

Panel Discussion: The Editors

Ivan Oransky (IO) and Amelia Beltramini (AB) (Chair – John Lister (JL))

[AB] Four years ago we founded an Italian science writers' association. I asked all my friends to send me information about prizes offered by large pharmaceutical companies. We asked how much money was being offered as a prize and how the draw was done. We looked for conflicts of interest in the draw and we found it was completely big pharma who financed this prize. If you think how much it would cost big pharma a one-page ad and how cheap it is. With £1000 they can buy 10 or 20 journalists who write the best copy they can telling how you have to write and what will be the subject of your prize. You can understand why you have so many prizes made by big pharma.

[Matthew Hill] The only problem when looking at sources is you ask yourself well have they actually carried out this study and where did the money come from? What's actually behind this and then you start to wonder about the quality of the research. They can run a study as many times as they want before they get the result that they want. Also there is a placebo effect is very misunderstood. There was a wonderful programme on BBC Horizon about placebo and it showed just how powerful the placebo response can actually be. The placebo response can obviously be the doctor, eg a top American enterologist, 'cured' temporarily this woman of irritable bowel syndrome because she waited to go to see this top enterologist, waited 6 months.

He was totally ethical with her. He said 'I am going to give you this. It is a placebo and I think this will cure you.' And it did, until he stopped giving it to her and the irritable bowel returned. I suggested she married the gastroenterologist! But who tests how powerful the placebo response is in different cultures, in different incomes and different age groups. The programme showed how more research needs to be done in the area of placebo.

[AB] I think that shows the problem which is that we're not really qualified to understand the complex information. So either we have a good source who is a scientist or we risk writing a lot of rubbish.

[JL] Can I draw attention to my favourite ever cartoon, where there is a guy in the pharmacists, and he is saying 'No I want one of those extra-strength placebos'.

[IO] We haven't had much of a problem with getting good sources. In some of the federal agencies the administrators are reluctant to give interviews. The researchers are pretty willing. If they're not, as you can tell from the fact that I co-founded Retraction Watch, I am a big fan of name and shame. I think that if someone is refusing to talk to you for any reason you say so. One of the things my deputy there has started to do is whenever anyone is required to have a PR minder – which often happens in government – along with them when they are being interviewed we mention that.

It doesn't necessarily help that story but in the long run those things help.

[Trudy Lieberman] I think what's happening in the US, and I don't know to what extent it is happening in Europe, but it never used to be difficult to get interviews with government agencies and I remember a time when I was a young reporter I was covering the General Council's office of the FDA and we had an interview. And he would tell me the most astonishing things that I could then print in the newspaper I worked for. Over the last 10 years, maybe even less, what's happened is that there's been a clampdown on the information that's available to reporters from not only FDA and CMS, NIH, all of the big health agencies and other agencies but also in the States and local government.

The reporters tell me that they would really like to talk to somebody. I have to admit I have a lot of sympathy for them because they really can't get access to the kinds of people that many of us old-timers got access to. I think that's making the job much more difficult for reporters. I'd like to hear from some people in the UK and other countries whether you're also experiencing this change in the access of information we need to reach.

I was interested in hearing what Shaun has to say about how easy it was to get information out of the right regulators at the hospital he wrote about [in Mid Staffs].

[SL] When I was reporting on Mid Staffordshire it was very much a combative approach to the regulators. In fact, for a long time the regulators denied there was an issue. It was only when they received 75 individual testimonials from families who often then used the articles I had written about them as part of their submission and a death rate of 27% above the expected average for the hospital that they actually did something. And even then there was still denial and things like that years later.

In terms of access I think it varies. Working where I do at the moment with Health Service Journal, we have quite good access to very senior levels within the NHS and government. That is given without any requirement for us to do anything. They have no control over what we do and we often write quite embarrassing things and quite negative things for them. But they seem to do that from the point of view of respecting the fact that we are widely respected by others in the system. That those in the top seats need to speak to, and I think HSJ have carved out a place where our content is respected, our journalism is respected, we don't often sensationalise or go mad or get anything wrong.

That's earned us a certain place, but I still get PR baby-sitters for interviews and I still get the e-mail asking what lines of questioning are you going to give, to which I reply with some random ones which I've plan of following. There is an increasing level of PR management around access now and I do occasionally get the odd e-mail saying would you come to me first before you go to them, but it varies from organisation to organisation. I've seen it get worse. There is a management aspect to this I think; people are trying to manage what comes out.

[Unattributed] It's interesting about the management issue. I wanted to ask everyone in the room, how much is the tightening of management contrasted with the outpouring of communication on social media. In my head, it's like they are trying to clamp down on information while everybody is

talking on social media, and maybe that's a reaction against all of the communication that's available to everybody.

[Alan Taman] Coming at things from the other side of the fence to Shaun, really. I spent most of my last 2 years researching the ethics of PR in the NHS. The reason for that is that for most of the previous 9 years I was a senior PR in the NHS at a local children's hospital in this region. I agree with Shaun broadly in that some NHS managers, not all, do regard handling the media as a control process which ultimately is self-defeating and disastrous. But you do get that as an element from some NHS manager. Others, on the other hand, are quite realistic, and will encourage PRs to develop a true relationship with journalists, which means you are honest, you put your hands up, you say 'Look guys, give me some time but I know you've got to print this'. But there is that element in the NHS of 'yes we must try to control this'. Pulling up the drawbridge, if you like. I was fortunate in that most of senior managers I had to deal with were not like that, but it's there. I don't know whether it's growing or not but I'm not surprised Shaun has encountered it. Social media could be a solution and I hope it is.

[Phil Morcom] I've been a government press officer and sat with government ministers while journalists are asking questions. I'm currently doing so for a local authority, and I think one of the aspects I am very aware of is lots of politicians are scared of being stitched up and particularly in broadcast interviews suddenly having a fact that has been extracted from a local person and thrown at them and actually we've talked a number of times today about 2% here or there and a bit of research which actually probably does make a huge amount of difference but being used by journalists, particularly broadcast journalists, to imply there is some huge gap between what professor X says and what politician Y has said in an article a month before. Suddenly a huge row is created, which actually really shouldn't be there but in a desperate bid to make something newsworthy. I think that's why people like me are dragged along to try and make sure things like that don't happen. I think that's an element of it.

[John Illman] A slightly controversial point I wanted to put to Alan and Phil. Which is, as press officers your first allegiance is not to the patient, it is to the organisation that employs you. It is often those organisations who are under attack. In those situations quite often what you do as press officers is against the interests of the patient. One significant bit of evidence about this I think is the way that whistle blowers get treated.

[AT] That is a very good question because it does strike to the core of something my research picked up, which is that when you are weighing up loyalties as an NHS PR, most of the time – certainly for a children's hospital – your first loyalty is to the patient anyway. Thankfully there are fairly well tried procedures you can then fall back on, because clearly the welfare of the patient, the interests of the patient, are paramount. So it's easy. Where it gets difficult as an NHS PR, and again you've alluded to it already, is when it's not about an individual patient or it's more about something corporate or the way an organisation as a whole has behaved. Then you can find your loyalties are completely divided, and you can be in a very compromising position. I did experience that several times, precisely when putting the patient first isn't directly applicable. That's the nub of the problem for NHS PR.

[Jane Hammond] One of the problems that public relations people have been suffering practically since they started is to get the managements to understand exactly what public relations is. It is not concealing facts from the public. The more they conceal the more journalists will investigate and expose what is wrong. They have a very strong duty to educate managements about what public relations is, which of course is the creation and maintenance of good will between an organisation and its publics; and to make sure that organisations know that the more frank they are, more possibilities they give to the public relations practitioner to say what is true. Because public relations is all about telling the truth. The more the organisations realise how their interests in fact coincide with that of the patient the better the result will be.

[SL] Summing up the conversation around concealment and secrecy, as a journalist who is covering hospitals regularly the quickest way to get on my watch-list is to be difficult in terms of a relationship with me. To send a PR to an interview, to refuse an interview, to give only limited statements or no comments. You will get on my list very quickly doing that. You bring about your own problems if you do that.

[PM] The NUJ has got strong ethical guidelines for people who work in PR and that's why as an NUJ PR person I am absolutely committed to those ethical guidelines as with the CIPR guidelines as well. They cover some of the things that Jane mentioned, because actually all sides of the journalism profession can try to work together to get truths out there as positively as possible.

[IO] That was a fascinating discussion. One of the things I would point out very quickly is that getting back to what you were saying about social media as being another avenue. Certainly it's very powerful. The Obama administration has taken a parallel approach, which is that one the one hand they promise transparency, they promise all sorts of things. If you look only at the data they are releasing, there is a good amount that has been released.

On the other hand, they are the least transparent administration in terms of getting access to anyone. There was a comment earlier today about access and how important it is. I guess my feeling and I think others, from what I have heard would agree, is that there is actually a lot out there that you can find without having to go to the people who you think you need to get the information from. Again, for Retraction Watch things are hiding in plain sight. John [Lister] is fantastic at finding all sorts of documents.

There is a lot hiding in plain sight. You essentially have to force people to talk to you. It isn't as easy to just get that interview any more but if you have the documents you almost don't need it. You need to give them a chance to respond. If they choose not to, that's up to them. We all need to pay more attention. There are a lot of stories out there that can be told that don't rely on the official word from a journal or from a university or from a company. If you pay more attention to those, people have to talk to you or you can publish it anyway because it's a document.

[AB] We have a problem with our Freedom of Information Act [Italy]. You can ask about something for years because if your question is slightly wrong you have to put it again. The other thing is that if you are critical against the government, against the organisation of health, you will wait for your answer for a long time. If you report only what they are saying without any critical point of view,

they will give you what you ask. You have to ask them the questions in writing. If they think the questions are acceptable you will have the answers. If they don't think they are acceptable they don't give you the answers. It's a waste of time if you want to be critical, so in the end I avoid asking in this way.