

## Summary: A Diagnosis and Treatment Plan for Clinical Medicine Coverage

Ivan Oransky

- Journalist often choose to cover observational studies using language that is inappropriate.
- Journalists are good at establishing novelty and saying what is new but poor at discussing costs.
- Even experienced specialists can miss obvious error that is described in the study itself if relying only on the press release or abstract.
- Most of those writing about health at college level in the USA are not life-science majors; this means that most health journalists have to learn about medical and health principles after college.
- Health journalists are under more pressure to cover more stories in less time with fewer resources.
- Many think it's hard to find independent experts willing to assist them.
- Many think editors need education in critical appraisal of medical news.
- Press releases often claim invalid links from animal to human conclusions, omit study size, or fail to quantify results. Relatively few from academic institutions were promoting randomised trials (a 'gold standard' for medical research) but many more were reporting on uncontrolled interventions or small samples.
- Government agencies have been shown to use embargoes as a way of controlling journalists.
- To meet these challenges, *Medpage Today* (<http://www.medpagetoday.com>) selects stories by impact, likelihood of changing behaviour or practice, strength of evidence and novelty.
- Curating of information is encouraged.
- 'Do what you do best and link to the rest' is a guiding maxim.
- Partnerships and specialisation are also used to attract readers.
- Crowd sourcing should be considered as a way to fund health journalism stories.
- The AHCJ (<http://healthjournalism.org>) offers support and membership for all health journalists.