The medical newspaper

JERRY COWHIG

Most British general practitioners read three glossy medical newspapers every week, each of which may have about 100 pages. Other means of communication may carry greater influence, such as review and learned journals, medical meetings, and contact with colleagues, but the free newspapers are the largest and most accessible source of information used by the British GP today. They are the bread and butter reading of the present generation of family doctors, and hence they lie right in the middle of our subject—medical communication: the old and the new.

What are these publications? Why do they exist and what are their aims? To answer these questions we must set the scene by looking at the whole range of free medical publications. At least a score of free publications fall regularly through the GP's letterbox. Arriving every week are the three newspapers—*Pulse*, *General Practitioner*, and *Doctor*—as well as *Medical News* (now in magazine-size format) and the *BMJ* (free to members). Three more periodicals arrive fortnightly, and about 10 more monthly, depending on how far down the scale of importance one wishes to travel.

The launch dates of the main surviving publications (table I) reveal phases in their development. The nineteenth-century pair,

TABLE I—Launch dates of the main surviving GP publications

1840	<i>British Medical Journal</i>	1966	<i>BMA News (Review)</i>
1868	<i>The Practitioner</i>	1968	<i>Update</i>
1954	<i>Journal of the Royal College of General Practitioners</i>	1971	<i>Doctor</i>
1956	<i>Medical Digest</i>	1971	<i>Medicine (International)</i>
1956	<i>Modern Medicine</i>	1971	<i>Modern Geriatrics (Geriatric Medicine)</i>
1959	<i>MIMS</i>	1973	<i>British Journal of Sexual Medicine</i>
1959	<i>Pulse</i>	1974	<i>Mims Magazine</i>
1962	<i>Medical News</i>	1975	<i>Journal of Maternal and Child Health</i>
1963	<i>GP (General Practitioner)</i>	1980	<i>Medeconomics</i>
1965	<i>World Medicine</i>		

plus the *Journal of the Royal College of General Practitioners*, represent the traditional learned journal. American imports in the mid-1950s brought the start of the giveaway idea, which generated its most original and lasting creations from 1959 to the 1960s. All of this middle batch—*Pulse*, *Update*, and so on—broke new ground and were generally able to pursue wide-ranging editorial policies. The last half-dozen or so, since 1971, are notable in that each is in some way specialist, demonstrating a search by publishers for decreasingly small niches in the GP's professional interests. In addition to these, several have come and gone, especially in the past 10 years, lacking sufficient interest from readers, advertisers, or both.

Many other publications are, of course, available from various sources. A few GPs subscribe to the *Lancet*, the *New England Journal of Medicine*, or (through membership) the *Journal of the Royal Society of Medicine*. There are official and semi-official publications distributed free of charge, such as *Drug and Therapeutics Bulletin*, *Prescribers Journal*, the new six-monthly *British National Formulary*, *Health Trends* (in Scotland, *Health Bulletin*), and the excellent *OPCS Monitor* series. There are publications for Welsh, Scottish, and overseas-trained doctors, and others distributed by individual pharmaceutical companies.

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Here, however, I will concentrate on the main publications for GPs as listed in table I, which may be regarded as the "GP market" in publishing. Their characteristics are: they are widely circulated and widely read; they compete for readership; they compete for pharmaceutical advertising; they rely on advertising for their income; they are distributed free. The last two of these characteristics apply only with some qualification to the *Journal of the Royal College of General Practitioners* and the *BMJ*, but they nevertheless have more similarities to the rest of the group than differences.

Are they read?

Surveys of readership are subject to the same reservations as any other kind of survey. Perhaps more so, for general practitioners are now often canvassed by market researchers and there is evidence that they are increasingly reluctant to devote time and thought to their responses.

Nevertheless, publishers, editors, and advertisers place considerable reliance on readership surveys, of which one is paramount. The JICMARS National Medical Readership Survey (the initials stand for Joint Industry Committee of Medical Advertisers for Readership Surveys) is published three times a year. The sample is about 400 doctors, or 1200 for cumulative annual totals.

Since its inception in 1978—and the same was true of its predecessors—the JICMARS survey has shown the two leading medical newspapers, *Pulse* and *General Practitioner*, to have the highest readership of all publications seen by the GP. Their average issue readership—the proportion of GPs estimated to read or look at any single issue—has consistently lain between 70 and 75%. A much higher proportion of family doctors, virtually all, read these publications sometimes. Approximate readership figures for all the main publications are shown in table II. (The table does not show *Medical News* or the *British Journal of Sexual Medicine*, which have withdrawn from the survey; or *MIMS*, where "readership" measures cannot be applied.)

TABLE II—Readership of the main GP publications: the average issue readership is an estimate of the percentage of GPs who, on average, read or look at any single issue of a publication. The publications fall into four broad bands (JICMARS 1982)

Average issue readership (% of GPs)	Publications
≥70	<i>Pulse</i> (W), <i>General Practitioner</i> (W)
60 ± 5	<i>BMJ</i> (W), <i>Update</i> (F), <i>Medeconomics</i> , <i>Practitioner</i> , <i>Doctor</i> (W), <i>Mims Magazine</i> (F), <i>BMA News Review</i>
40–50	<i>Modern Medicine</i> , <i>World Medicine</i> (F), <i>Medicine International</i> , <i>Geriatric Medicine</i>
30 ± 5	<i>Medical Digest</i> , <i>Journal of Maternal and Child Health</i> , <i>Journal of the Royal College of General Practitioners</i>

W = weekly; F = fortnightly; others are monthly.

Pharmaceutical advertising

The purpose of readership surveys is by no means the personal gratification of editors, although one is admittedly encouraged by good results and motivated by poor ones. Rather, their purpose is to help pharmaceutical companies and their associated advertising agencies to decide how to spend their "media" budgets. The money at stake is considerable; indeed, pharmaceutical advertising is entirely responsible for the continuing existence of the free GP publications.

Under an agreement made with the Labour Secretary of State for Health and Social Services, David Ennals, in 1977, the pharmaceutical industry is allowed to spend 10% of its turnover on sales promotion. The precise formula for the current year is 7% of turnover plus £550 000, enabling small companies to spend a higher proportion than larger ones, but the intention is an overall 10% across the industry.

Drug prescribing by GPs in 1981 earned manufacturers about £1000m. Hence about £100m was available for promotion, and the companies spent about £21m in buying advertising space in the top 20 or so GP publications—that is, 2.1% of their turnover. (In passing, the equivalent figure in advertising in hospital journals was just £4m, reflecting the fact that hospital doctors prescribe only 20% of NHS drugs.) That figure of 2.1% of turnover spent on journal advertising can be expressed per GP. According to the recent Review Body report, there were 29 240 GPs in Britain in 1981, including assistants, trainees, and other such categories as well as principals. Dividing that number into the sums of money given above, one can see that in 1981 the pharmaceutical industry spent £60 per GP per month on journal advertising, in an attempt to influence prescribing worth £2850 per GP per month.

I expect that I have successfully supported my earlier comment that the sums involved in my business are considerable, and in drawing attention to them I may invite criticism. They are, however, an inevitable, necessary, and in my view defensible function of the independent profit-based pharmaceutical industry in Britain, which enjoys the support of almost all doctors and which earns the country more than £500m a year in net balance of trade. Whether, in directing such sums of money to the free publications, the industry is spending its resources effectively depends on one's opinion of the publications—a question to which I shall return.

The newspapers

Since the medical newspapers are the most prominent and popular items in the doctor's free mail, it is appropriate to consider them in a little more detail. Such newspapers are not, incidentally, a peculiarly British phenomenon. They exist in many other countries, including the United States, Canada, Ireland, South Africa, and, not least, the Continent of Europe: Italy has a daily medical newspaper; France has two.

In Britain, the typical format of a medical newspaper includes a substantial news section, covering everything of conceivable interest to the practising GP, especially in recent years medical politics and negotiations on such matters as alterations to the Red Book. Feature articles, written by both journalists and doctors, also range widely and are the parenchyma of the medical newspaper. They are, incidentally, a source of income to some practising doctors who have discovered that editors pay by the word. The so-called "clinical" content—the term is misused to mean articles on diagnosis, treatment, and all other aspects of medical art and science—is perhaps underestimated. In my own paper, for example, at least six pages a week are devoted to a review of one area of medicine, and there are also news-style pages on developments in research and in medicines.

In my opinion the review section is as valuable as equivalent articles in the more "medical" publications such as *Update* or *Modern Medicine*, while the medicines and research pages provide information that would not otherwise be readily available and in a manner that is independent of bias from the pharmaceutical industry—despite the battles which such a policy often causes.

I cite my own paper only because I know it best. The others pursue similar policies, often occupying even more pages with "clinical" articles, and in some other countries such articles make up virtually the entire content of medical newspapers, with blanket coverage of conferences as a staple diet, apparently regardless of the originality of the papers presented.

These primary ingredients of news, features, and clinical

articles are spiced with quizzes, diary columns, classified advertising, and the other elements characteristic of any newspaper. In general, editors aim at achieving a "trade paper" for the busy doctor.

It may be clear from the role of advertising in the genesis of medical newspapers that advertising is also responsible for their considerable size. Few publishers decline advertising bookings, and the editor can be presented with problems which increase with the success of the publication. When one's newspaper expands first to 48 pages, then to 64, 80, or even 100 pages, one has to work hard to find ways of filling the editorial space with readable material. Although that could become a chore, in reality it must not be because one must strive to devise new approaches. And in this circumstance some highly successful and valuable content has been generated.

For example, the series of In Practice supplements in *General Practitioner*, which have appeared every autumn since 1976 on aspects of practice management, were first occasioned by the need to fill an expanding number of pages, and they quickly became a useful source of reference.

In editorial policy one must always aim for maximum readership, yet bear in mind one's responsibilities. One well-known doctor once asked to be removed from the mailing list of my paper because, he wrote, "medical newspapers pander to the worst prejudices of GPs." There is certainly a danger that in the attempt to attract readers one will exaggerate the dissatisfactions of general practitioners and massage their prejudices. That way one buys readership, and we all do it. But one can do a little more. As long as one is convinced—as I am—of the fundamental strength and high standard of NHS general practice, and reflects that in the columns of the newspaper, then one can also sometimes offer a little push in a forward direction. I would hesitate to write a bombastic leading article telling GPs how to behave; that is a sure way to end up in the rubbish bin. But by subtle and cautious writing, founded on the best available advice, one can hope to encourage good practice, whether on the subject of prescribing, for example, the responsible delegation of duties, or self-audit. One particular example relates to the pay of ancillary staff: I believe that the publicity given by medical newspapers to fair salary scales (of which, after all, the practice pays only 30%) has helped to transform the pay of receptionists in recent years.

Do the papers justify their existence?

The medical newspapers have traditionally been known as "comics," "throwaways," or at best "giveaways" (which they are). The BMA's excellent press office has on occasion used the term "paramedical press," and these days refers rather inelegantly to "the independent medical press."

All these labels, the frankly dismissive and the euphemistic, reflect the cuckoo-like intrusion of the publications into the doctor's postbag. Once the most pejorative descriptions were justified; today I hope they are less so. Through a combination of commercial competition and experience, the newspapers have come closer to providing an appropriate service to their intended audience. By now it is just about respectable to admit that one reads *General Practitioner* or *Pulse*. That may be regarded not as an end point but as a beginning, from which the papers may come to occupy a permanent place in medical communication.

Earlier I referred deliberately to the money involved in the free medical periodicals. It is crucial to their assessment. If they—that is, if I and my counterparts—are not doing a worthwhile job then the money is wasted. On the other hand, the money may be regarded as an opportunity. In medicine, perhaps especially in general practice, there is acknowledged to be a substantial need for communication, for information, and for education. Through the pharmaceutical industry's decision to spend a small part of its promotional budget in periodicals, an opportunity exists to satisfy that need. It is unfortunately evident that one could in recent years—and to some extent still can—make

money by publishing in this field without much regard to genuine need; but that temptation imposes a *greater*, not a lesser, responsibility on publishers and editors to attempt to fulfil a useful role.

In so far as we are doing a good job, I hope the medical profession is now more willing to accept the free medical press. If we are not yet earning our keep, then ultimately only the profession has the power to insist on a better standard, both by its criticism and by greater involvement.

Postlude

I welcome the opportunity to set on paper some facts and some thoughts about the free medical press, because considering

the size of the phenomenon it is remarkably little recorded. The few references in formal journals in recent years have been disappointingly inaccurate, especially in view of the vast amount of information privately available to publishers, advertising agencies, and pharmaceutical companies.

I have given only the most superficial summary of such information—for example, on finances and readership evaluation. There is much, much more which comprises the daily work of hundreds of people. Yet even the barest facts may be fresh to the public view—and they should be better known. For there is a danger that this gigantic publishing, advertising, and medical phenomenon will continue to go unrecorded, and, more important, uninfluenced during its progression by the group of people to whom it should be of the highest importance—the medical profession.

The role of television

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The scene, an operating theatre. A surgeon is surrounded by green-gowned figures. He is about to perform a heart transplant operation and asks one of the figures which of them would like to make the first incision. No one volunteers so the scalpel is handed to one of the reluctant bystanders. "You do it. You're from Guy's aren't you?"

"No Sir, *Sunday Times*, actually, I'm writing an article about the operation."

The surgeon offers the scalpel to another figure, who eagerly prepares to make the incision until he is identified as the *Sunday Times* photographer. One by one, the other participants around the table are identified as a man from "World in Action" and a correspondent from *Caravanning and Camping*. Finally, the patient sits up and announces that she is ITN reporter from "News at Ten."

It is all good harmless fun and actually a sketch from BBC TV's "Not the Nine O'Clock News." However, a topic has come of age when it can be parodied in a television comedy programme. The reality is recognisable enough by a wide range of people for a good parody to arouse a reaction.

Medicine and the media, particularly the broadcast media, have become linked. Each has something to say about the other, and neither utterance is usually complimentary. The media accuse doctors of complacency, authoritarianism, self-interest, and organ grabbing, while doctors see the media professionals as irresponsible, sensationalising, trivialising, and superficial. However much medical criticism of the broadcast media directs its attention towards the content of programmes, the impression is often given that it is the medium itself that is under attack. The suggestion is that the act of presenting images and sounds of real people saying and doing things to be witnessed in every home in the nation is somehow reprehensible in itself, particularly when applied to medicine. I do not propose to pursue the merits of that case in this article, since it is not central to my theme. It is, however, relevant. If television is to contribute to the future of medical communication it will do so initially against a background of prejudice and ignorance. Many doctors do not watch television, or say they do not, but are very certain about

what is wrong with it. How then can they be persuaded that it does have some uses in their own field and that it will be of increasing value to them in the future?

Education, information, and entertainment

Let us first look at the purpose of medical communication. Printed medical communications have several purposes. Firstly, there is the placing on record of original research or hypotheses. Secondly, there is the review of progress in various medical fields, served very well by the sort of leaders that the *BMJ* and the *Lancet* produce. Thirdly, there is the continuing presentation of views from doctors in practice about their experiences—experiences which they feel will benefit others by being shared. This may sometimes contain original research but not necessarily. Fourthly, there is communication in the political field. This sort of coverage occurs in the *BMJ* obviously, as the organ of the BMA, but is also a staple part of other medical newspapers and journals such as *General Practitioner*. Fifthly, there is the more traditional type of journalism as applied to medicine in which, on a basis of interviews and observations made by a particular writer, a report is presented which summarises some aspect of modern medical practice in a way which is readable and entertaining. At its broadest these types of communication can be summarised as education, information and, even for doctors, entertainment.

Can the special qualities of television be used to enhance the effectiveness of any of these types of medical communication? I use the word "television" to cover the increasing use of non-broadcast video techniques. As the applications of video technology grow, the gap between broadcasting, the BBC and ITV, and "narrowcasting," the use of video cassette machines to record and play back, will close. Already in the domestic field, what appears on your television set might be being transmitted at the time from a transmitter or could be coming from a video cassette of a television programme recorded yesterday or last week; it could be from a video cassette hired or bought from a shop and showing a film that has never been seen on television; or it could be some specialist video material specially prepared for your own interests by a company set up to use this new medium in the same way that publishers use printing. Indeed, your screen may also be presenting images and text that have never existed in reality but as computer-generated signals on Prestel, Oracle, or Ceefax.