and communication problem were similar in Derbyshire and the West Midlands. Communication problems were less likely if the call was made by a health professional (for example, general practitioner, carer, nurse) rather than by someone else (21/220, 9.5% *v* 461/1610, 28.6%; $\chi^2 = 26.4$; $P < 0.001$).

Comment

More than a quarter of emergency ambulance calls in this study had communication problems. Calls from mobile phones and payphones generated a higher rate of communication problems than those from land lines. Mobile phones, which are used increasingly,[5] may help to reduce the time taken to notify the emergency services but the advantages of this must be weighed against the high rate of communication problems.

The occurrence of communication problems related to the emotional state of the caller highlights the need to train call receivers in dealing with people in emotional states. Use of medical/technical terms, some of which can cause considerable confusion (for example, "unconscious"), as well as talking too quickly and without clarity, have been identified as areas in which training of call receivers is needed.

Use of a standard land line, appropriate training of public service personnel, such as police and fire services, and further public education about the information required when making 999 calls may reduce the extent of the communication problem.

We thank all the control room staff at West Midlands Ambulance Service NHS Trust and Derbyshire Ambulance Service NHS Trust for their help in this study; Tracey Cooper, Steve Elliker, Claire Caswell, and the control room supervisors at both ambulance services for their assistance; and Mrs Teresa Allan for her statistical advice during the design and analysis phases of the project.

Contributors: JH undertook the analysis and compiled the first draft of the paper. SW designed the study, assisted in the analysis, gave statistical advice, and helped write the paper. PB was involved in the design of the study, undertook the call monitoring and data entry, and was involved in writing the paper. MWC designed the project, undertook the data validation, and had a substantial role in writing the paper. MWC and SW are joint guarantors of the paper.

Funding: Laerdal Foundation for Acute Medicine.

Competing interests: None declared.

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(Accepted 21 May 2001)

Bad press for doctors: 21 year survey of three national newspapers

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BMJ 2001;323:782–3

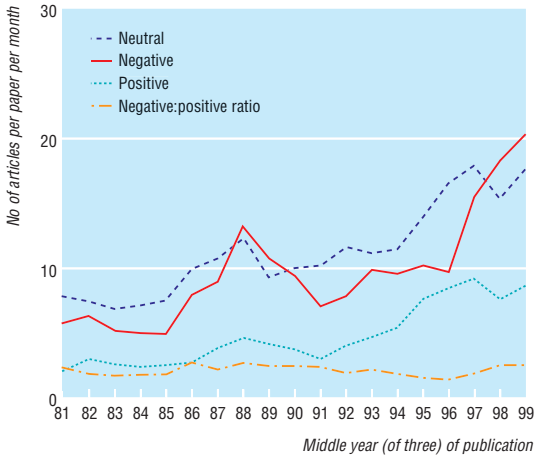
Many doctors believe that the media are portraying an increasingly negative image of doctors.[1 2] Is this true? An Australian study found that negative stories were counterbalanced by positive ones,[3] yet the newspaper coverage of the General Medical Council investigation into the Bristol paediatric cardiac surgeons was considered to be "emotive and largely hostile."[4] We tested the hypotheses that newspapers have published more negative than positive stories about doctors, and that the ratio of negative to positive stories has increased.

Participants, methods, and results

We studied the *Daily Telegraph*, *Guardian*, and *Daily Mail* so that we could include both broadsheet and tabloid newspapers, and newspapers with different political views. We studied all articles published in November, from 1980 to 2000, choosing November to exclude both holidays and winter bed crises, while parliament was sitting.

We examined either microfilmed editions of the newspapers or electronic databases (when available). We searched for the text words doctor*, medic*, surgeon*, and Dr (having rejected words that did not appear in articles in a pilot study). We counted and coded relevant articles as positive, negative, or neutral towards doctors. We also counted the number of lines in each article, adjusting for the difference between electronic and microfilmed articles. Each newspaper was assessed by a different author of the study. Where coding was not clear cut the article was reviewed by two other authors and a consensus reached. The blindly rated intercoder reliability for 1999 was 72% for total agreement and 100% for agreement by two out of three raters. To minimise year by year variance we calculated three year rolling means (figure), but all statistical analyses used the original data, which were not normally distributed.

The numbers of neutral, negative, and positive articles increased significantly over time (Pearson's $r = 0.49$, 0.52, and 0.44, respectively; $P < 0.001$). The median ratio of negative to positive articles was 2.33 (interquartile range 1.50-3.75) for the whole period, with no change with time ($r = 0.01$, $P = 0.96$). The median ratio of negative to positive lines was 2.98 (1.44-6.89) for the whole period, with no significant change with time ($r = -0.04$, $P = 0.74$). There was a trend over time for a smaller median ratio of negative to positive articles in the *Daily Mail* (1.75); ratios in the other papers were similar (*Telegraph* 2.7, *Guardian* 3.0) (Kruskall Wallis $\chi^2 = 5.07$, df = 2, $P = 0.08$), but there was no significant difference in the ratio of negative to positive lines ($P = 0.36$) in all three newspapers. The peaks in negative reports in 1986-9 and 1996-2000 were related to several incidents being reported at the same time (for example, practising doctors with HIV infections, and allegations



Stories about doctors in newspapers (*Daily Telegraph*, *Guardian*, and *Daily Mail*). Three year rolling means of neutral, negative, and positive articles per paper per month, and the ratio of negative to positive articles

of child abuse in Cleveland, in 1987; Dr Kervokian, Dr Shipman, and Mr Ledward in 1998-9).

Comment

Taken together, the *Daily Telegraph*, *Guardian*, and *Daily Mail* contained more than twice as many negative stories about doctors as positive ones, but there was no significant change in the ratio of negative to positive stories over time. The total number of articles about doctors increased over time. These data may have been peculiar either to November or to these newspapers, although there was a consistent trend over time in each of the three papers and no significant difference between the newspapers in their reporting. The newspapers currently have a high level of negative reporting, which may recede, as did the peak in 1989. These data suggest that UK newspapers respond to incidents, rather than deliberately campaigning against doctors. Although we did not directly measure the language used to describe doctors, we noticed that it seems to have become more negative. In spite of this, 89% of the public is satisfied with the way that doctors do their jobs.[5]

We thank Ms Marie Montague and Dr James Le Fanu for help and advice. This research was undertaken as part of the medical degree course at Queen Mary College for three of the authors.

Contributors: NA wrote the initial paper, with revisions from all authors. NA, TL, and VA collected the data. All authors helped to analyse the data, led by PW. PW initially designed the study, with revisions made by all authors. PW is the guarantor of the paper.

Funding: None.

Competing interests: None declared.

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(Accepted 23 May 2001)

Drug points

Exacerbation of angina associated with latanoprost

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Latanoprost is a prostaglandin F_{2a} analogue used to treat open angle glaucoma.[1] Ocular side effects include conjunctival hyperaemia, iris pigmentation, anterior uveitis, and cystoid macular oedema in patients who have had surgery for cataract. We report a patient developing an exacerbation of angina while receiving treatment with latanoprost for glaucoma.

A 73 year old man was referred with pseudoexfoliative glaucoma. He had peripheral vascular disease and ischaemic heart disease. His symptoms were well controlled with glyceryl trinitrate, amlodipine, and clopidogrel. He was prescribed latanoprost 0.005% eye drops once daily. Four weeks later he noticed the onset of angina within 45 minutes to 1 hour of instillation of the drop. He increased his dose of glyceryl trinitrate to alleviate the pain. Assuming that latanoprost was exacerbating his angina he stopped taking the drops. This ameliorated his angina. Over the next 10 days he rechallenged himself three times with latanoprost, and each time he experienced angina within an hour of taking the drug. We therefore discontinued latanoprost. His glaucoma is now controlled by dorzolamide eye drops, and his angina is now stable.

We know of no published report of exacerbation of angina by latanoprost. The Latanoprost Study Group reported no adverse systemic side effects,[2] and reports to the Medicines Control Agency are rare.

We postulate two possible ways that latanoprost may cause angina. Prostaglandin F_{2a} is a known vasoconstrictor—systemic absorption of latanoprost applied topically can induce vasoconstriction in coronary vessels, causing angina, especially in patients with unstable angina. Several prostaglandins, including prostaglandin F_{2a}, have been shown to induce hypertrophy of cardiac myocyte in an animal model by the expression of c-fos, atrial natriuretic factor and α skeletal actin.[3] Ventricular hypertrophy can lead to abnormally increased oxygen demand, thereby causing myocardial ischaemia and angina in an already compromised heart.[4] Although there is no quantitative proof of the angina in the form of an ST segment ischaemia on electrocardiography, our patient experienced worsening angina on rechallenge on three separate occasions.

We have reported this incident to the Medicines Control Agency and the manufacturer.

Competing interests: None declared.

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