"Medical Journalism: A Look Inside the Television Tent"

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Medical Reporting and/or Journalism and Medical Care

- What Do They All Have in Common?
Communication with Others – Listening to and Relating the Stories of People and the Diseases Affecting Them
The Viewing Public

- 60% of American claim a medical story led them to consider changing their behavior
- AMA poll – 80% get their medical information from TV or print vs. 11% from physicians
- 80% of those using the Internet spend part of their time searching for health information
Media Outlets

- Print-newspapers & magazines
- Radio
- Internet
- Television
Internet

- News from the Internet - 65% of college students
- Most immediate
- Space is unlimited
- Starving for content – let the reader beware
- Video – 3 hrs/mo; 4 hrs via phone
Television

- Primary news source
- Large audience – 151 hours/mo
- Most believed
- Strong visual impact
- Forced to watch a story
- Simplified message
Existing Viewers

- Short attention spans
- Numerous TV and cable choices
- Fast paced and stimulating shows
- Busier lives
- Chronically over stimulated / easily bored
People Get Medical Information from TV Shows

- 75% of health information comes from TV
- Requests for emergency contraception increased by 17% after one show
- 1/3 of the topics involve malpractice
ER Becomes the Most Popular TV Show in Television History

ER reaches 25 million people in 1 hour
Why Do You Care About “ER”?  

- ER is the reality for most of our patients  
- People learn from TV  
- Defines our patients expectations for how doctors behave
Two-Edged Sword of Television

- Famous vs. Infamous
- Fair vs. Unfair (Bias in the media?)
- Local vs. National
- Truth vs. Perception
How NOT to Get on Television

- Gary Condit has affair with missing staffer.
- Clinton denies having ‘sexual relations’ with White House intern.
- Pharmaceutical firm withdraws drug from market because of concerns over deaths.
Anchor/ Media as Experts vs. Doctors as Experts
What is News?

- Affects the audience
- Potential danger
- Scandal
- What the News Director/Editor says it is
News Directors are Blind to:

- Broader concepts
- Social issues
- Politics or law
How TV News Really Works

News Director
Producer
Talent/Reporter
What Stories Get on the News

- Topical
- Timely
- Local angle
- Human interest
What it Takes to get on the News

**Topicality**

PR campaign may fail every other criteria for getting on the news but if visual and on a topical (hot) subject, then you’re golden.
What it Takes to Get on the News

- **Timeliness**

- Stories timed to seasonal themes, government rulings, new laws, and new social trends can play a positive role in getting on the air and create greater topicality.
What it Takes to Get on the News

**Localization**

TV/radio need local angles. National trends have value only if newsrooms can be made to understand what it means to their local community.
What it Takes to Get on the News

- **Humanization**

- A story is irrelevant if it cannot show how real people are, have been, or will be personally affected. The human angle means more than slick graphics and video.
Don’t Ever Forget…
Television is Entertainment Driven and It’s All About Advertising Dollars
Medical Journalism - The Problem Today

- Reporters lack the statistical/research expertise to cut through the Pro-industry spin
- Time constraints to analyze and research stories adequately
- Pressure from medical advertisers
Type of Health Stories

- Breakthroughs/miracles
- Lab rats/patients
- Doctors/researchers
- Pills or procedures
- Food or exercise in “lifestyle” reports
Issues Impacting Medical Reporting

- Complete data from commercially sponsored research is often lacking
- Researchers do not report financial connections that might bias their work
- Financial ties of quoted experts are not known
- Lifestyle impact on research not shared
- Previous research of the authors
- Cost-Benefit of the study findings
McTV Health News - Stories are Like Fast Food – Quick, Cheap and Ultimately Not Nourishing
Why should physicians take the lead?

- Put the risks of life into context – Overperceive rare risks (flying) and under perceive common risks (failure to use seatbelts).
- You are the trusted face.
- Put frightening stories into perspective (SARS, anthrax, smallpox vaccine).
- PR for you, your profession or your specialty.
Communicating Bad News Is Part of Our Job...and It’s An Art

It’s not for the faint of heart
I AM A
BOMB
TECHNICIAN
IF YOU SEE ME
RUNNING
TRY TO
KEEP UP
Why Should You Be Concerned About Your Communication Skills?
Poor communication and not the quality of care delivered is the single biggest cause of malpractice suits.

Patients retain only about 40% of what doctors tell them.

Fear/anxiety & pain are biggest deterrents.

Understanding depends upon culture, content, and consciousness (emotional state).
Patients rate physicians with “negative” communication skills as LESS

- Professional
- Caring
- Trustworthy
- Competent
- More to blame
- More liable
my, that is a typo... so you were expecting the collagen injection in your lips, and the liposuction on your hips?...
“Ha ha ha, Biff. Guess what? After we go to the drugstore and the post office, I'm going to the vet's to get tutored.”
Physicians with good communication skills are made...not born.
Preparing for an Interview

- What does the reporter want from you?
- Who is your audience and what do they care about?
- What is the reporter’s angle on the story?
- Discover the bias – What do you hope to achieve with the story?
If you want to engage your audience... or patients:

- Your #1 job – tell a story
- Eye contact is essential
- Realize that even when not talking, you are communicating
- Use visual elements to make your presentation more interesting
3 Parts to the Message Content

- Verbal - What is said?
- Paralanguage – The attitude we have when we say something (pitch, rate, volume, resonance, etc)
- Non-verbal or Body language – Independent of culture (Posture, touch, gestures, facial expression, and appearance)
Clarifying Your Message

- What’s your one most important message?
- Develop 3 supporting talking points
- Biggest source of misunderstanding – technical language
During the Interview

- Use Sound bites - Tell it in 15 – 20 seconds – short and pithy
- KISS – avoid jargon
- Word pictures
- Be upbeat and positive
- Get back to YOUR message
During the Interview

- Use flags – Identify key points
- Speak at a moderate pace
- Provide direction
- Use analogies
- Personalize and humanize with stories
- Bridge – Get back to YOUR key message
Things to Avoid

- Avoid jargon or shorthand
- Avoid acronyms
- Avoid percentages – Make it personal and do the conversion for them (1 in 4)
- Never say “No comment” or “Off the record”
- Avoid emotional words
Believability Factors

- Look – 55%
- Sound – 38%
- Words – 7%
How to Look

- Dress professionally
- Sit up straight and lean forward
- Avoid busy prints and all white or black
- Solid bright colors are best for women, dark suits for men
- Look interested and smile if appropriate
How You Look and Sound

- Use appropriate and meaningful gestures
- Use your hands to paint pictures
- Your face tells your voice how to sound
Remember

- You’re the expert
- Expect to feel nervous
- Don’t get sidetracked
- Relax and have fun
How to Handle Bad News

- Provide full disclosure—what is known and what is not known—in a non-patronizing manner.
- Avoid speculation. Never mix facts with reassurance.
- Detailed accounting of what is being done to counter the threat.
- Recommend specific steps that people may take to protect themselves.
Reporters’ Dilemma

Simply passing on sensational commercially generated versions of “breakthroughs” in medical science

VS.

Time-consuming investigative reporting