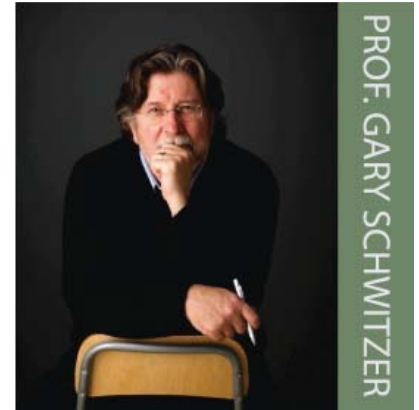




## Ask the Experts

*Gary Schwitzer*

Mr. Schwitzer is an associate professor at University of Minnesota School of Journalism & Mass Communication and publisher of HealthNewsReview.org, a website that assesses the quality and accuracy of articles on health and medicine. Since 2005, the Foundation for Informed Medical Decision Making has awarded Mr. Schwitzer grants to evaluate health reporting via the website. Mr. Schwitzer, who covered health news on TV for 15 years, discussed the relationship between health reporting and informed decision-making.



### Q: Is there a connection between health reporting and informed decision-making?

**A:** The improvement of health journalism really is tied to the potential improvement of the health decisions made by so many Americans. The connection is reflected in the career path I took.

When I became dissatisfied with day-to-day health journalism in 1990, I joined the Foundation for Informed Medical Decision Making as a staff member producing shared decision-making programs. I left in 2000 to become editor of MayoClinic.com. But it was my continued interest in improving health reporting that aligned with the Foundation's mission to improve decision-making that brought us back together as collaborators on HealthNewsReview.org.

The eligibility criteria for the stories we review on HealthNewsReview.org include the stipulation that the story includes a claim of efficacy or safety in a treatment, product, test, or procedure. During our first three years of experience, we found that 70 percent or more of the stories failed to adequately discuss cost or adequately discuss and quantify benefits and harms.

News stories can do an awful lot of harm with regard to informed consent and could be doing an awful lot of good. For example, good stories could help change the mindset of the "worried well" and re-educate people who have been given unrealistic expectations about unproven technologies that may be expensive and may result in more harm than benefit. I hope to encourage more journalists to embed in their stories some of the themes that the Foundation cares about, such as "more is not always better in health care," "newer is not always better," and "screening tests do not always make sense." How much more helpful the stories would be if journalists embedded those messages instead of the breakthroughs, sensationalism, and hype without evaluation of the things that a consumer would really need to be able to weigh the new idea against existing alternatives. I think we can help journalists to do a better job in this area.



**Q: What is the mission of HealthNewsReview.org?**

**A:** To improve the quality of health journalism and the flow of information to health care consumers, news consumers, citizens, and voters. Currently, the flow of health care information is like the gush of a fire hose blasting at an audience that's just looking for a sip to satiate their thirst. They're overwhelmed by the flood. And with the new presidential administration and congress talking about comparative effectiveness, I can just imagine that the worried well, with marketing forces driving them, will be primed to object with "You're rationing," at the first ruling of the clinical effectiveness agency. The news industry helped create a public primed to respond this way and it can help turn the situation around. A single well-placed story in the The New York Times or The Wall Street Journal, or on network television that emphasized the three ideas I mentioned earlier—"more is not always better in health care;" "newer is not always better;" and "screening tests do not always make sense"—could do so much to give us a smarter consumer population, news consumer population, and electorate.

**Q: Who conducts the reviews for HealthNewsReview.org?**

**A:** There are three reviewers for virtually every story and I'm always the last. The first two reviews are conducted by either staff from the Foundation, journalists, or medical editors who are physicians or experts in health services research or public health. All reviewers use the same 10 objective criteria

**Q: Data presented by Mick Couper, PhD at the Foundation for Informed Medical Decision Making's Research and Policy Forum in February 2009 showed that patients rate health care providers as their most important source of health information—even patients who use the internet a great deal as a source of information. Are patients accessing and using the articles to make health decisions?**

**A:** I haven't conducted a systematic analysis but the primary care physicians that I talk to universally say that they are swamped by people coming in asking about things they saw on the morning news or in the paper, or a magazine, or online. In a managed care environment with the clock ticking, to waste time during a visit breaking down some of the myths created by news coverage is a terrible use of resources and human capital. Some of those same people may complain about how long it will take to book their next appointment—this wasted time may be one of the causes for that delay.

**Q: Are people with a specific problem, such as early stage breast cancer, searching for information in the media? Are they coming up with poor or misleading information about their specific condition?**

**A:** Journalists have told me that they have to be far more savvy than before in constructing their stories to maximize the ability of search engines to find them—search engine optimization, or SEO—so while a person can find some good information from a thorough web search of the right sources, news organizations trying to increase viewership or readership are finding more ways to get their stories to come up first when a person searches. So if you do a search on statins, for example, somewhere in the top 10 results there will likely be several news stories—if these are good news stories, that's great. But our evidence has shown that most of them are not.



**Q: You have said that there has been some improvement in the quality of health news stories over the past few years. What have your data shown?**

**A:** During the three years of our existence, seven of the ten criteria have shown improvement and those seven include the five weakest ones. It's a small improvement but the fact that all five of the worst improved seems important, especially given the environment of the news industry right now.

It could be that cut backs in news room staff have led more organizations to rely on Associated Press (AP) stories. Some of the best health journalists happen to work for the AP. However, local news stories need to be covered locally—and unfortunately those local stories are often the ones that are most problematic. For example, the Columbus Dispatch in Ohio ran a story about a man who “had to go all the way to Florida” to get prostate cancer treatment with a proton beam therapy because there are only five of the machines in the country. The story pointed out that there were plans to build two proton beam facilities in central Ohio, but never discussed cost, clinical effectiveness, efficacy, or resource allocation. What's wrong with having to travel to Florida or only having five facilities in the country, when we don't yet have the evidence of effectiveness? These machines are at least a 100 million dollar investment and require a linear accelerator the size of a football field.

**Q: So there's an underlying assumption by many of us in this country that more is better?**

**A:** Right. When I write about the fact that we spend in this country 16 percent of the gross domestic product (GDP) on health care, which is twice the proportion spent in other developed countries, people often respond, “What's wrong with that? We should be proud of that.” The problem is that we don't see advantages in health outcomes to justify such enormous expenditures. As the former senator Tom Daschle wrote in his book, *Critical: What We Can Do About the Health Care Crisis*, we came in 37th in the world in the Olympic medals race, we wouldn't stand for it, but somehow it's okay that the U.S. ranks 37th in the world in infant mortality.

**Q: What is the effect of the contracture of health journalism, with more and more newspapers folding or laying off staff? Does it affect the quality of what's written about health? Does it heighten the pressure on journalists?**

**A:** Absolutely. Health journalists are a proud but battered bunch. If you take any group of workers and start taking away one, then two, then three workers, the workload changes. Many journalists are now being asked to take on additional tasks, such as multimedia producing, often on top of their previous work and often without any additional compensation. And they're being told to file for the web first, then go back and write the pieces for print or broadcast.

**Q: Do you think the improvement you've seen over the last three years is related to the fact that HealthNewsReview.org is providing these reviews?**

**A:** We just don't know. I'm slow to claim a connection because there are so many factors at play and we don't review the stories from every news organization every day, so there's a good chance we're going to miss some stories—both good and bad. I'm not apologetic about that because there is no one else in the country is doing what we do. But to see small progress across all the weakest areas at a time of the worst economic pressures on newsrooms that corresponds to the time of our existence...some people would say it suggests a connection.



**Q: Do you have any anecdotal information that reporters are looking at the reviews on HealthNewsReview.org or that they're influenced by the reviews?**

**A:** A writer for the AP recently told me that she keeps a checklist of the criteria at her computer and that the list helps her to remember to include two elements in her stories that are easy to overlook: cost and alternative options. Because of the reach of the AP, I like to use her experience as an example. I'm still surprised at how many journalists haven't heard about us yet. I think we've just scratched the surface of what we can do.

It may also be worth noting that the most frequent feedback I get from health journalists is "Why aren't you reviewing us?" That tells me that they yearn for the kind of expert independent perspective that we try to bring to these story reviews—an expertise they can't always find in their own newsrooms.

