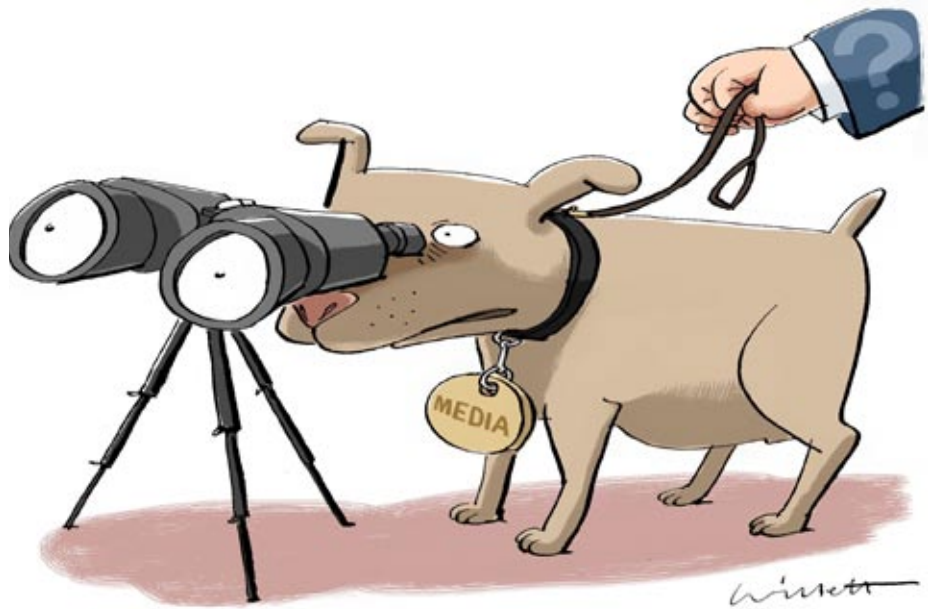


MEDICINE AND THE MEDIA

Who's watching the watchdogs?

Doctors should be wary of the increasing entanglement of medical journalists and the drug industry, warn

Lisa Schwartz, Steven Woloshin, and Ray Moynihan



As watchdogs the media play a vital role in highlighting interconnections between doctors, researchers, and the drug industry.¹⁻³ But who watches the watchdogs? Financial ties between medical journalists and for-profit companies they cover in their reporting have received little attention in the media or from the research community.^{4,5} Such ties warrant scrutiny, not least because many of us first learn about new treatments from the news media, and these reports can affect the way the public uses health care.⁶ The media also affect medical practice by influencing the medical literature: journal articles that get media coverage are more likely to be subsequently cited, regardless of the article's intrinsic value.⁷ To promote awareness and provoke debate we discuss three areas

of “entanglement”: education of journalists, awards for journalists, and the actual practice of journalism.

Education of journalists

Industry sponsorship of training and further education of journalists now occurs in a variety of contexts—universities, conferences, and professional associations—raising similar concerns to those that apply to education of doctors.

The University of North Carolina's master's degree in medical journalism, one of the first in the United States, has at least two important forms of financial relations with drug companies. Its post of Glaxo Wellcome distinguished professor of medical journalism is an endowed position created by a

grant from the company worth \$333 000 (£215 000; €260 000).⁸ Also, Pfizer offers a medical journalism scholarship at the university that aims “to improve the breadth and quality of reporting of health and medical issues in minority or disadvantaged communities.” The scholarship is worth \$28 000 a year and also offers healthcare benefits.⁹

The current Glaxo Wellcome professor, Tom Linden, told the *BMJ* that his salary was paid directly by the university, that no strings were attached to either of the sponsorships, and that sponsors had no input into the programme. Professor Linden, who acted briefly as a consultant to Glaxo in the late 1990s and is currently making a television documentary with his students that is partly funded by Pfizer, said he was grateful for support for the programme from the industry. “As long as the funding has no strings attached,” he said, “then I don't think one is compromised by receiving funding from any particular industry.” Although there is no suggestion that this sponsorship has influenced the university's curriculum, we think that it could send a symbolic message to students and engender a subtle sense of loyalty to the industry.

Like some university programmes, the American Medical Writers Association, whose members include reporters and public relations specialists, receives sponsorship from the drug industry.¹⁰ Eli Lilly was a key sponsor of the association's 2008 annual conference, and the company also sponsors its student scholarships. Its president elect, Cindy Hamilton, said that although her organisation accepted sponsorship for receptions and certain meals at conferences, all sponsorship of speakers must be approved by the association's executive committee, to

Medical journalism awards funded by drug and healthcare companies

Sponsor and award	Purpose	Nature of award
Eli Lilly and Boehringer Ingelheim's Embrace award ¹²	Global initiative that recognises accurate, responsible and sensitive reporting on urinary incontinence	Trips to Washington, DC, and Paris
Roche international award for obesity journalism ²⁷	Global initiative to recognise excellence in reporting on overweight and obesity	Two prizes of €7500 and a trip to attend an international obesity congress
Boehringer Ingelheim Eloquium COPD communication award ¹³	International initiative to recognise journalists who extend the public's awareness and understanding of chronic obstructive pulmonary disease	€5000
Eli Lilly's Luminous award ^{28, 29}	To recognise outstanding journalism in the field of oncology around the world	Seven day international trip for two or a cash donation of €10 000 in form of a scholarship in winner's name
Pfizer's Eureka prize for health and medical research ³⁰	Given to an Australian journalist or communicator who effectively and accurately communicates medical or healthcare research to the Australian public	\$A10 000 (£4500; €5200; \$6600)
GlaxoSmithKline Irish medical media awards ³¹	Given to Irish journalists in categories of print, broadcast, commercial electronic media, and consumer broadcasts	€1000 for each category winner, €3500 for overall Irish health journalist of the year, and €2000 for young Irish health journalist of the year
International Osteoporosis Foundation journalism awards ³² (unrestricted educational grant from Roche and GSK)	Outstanding print reporting about osteoporosis (separate awards for general press and medical journalist)	\$300 to \$5000; first place winners receive an all expenses paid trip to the foundation's world congress

maintain balance and reduce bias. As in the case of continuing medical education of doctors, sometimes sponsors play a more active role in the content of sponsored education. For example, at a large conference of ethnic minority journalists in 2008, a well attended lunch focusing on diabetes was sponsored by the maker of a diabetes treatment. According to a *Wall Street Journal* blog the company selected speakers and set the agenda, although panellists came up with their own presentations.¹¹

Journalism awards

One of the more astonishing forms of financial ties between journalists and drug companies is the sponsored award, which often involves lucrative cash prizes or opportunities for international travel (see table).⁴ For example, Eli Lilly and Boehringer Ingelheim have cosponsored an award for “reporting on urinary incontinence,” carrying a prize of international travel.¹² Boehringer has an award for reporting on “chronic obstructive pulmonary disease,” offering prizes worth €5000 each,¹³ Eli Lilly one for reporting on oncology, and Roche one for “obesity journalism,” with a prize of €7500.

Sometimes awards are sponsored by organisations that are themselves heavily funded by industry, such as the non-profit Mental Health America. Its 2007 annual report shows that almost half of its funds came from drug companies, including more than \$1m each from Bristol Myers Squibb, Lilly, and Wyeth.¹⁴

Studies of similar interactions between the industry and medical professionals show that they can produce feelings of reciprocity in the beneficiary and can affect prescribing judgments,¹⁵ and we believe that journalists who accept such prizes may be engendering conflicts of interest for themselves.

The practice of journalism

The *BMJ* has previously reported incidents where public relations firms advertise for freelance journalists to write stories for trade publications and drug companies directly sponsor video material featuring high profile broadcasters presenting what looks like news but is more like promotion.^{16 17}

A powerful contemporary example of entanglement involves a television network called Accent Health (whose logo includes the words “Your target is waiting”), said to be watched monthly by more than 10 million viewers in US medical waiting rooms. The network, which is produced by CNN, overtly offers sponsors, including drug companies, the chance to boost sales of their

products.¹⁸ One of the hosts is Sanjay Gupta, CNN’s chief medical correspondent and host of at least one other CNN health programme that is funded partly through drug company advertising. Although Dr Gupta’s reporting on sponsors’ products has drawn some isolated criticism,¹⁹ he has stated publicly that sponsors never affect his news judgment.

One of the most subtle aspects of entanglement occurs when companies, their public relations specialists, or sponsored patients’ groups provide patients for journalists to interview to add a “human dimension” to stories. The problem with these compelling anecdotes of treatment success is that they may represent the exception, rather than a more typical experience, potentially misleading audiences. A similar problem is quoting industry linked sources, such as patients’ groups or “key opinion leaders,” without disclosing their financial ties to the industry. A recent international survey indicated that two thirds of charities and patients’ groups get funding from drug or device manufacturers,²⁰ and an analysis of news reports found that when experts or studies with industry ties were quoted, these ties were disclosed in less than 40% of the stories.²¹

A way forward?

These examples raise disturbing questions about relations between the industry and medical journalism, notwithstanding uncer-

Three ways to disentangle financial ties between medical journalists and healthcare industries

Education of journalists

Training and further education of medical journalists should not be funded by the healthcare industries that the journalists cover, whether the education is delivered by universities or professional associations.

Journalists’ awards

To avoid real or perceived conflicts of interest medical journalists should not accept from the healthcare industries they cover any awards, scholarships, gifts, travel, special treatment, or anything that could be seen as affecting what or how news is reported.

The practice of journalism

Just as medical journals require disclosure of conflicts of interest, medical journalists should disclose any financial or non-financial assistance from the industry in researching or writing their stories, including identifying quoted patients and experts with ties to the industry. Conflicts of interests of sources should routinely be disclosed.

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tainty about their extent or effect. Growing evidence from the biomedical literature indicates that industry sponsorship matters, because it is associated with more favourable research outcomes and because interactions with the industry result in more prescribing of the sponsor’s drug.^{15 22} We suspect that entanglement may also matter in journalism.

To enhance the credibility of medical journalism some action could be taken now. Our three simple suggestions (see box) build on basic principles already advocated by journalists’ organisations and media outlets.^{23 24} We suggest that journalism educators should not accept funding from the healthcare and drug industries, that journalists should not accept gifts, awards, or any financial support from the industries they cover, and that journalists should routinely disclose their conflicts of interest and those of their sources.

A way forward may be provided by the Association of Health Care Journalists, which has tough rules barring advertising or sponsorship from private, for-profit healthcare entities, including drug companies, device manufacturers, and insurers.²⁵ And it is encouraging that some media outlets are now asking reporters to routinely report conflicts of interest of quoted sources.²⁶

As researchers and writers acting to improve medical journalism, we encourage journalists, educators, and professional associations to scrutinise their own relations with the industry as intensely as they do those between doctors and drug companies and to develop workable solutions. And, if they are to be good watchdogs, journalists need to mark their territory and clearly establish boundaries between themselves and the industry to avoid unhealthy entanglements.

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BODY POLITIC Nigel Hawkes

National obesity strategy: what's the big idea?

The government's newest strategy on obesity is so laden with jargon that it's hard for non-experts, including the media, to understand what it is all about

Governments, after a decade in office, face the problem of launching new initiatives into channels littered with the rotting hulks of earlier great ideas. Naturally, ministers hope that the public and the media will have forgotten that an unsolved problem has been tackled before, with often exactly the same rhetoric being used. They are usually right: memories are short, and the huge payroll vote commanded by a government—ministers, academics, advisers, and the whole Greek chorus of sycophants among the commentariat—can persuade the public that this time things will be different.

These gloomy reflections were triggered by Change4Life, the government's latest attempt to turn the tide on obesity. If glossy logos could make fat people thin, the Department of Health would have the problem licked. It has devoted a whole report to the Change4Life brand, detailing when it can and cannot be used. (Example: you could promote some new programme for preschool children as Toddle4Life, but you couldn't sell bariatric surgery as Tummy4Life.) Such are the strictures that I am not even sure that the *BMJ* would be within its rights to illustrate this article with the logo, in which the letters of the word life are depicted as a series of human forms in various positions suggestive of activity: standing arms aloft, heading a football, balancing on one hand, and curved into the form of an E (www.nhs.uk/Change4Life). It all looks very uncomfortable.

Change4Life is not a plan, initiative, or programme. It is, heaven help us, a "movement." In the past, movements, even the Labour movement itself, have been bottom-up stirrings of the disaffected. Now Labour has purloined this noble word to lend credence to a top-down Department of Health propaganda campaign. Even its cutesy title is designed to make it seem modern, in tune with the texting generation.

Behind the plan is a new paradigm

of what causes obesity. In a nutshell, it is that nobody is to blame, but everybody is. Those least responsible of all are people who have become fat. They are the victims of an obesogenic environment in which plentiful food and a sedentary lifestyle have caused them to put on weight, as if they are in a daze. I have no desire to be characterised as fattist, but I think this explanation lacks a degree of credibility.

This theory's clearest exposition was in the report *Tackling Obesity: Future Choices* (*BMJ* 2007;335:789), published this time last year by the Government Office for Science's Foresight programme. At its core was a diagram of the interactions of food and activity so complex that it made quantum electrodynamics seem like a stroll in the park. This diagram, with its whirling lines and strange conjunctions, a bit like Miró on an off day, reminded me of an exchange I heard at a House of Commons select committee in the 1970s involving Denis Healey, then defence secretary. An MP had suggested to Mr Healey that the organisation chart of the Ministry of Defence was a bit of a tangle. "Yes," Healey replied in a flash, "but so's the back of a transistor radio, and that will play a pretty folk tune."

Will Foresight's chart play a pretty folk tune? It ill behoves anyone to be critical of a thorough examination of a social problem—it must be better than a shallow examination, I suppose. But the danger of wrapping an issue such as obesity up in the language of sociology and systems analysis is that it all begins to seem impossibly complicated. It is as if one needs to solve all the problems of society to tackle one relatively small sub-problem. So the government's strategy includes food supply, education, the design of towns, primary care, walking kids to school, tackling false perceptions, counselling, old Uncle Tom Cobley and all. Isolated initiatives are futile, said Foresight.

That must have been what was wrong with an earlier attempt to deal



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with health inequalities and encourage a healthier lifestyle, "health action zones," the big idea of 1999. The Health Development Agency (now no longer with us) attempted to draw lessons from health action zones in a report just two pages long, many fewer than it takes Change4Life to explain its logo. There don't seem to be any lessons, once the usual NHS verbiage is cleared away with a machete.

The same, broadly, is true of the "healthy living centres," funded by the National Lottery to the tune of £300m (€350m; \$440m). When asked in January this year how many of the 350 centres that were set up remain in operation, the health minister Dawn Primarolo said it wasn't her job to answer. The department "has no direct relationship with healthy living centres in England," she said, referring the questioner to the New Opportunities Fund. In fact, the lottery money was intended only to be pump priming, with the NHS taking over support when it ran out. In some places that has happened; in others it hasn't.

Change4Life is bigger, better, newer, and has lots more "stakeholders." But its supporters, who include many real experts in nutrition and obesity, raise their eyebrows when the press, presented with the whole forest consuming package, try to distil it into something readers might understand. The *Sunday Times* focused on a shock tactics advertising campaign planned for the new year and on towns selected as "healthy living" centres (that rings a bell), the *Daily Mail* on parents being paid to walk their children to school. Wrong, wrong, wrong, says Change4Life: as usual, the media have got entirely the wrong end of the stick. But given the way that obesity has been smothered in jargon and turned into a doctoral thesis, it's a miracle that the poor journalists found a stick at all.

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