

## **Cancer Reporting and News Values: A Case of PR?**

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Cancer reporting is one of the favourite subjects of all reporting. I bought five newspapers this morning and every one of them has a cancer reporting story in it. Every single one of them fits the news-reporting frameworks or news values as I refer to them straight from the textbooks. Almost as they always do. The only time you will ever see stories reporting on cancer in the press where they go outside of the common news values or news frameworks is where it is a single investigative report on a single issue. Just about every other story follows a particular kind of framework which perhaps could be argued to be PR; or, to be even more controversial, I would say that cancer reporting is a form of entertainment reporting.

How much harm does it actually do? One of the biomedical science principalist ethicists 'first do no harm'. It was put to me in the USA about 10 years ago that 'first do no harm' means providing you first do no harm you can do as much as you like afterwards! It actually means never do any harm. It doesn't mean first do no harm and then cheat as much as you like. But unfortunately the traditions indicate that that isn't the case.

This is a doctrine that's not all often followed by medics. Almost every week in discussing with my medical clinician colleagues, we are discussing breaches of medical ethics that occur on a daily basis, and it's almost never followed by the press despite a lot discussions about it.

### **Cancer stories and fear**

Cancer is s favourite topic of the media for a number of reasons. Cancer stories lend themselves very well to theoretical media news values. Health reporting in general is divided around two main themes when it comes to cancer. I know these can be broken down into a wider range of themes but they nearly all fall within these two brackets: 'the scare story' and 'the medical breakthrough'.

The *Daily Mail* has the two polar opposites: this either causes cancer or this prevents it. In fact there is no such concept of anything causing cancer, nobody knows what causes cancer. It may even be argued that there isn't a cause of cancer, that's it's simply a natural event. I know this because I spent 6 years investigating the metastasis of prostatic and breast cancer which my colleague and myself alleged was being accelerated by the use of a hormonal drug for the treatment of osteoporosis.

The drug company that was manufacturing that drug constantly were bombarding us with 'you have not demonstrated any cause', and we said we are not trying to demonstrate any cause. No one knows what the cause of breast cancer or the cause of prostatic cancer is. We only know a number of things which are associated with their aetiology.

The other story is the medical breakthrough. Which is probably the one that does more harm than the scare story. The medical breakthrough convinces people that there is a cure around the corner. 'Giant leap forward in cancer research', such headlines. There is no such thing as a leap forward in

scientific research. Science doesn't leap from one discovery to another. It may appear like that when you read the history of science but science is an incredibly slow, tediously slow and methodical subject. One of the things that makes it so is you are constantly being dragged back by people demanding more and more empirical evidence. You don't have breakthroughs in science. We do have scare stories.

Cancer is still one of the major killers of the twenty-first century. It's a major killer even in countries where infectious diseases are still the principal killer. There were 8.2 million deaths from cancer in 2012 and it's a predominant story within the press despite the fact that there are significantly higher numbers of deaths from cardiovascular disease.

There is a fear factor, which of course is one of the things which underpins cancer as a news story. A poll done here by the Medlive Foundation that 41% of people fear cancer most in spite of the fact that there is much more likelihood you will die of cardiovascular disease. Followed by Alzheimer's disease at 31%. There is only 8% of people fear stroke and only 8% of people fear heart disease, and only 6% fear diabetes. So the fear factor is a great issue here.

We can see the reason for that. Despite the fact that you are more likely to die from cardiovascular disease I think people have the consolation of knowing that that is usually quick, whereas deaths from cancer are usually quite messy, quite painful and quite protracted and damaging to emotions for the whole family etc. Fear of cancer outweighs the fear of the much bigger killer, probably because of the nature of the death itself. Alzheimer's disease at 31% supports that, because of course the disease aetiology in Alzheimer's disease is also the thing that's frightening. Not the death from it, but what happens before the death.

Diabetes is an anomaly. Because it's a major killer and a very nasty disease, but curiously occupies only 6% of worry time according to that poll.

### **Cancer and journalistic imperatives**

Cancer provides the press with a wealth of stories. The stories in the press today range from the comment about there is now 'proof' that stem-cell research could lead to treatment. I'm fascinated by that headline of 'proof' that something 'could' happen. It meets all of these news values. I have been very cheeky here because I have lifted a set of news values from an area of journalism research which has got absolutely nothing to do with health.

'Journalistic imperatives' were devised by Steve Chiball in 1977. Steve Chibnall was not talking at all about health reporting, he was talking about crime. He was talking about the news values and models that surround crime reporting. When I was researching these I kept looking at each one of them thinking well that applies exactly to health reporting as well. It's the same set of models applying. For health, I have used 12 main news value frames, or news frames. I will go into how they apply to health.

*Threshold*

Threshold is the question of can the reader identify. Well we can all identify with illness because we've all had illness to one degree or another. People who get to my sort of age have all had nasty illnesses, and we've certainly had friends and relatives die from terminal illnesses, so we can relate to this.

### *Predictability*

Cancer is a superbly predictable disease. We know the diseases that you are most likely going to die of and we know the cancers you are most likely to recover from if caught earlier. That makes it have a good predictability index.

### *Simplification*

Cancer lends itself extremely well to simplification. Cancer science obviously is incredibly complex but discussing it can be done in very easy language. We use military terms. We use the military metaphors. 'Lost his battle against cancer', 'Fighting bravely against cancer', as if the cancer itself is conscious of what it's doing and has a strategy. We can simplify it.

### *Individualisation*

We can individualise cancer. We can bring it down to the individual level quite easily and we usually do that by using for instance a celebrity role model with cancer to bring it within our own experience.

### *Risk*

This is obvious. We have the basis of all scare stories in risk.

### *Sex*

We can even get sex into it. Michael Douglas recently had cancer treatment and he claimed that that he had acquired that by some of his sexual habits.

### *Celebrity*

Of course this is a favourite one. We have a celebrity at the moment battling lung cancer, fighting lung cancer, and it's her third time so she's probably going to 'lose the war' with lung cancer.

### *Proximity*

This relates to cultural relevance.

### *Violence*

We can even get that in, because again we can use war metaphors, battle metaphors.

## *Spectacle and children*

Spectacle and children I've linked together. Children with cancer are emphasised in the media.

## *Conservatism*

This is probably where the *Daily Mail* battle is coming in, with it being a conservative newspaper and certainly being a populist one. This lends itself to the arguments about resource allocation and even concepts such as 'just deserts'.

When talking about the cost of drugs and the consequence for resource allocation of drugs getting to people, there are populist values. We've got a particularly nasty one floating around in Britain, that all foreign aid should be stopped, therefore all medical aid should be stopped, and those resources should be allocated here.

## **News values and PR**

The press prioritises stories around these news values and this leads to disproportionate stories about certain types of cancer. This is where the PR element also comes in because it usually focuses on areas where there are campaigns. Campaigns for breast screening, campaigns for prostate screening, campaigns against particular types of behaviour in particular.

These are often based on political or commercial pressures rather than real health issues.

Campaigns, again PR, obviously have the role of increasing cancer awareness, as if we need to have our awareness raised about bearing in mind it's in the papers and on the television virtually every day both in factual reporting and in fiction. It lends itself to slick PR and advertising separating those two different functions, and very expensive campaigns can attract press attention.

Celebrities have a huge effect. Last year we saw the effect, some of it good and some of it bad, of Angelina Jolie's rather dramatic method of preventing herself from getting breast cancer.

Sometimes those behind the campaign are less altruistic than they seem. I walked through Nottingham a couple of years ago and there was a big diabetes campaign. Every single one of the street hoardings had a poster about diabetes, every single one was different and it must have cost a fortune. At the bottom, in relatively small letters, it said sponsored by Synovia Ventis, the company who manufacture the main drug, Avandir for treating diabetes. These were not a health campaign they were an advert for Avandir.

## **Cancer moralities**

Lung cancer is one of the biggest killers in the UK, over 43,000 people diagnosed in 2011. It is one of the types of cancer that we blame almost exclusively on lifestyle issues. There were 35,000 deaths from lung cancer in 2011 in the UK. Lung cancer is associated with behaviour and therefore

presented as a less deserving kind of cancer. The people who are dying from lung cancer have, to use the conservatism news value, 'brought it on themselves'.

Similarly with liver cancer. Usually associated with lifestyle and moral conservatism is a very powerful news value. The *Daily Mail* and the *Daily Express* both subscribe to the theories of moral conservatism.

### **Stories that never ran**

I work in the science department. I teach science journalism but I also work in a life sciences department. My research area is iatrogenic transmission of disease. Specifically, iatrogenic transmission of disease from medical treatments. I started off my original research looking at Creutzfeld-Jacob disease being inflicted on people by the use of human gonadotrophin, a growth hormone, and moved from that to Salmon myocalcin osteoporosis treatment increasing invasiveness in prostate and breast cancer and causing metastatic tumours to form in some cases before the primary tumour had fully formed. I also look at adverse reactions and injuries caused by drugs.

*Osteoporosis and cancer:* I had the joy of spending 6 years of arguing with Novartis pharmaceuticals who first and foremost were quite cooperative with me and then considered me to be at least one of the public enemies number one because I was attacking one of their best-seller drugs, Myocalcin. The scientific journals were full of hormonal treatments that can be linked to increased invasiveness in cancer. In one conversation I had with one of the scientists at Novartis I was dismissed as 'talking rubbish', she said to me 'there is absolutely nothing in the literature to support your argument that this increases invasiveness'. I replied that there was absolutely nothing in the literature except for the 183 papers I have quoted, so presumably you have not read the literature if you think there is nothing in it.

If you are correct, you are correct in two ways. Your drug will not work to treat osteoporosis either because it's exactly the same signalling pathway that treats osteoporosis which is causing the metastatic cancer invasiveness. This story was hardly in the press in the UK in spite of the fact that there was clear evidence within the medical journals that this particular treatment would increase cancer invasiveness.

What is the significance of that? If you are diagnosed with prostate cancer you have roughly an 80:20% chance of survival. So 80% survival. If you are diagnosed with metastatic prostate cancer it reverses: you've got a 20% survival rate, possibly with some fairly dramatic treatment to achieve that.

This story *has* run but nowhere near to the level it should have been.

*Selective serotonin reuptake inhibitors:* better known to the public as prozac or Seroxat, there is a whole range of them. Those drugs inhibit the liver antigen that metabolises the anticancer drug tamoxifen. If you taking Tamoxifen for breast cancer and you are taking SSRIs because you are suffering from anxiety because of the breast cancer the anti-anxiety drug will shut down at least

partially the liver metabolism for Tamoxifen. So while you are less likely to suffer from anxiety, the breast cancer drug is less likely to work. But at least you will die happy!

That we would expect to be a major news story. If it is a major news story it must mean that most clinicians do not read the newspapers or watch television because I have spoken to dozens of practising clinicians and hardly any of them was aware that prescribing SSRIs concomitantly with prescribing Tamoxifen was likely to cause the metabolism to break down.

The press failed in this case. When stories don't get run we don't get informed, we are all aware that going out in the sun for 35 seconds will cause us skin cancer, we are all aware that heating a piece of bacon 13 years ago is likely to result in us having bowel cancer. But nobody is aware from my experience of circulating around these real cancer risks. Certainly many patients who take these drugs are unaware of the side effects, some of which are fatal.