**Ethical challenges and responsibilities in health journalism**

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**Abstract**

Health journalism is understanding and disseminating accurate and latest health-related information to the common audience, as well as playing the role of watchdogs. Health journalism plays an imperative role in gaining the attention of the key stakeholders of public health. Here we have discussed with examples the common pitfalls and pratfalls of health journalism with a specific focus on the ethical concerns from an Indian perspective. We have highlighted the role of the mass media, the audience, and the regulatory authorities in ensuring unbiased and accurate reporting of health-related news to benefit the common people and uplift the national health.

**Keywords:** Health journalism, media, ethics, conflicts,

**Introduction**

With the explosion of the internet, people are increasingly using it to acquire knowledge and information on everything, including on health-related issues. However, the credibility and accuracy of the information available on the internet is a serious concern. Scientific medical journals are considered a reliable source of health information. However, most of the content is incomprehensible to common people and not all of them are reliable either. In such a scenario, health journalists play an enormous role in curating and communicating accurate and latest health-related information from various sources to the public in simple language. Along with disseminating information, they are expected to play a watchdog role to safeguard public interest.

**Health journalism: some success stories and negative impacts**

Health journalism helps gain the attention of key stakeholders of public health. The news coverage of HIV/AIDS in the 1980s provides an example of how a significant health problem was little known to the public until journalists turned the spotlight on it (1). Mass media campaigns have been found to bring positive changes in mass behaviors related to addiction, physical activity, nutrition, contraception, immunization, breastfeeding, and so on. (2). In India, health journalists have also played a phenomenal part as whistleblowers against unethical clinical trials (3) and partnered to successfully implement the universal immunization programme and achieve polio eradication (4).

There are, however, multiple global instances where the role of health journalism was far from commendable. An example is an association between media coverage of suicides and new suicide cases in Japan (5). A British study found a drop in the antidepressant use following adverse media report (6). In India, eating disorders and substance use disorders have been linked to media reporting (7). The majority of these negative impacts can be attributed to inadequate and inaccurate content (8). These could be due to a combination of factors like educational backgrounds, skills (8), resource access, and scientific knowledge of the journalists (9). Other aspects that could affect the quality of reporting include organizational regulations, the geographical reach of the media, the length and style of reporting (9), and unwillingness of health authorities in providing information (10).

**An analysis of some ethical concerns**

Thecredibility of the source of health-related news is crucial. Often these are press releases from research centers or pharmaceutical companies promoting intermediate or low-quality evidence of uncertain relevance. As a result, some reports contain incorrect and even life-threatening recommendations (11). Even peer-reviewed medical journals could have inherent risks. Data accuracy and credibility issues coupled with ambitious conclusions and ‘bad writing’ negatively impact scientific integrity. When the source is not trustworthy, the featured news originating from it, quite expectedly, falls short of ethical and scientific standards. The harms caused by such news may have extensive medical and legal consequences.

Katharine Viner, editor-in-chief of The Guardian*,* observed that there was a drastic shift away from public-interest journalism towards ‘junk-food news’ and suggested that journalism was experiencing a fundamental shift in its core values (12). This shift is intensified by a step towards greater ‘news consumption’ rather than ‘news analysis’. While ‘packaging’ topics for ‘consumption’, health journalists often use an economic impact angle rather than the public interest angle. Unquestioning and biased coverage of promotional health materials has been a continuing concern. Use of non-specific, dramatic terms (“breakthrough”, “miracle”, “cure”, “complete”, “quick”, etc.) may be misleading and can cause harm.

A study of TV health news has documented the upsetting pattern of brevity, lack of well-informed and specialist health journalists, sensational and vague claims unsupported by data, exaggerated statements, news projection from a commercial viewpoint due to vested interests, disregard for limitations of research, unrealistic and pre-matured predictions from basic studies, unreliable sources, and limitations of health policy coverage (13). Another study reported that only 17% of health news in the media included comments from independent experts. Furthermore, 25% of these independent experts lacked the required expertise, and up to 33% of them had financial conflicts of interest influencing the news report (14) (Figure 1).

The issue of conflicts of interest can be at two different levels. The original source can be biased due to the vested interest of the investigators. A glaring example is the National Heart, Lung, and Blood Institute's National Cholesterol Education Project recommendation of life-long statin therapy for individuals who never had heart disease but are considered moderately at risk, based on a study in which eight of the nine physicians had financial ties to statin manufacturers (15). On the other hand, there are innumerable instances where the industry and corporate giants fund healthcare journalists resulting in less-than-completely-truthful coverage of important topics (16). This may lead to expanding the diagnostic boundaries of diseases and aggressively using news media to expand markets of interest, which is called as disease mongering. Such practice in India is detrimental as restrictions on drug dispensing are very limited and most individuals are not aware of disease mongering (17).

**Possible measured for improvement**

Health journalism has the potential to raise mass awareness, break barriers, and address social stigmas. Hence, rather than viewing health journalists antagonistically, health-care professionals and health system personnel are better served by accepting health journalism as a collective process in which both parties bear responsibilities for generating impartial and accurate news. Although it is true that personal medical advice cannot be substituted by health information from the media, it’s true that doctors benefit when their patients are well informed.

The Indian health system is infested with unqualified and/or unethical practitioners in the backdrop of unequal access to health care. With the existence of a large population of poor and illiterate people, it is no wonder that the Indian masses are easily and dangerously influenced by the media in health-related issues. In such a high-risk environment, apart from monitoring health information transmitted by the media, the government should ensure that all health-related promotional materials strictly adheres to Drugs and Magic Remedies (Objectionable Advertisements) Act 1954, Uniform Code for Pharmaceutical Marketing Practices, Advertising Standards Council of India codes, Press Council of India’s norms of journalistic conduct, and other rules, as applicable.

The onus of correct reporting and interpretation is primarily on the news media and journalists, although prudence and responsibility are expected from regulatory authorities and the audience. Journalists need to adhere to high standards and respect issues of privacy and confidentiality. The mass media’s presentation of scientific information must be accurate, clear, simple, accountable, and free from vested interests. Scientific reporting and promotional marketing should not be amalgamated. Sources should be checked for reputation and reliability, and all points which a reader needs to know should be duly addressed. It is the responsibility of the journalist to avoid disease mongering and provide critically evaluated information.

The news media could provide specialized training, and incentives to ensure high-quality reporting. Just as academic journals follow the norms laid down by the Committee on Publication Ethics, a similar code with an independent body to monitor and enforce it should be applicable to health journalism. Opting for service or support from specialized consultants in the form of an independent advisory board could further enrich the reporting quality and help vet all news related to health and lifestyle. An example of such collaboration between the leading media and educational organizations has been set by the UNICEF which conducts courses in health journalism to support the Universal Immunization Programme in India (18). These collective efforts could harness the potential of health journalism to benefit common people and build a healthier nation.

**Conflict of interest**

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**Figure**



**Figure 1.** When health journalism goes wrong [illustration: Scott Mickelson; reproduced from Schwitzer G, Mudur G, Henry D, Wilson A, Goozner M, Simbra M, et al. What are the roles and responsibilities of the media in disseminating health information? PLoS Med. 2005 Jul;2(7):e215; under the terms of Creative Commons Attribution License].