

OUT OF HOURS Christopher Martyn

Don't just blame the media

Improving the quality of press releases might be a good way to raise the standard of medical reporting in the lay press

McAllen is a medium sized town in the southwest of Texas, only a few miles from the Mexican border. If its Wikipedia entry is to be believed, there's nothing particularly remarkable about it. But it suddenly achieved notoriety when it was outed by last month's *New Yorker* as the place that spent more per person on health care than anywhere else in the United States, with the exception of Miami.

The article that did the damage, styled as a classic piece of investigative journalism, strong on story line and circumstantial detail, came from the pen of the surgeon and writer Atul Gawande (www.newyorker.com/reporting/2009/06/01/090601fa_fact_gawande). He was, of course, well aware of McAllen's healthcare spending before he went there. The point of his visit was to find out why. So he interviewed the local doctors and, one by one, eliminated the likely explanations: the town's inhabitants weren't especially unhealthy; the treatments and technologies weren't different from those available in many other places in the US; and levels of malpractice litigation were low. No, the reason for the high costs was simply that McAllen's doctors dished out too much medicine. Compared with patients in nearby towns, patients in McAllen got more diagnostic tests, more surgery, more hospital treatment, and more home care.

An American friend told me that the article caused quite a stir. Many newspapers, including the *New York Times*, picked it up, and President Obama apparently declared it required reading for White House staff. I'm not sure that I really understand why. After all, it's old news that the US has large disparities in healthcare spending that can't be explained by geographical differences in types or severity of disease or improved patient outcomes but that do correlate with the supply

of doctors and hospital beds per population. A research paper in the *BMJ* a few years ago showed dramatic differences among academic medical centres in the US with reputations for excellence in the care they provided to patients during the last six months of life (*BMJ* 2004;328:607). And there have been many other articles in medical journals on both sides of the Atlantic documenting similar discrepancies and pointing out that this is not only wasteful but unfair, because taxpayers and Medicare beneficiaries in low cost, efficient regions end up subsidising health care in high cost regions.

Another puzzle is how one article by one doctor, even one who is a talented writer, had such a striking effect. A cynic might suggest that it was seized on by the new administration to make a point about the way money was being wasted on ineffective and unnecessary health care. But I do wonder whether the problems of managing the nation's health are discussed in a different way in the US. Is the level of debate on a higher plane than it is in Britain? Or are there better mechanisms for transferring what is written in medical journals into formats that are more widely available and accessible?

It isn't that the UK media aren't interested in medicine and health. Many newspapers have regular sections devoted to these topics. The trouble is that much of it is low grade stuff intended to pass an idle moment rather than stimulate informed debate. Why don't the editors of serious dailies and weeklies emulate the *New Yorker* and commission some pieces tackling healthcare topics that matter? Instead of trivia about the illnesses of celebrities or whether feeding fish to your children makes them more intelligent, couldn't we have discussions about whether the National Institute for Health and Clinical Excellence is right to consider valuing



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quality adjusted life years (QALYs) differently at the end of life? Or why the NHS finds it so hard to deliver health care to those who need it most? Or what we actually mean when we talk about inequalities in health?

It's always convenient to blame the media, but part of the fault may lie closer to home. Getting mainstream media coverage has become an important measure of success not only for researchers but for the institutions they work in, the bodies that fund them, and even medical journals. Courting media attention by issuing a press release when a paper is published substantially increases the chances of getting the findings on television or into the newspapers. But it also influences the way they are reported. Journalists working to a tight copy deadline don't have the time or ability to make their own critical appraisal of the research. Instead, they rely on the content of the press release, supplemented perhaps by a telephone conversation with the researcher. You might think the claims made by these press releases would be measured and unexaggerated. After all, even if they're written by university or funding agency press offices, they're presumably checked by the people who did the research. But you'd be wrong. A recent evaluation of press releases from academic centres found that a large percentage overstated the importance of the findings and failed to mention aspects of the study that limited the clinical relevance of the results.

If you agree that raising the standard of reporting of medical research and healthcare issues in the mainstream media would be worthwhile, issuing fewer and more accurate press releases might be a good place to start.

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