months of the year paying for a hepatitis C drug. What that means is that it is getting factored into the insurance premiums for the rest of us in the USA. A version of that happens in every other country too.