
Mediated realities

KETIL SLAGSTAD

ketil.slagstad@legeforeningen.no

Ketil Slagstad (born 1983), doctor and editor of the Journal of the Norwegian Medical Association.

There is no reason for health journalism to be less critical than other forms of journalism.



Photo: Sturlason

A meta-analysis investigating the efficacy of antidepressant drugs for acute, moderate to severe depression found that all drugs worked better than placebo (1). The study attracted huge attention both here in Norway and internationally: 'Doubts removed on the efficacy of the controversial drug', wrote the Norwegian health information website Norsk helseinformatikk (28 February 2018), 'Pop more happy pills' was The Sun's front-page headline (22 February 2018), and both Reuters (21 February 2018) and The Guardian (22 February 2018) reported that 'the drugs do work'. The first author claimed that the study gave 'the final answer to a long-standing controversy about whether anti-depressants work for depression' (2).

The meta-analysis, which was well conducted, is the largest ever undertaken on acute treatment of depression and deserves broad media coverage. However, none of the abovementioned articles reported the fact that 80 % of the studies had a moderate to high risk of bias, that an approximately similar proportion were funded by pharmaceutical companies, and that the dropout rate in the drug groups was high due to adverse effects, even though the researchers gave an account of this.

And above all – no one wrote about what the results mean in practice. The researchers pointed out that results from highly selective groups are not necessarily transferable to everyday clinical practice but did not report the effect size. It is relevant for society to know whether a greater or lower number of people should be given pills (among girls in the age group 15 to 17 years, there has been a strong increase in the use of antidepressant drugs (3)), and how many must be treated for one patient to benefit (estimated at around 8–10 (4)). The media failed as critical communicators of research.

This is not the first time: A review of one hundred American news articles on pharmaceutical drugs showed that superlatives such as 'breakthrough', 'gamechanger', 'miracle' and 'revolution' were commonly used. Half of the drugs were not yet approved by the Food and Drugs Administration and in one in seven cases the study was at a preclinical stage (5). When the results of research are oversold, journalists play an important role, but not only journalists: in half of the articles it was the journalist, and in one-quarter it was a doctor who was responsible for the vocabulary used. It is well known that researchers oversell or 'spin' results in academic articles (6).

From 1960 to 2010, American health journalism underwent considerable changes. While around one-third of health-related news articles in The New York Times and The Chicago Tribune in the 1960s focused on cases from professional associations or individual doctors (for example: "A.M.A. Bids Doctors Prescribe by Brand"), this applied to only 5 % of the cases from 2000 (7).

Use of academic articles as a basis for news reports is in stark contrast to this: a mere 5 % in the 1960s compared to around 20 % at the turn of the millennium. Although experts dominated the picture throughout the decades, researchers and representatives of the pharmaceutical industry replaced individual doctors and professional associations. And other actors were given a voice: the user organisations increasingly set the agenda. A shift occurred whereby conflict-ridden topics were more frequently covered, and uncritical or positive reporting

was noticeably reduced. Even though neutral reporting was generally most common, more positive than negative reporting was evident through all the decades. This distinguishes health journalism from other forms of journalism (7).

If the coverage of the article on antidepressant drugs is representative of Norwegian health journalism, then little has happened in the last 16 years. At that time, a review of news reports on new drugs showed that the articles were uncritically positive, with major deficiencies in referring to adverse effects and costs (8). Good science journalism requires dedicated journalists with competence in methodology (9). We also need to ask ourselves whether all criticism of health and science journalism is justified, because what in fact is the task of journalism? No journalists will agree that their role is to act as a mouthpiece for this or that person or body (10). Rather, modern journalism deals with elucidating conflict, exposing power relationships and functioning as a corrective force to political institutions. In debates on whether the state should finance new, costly drugs, it is easy to criticise the fact that considerable attention is devoted to tragic individual stories. On the other hand, what perspectives receive priority if these individual stories are not told? Would we prefer a type of health journalism that exclusively communicates the message of the health authorities, researchers or the pharmaceutical industry?

In order to understand the role played by health journalism in knowledge production in today's society – not least the media's combined role of informing the population and critiquing power – it must be understood on its own premises. There is every reason to criticise a tendency for health journalism to remain in a kind of 'sphere of consensus' beyond the political (7). Allowing more voices to be added, for example those of patients, is an exercise in the critique of power.

The media are not a mirror of reality, but rather producers of reality: modern health journalism deals with mediating information between various actors – experts, politicians and the population (10). With the increase in medical subspecialties, whereby research on highly selective patient groups is published in international journals, it is an important task for the national medical journals – such as the Journal of the Norwegian Medical Association – to critically assess and translate the results to a Norwegian context.

LITERATURE

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