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Cosmetic surgery: newspaper reportage of the *Medical Journal of Australia*

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Abstract
The study presented in this article looks at the reporting of eight issues of the Medical Journal of Australia in four Australian broadsheet newspapers: The Courier-Mail, the Canberra Times, the Sydney Morning Herald and the Australian. The purpose of the article is to explore and explain the translation of medical research into news reportage in major Australian newspapers. In her discussion of ideology and health reporting, Lupton (1992) notes that organisational structures in newsmaking can allow the voice of powerful elites (such as doctors) to be heard more strongly than that of others. In this study, published news stories are compared with the source articles in the Journal and the relationship between the medical professional and the journalists who report the stories is discussed in terms of the power given to the Journal and the authors of the articles. The transmission of the information from journal article to newspaper story is considered in terms of the gatekeeping chain and processes involved and the final message presented in the stories is analysed in terms of dominant topics and news themes.

The study finds there are serious shortcomings in the reportage of medical research in the mainstream press. These stem from an over-reliance on news agency copy, a tendency to confuse medical research with individual doctors' opinions, a deference to doctors as the primary authorities on health-related matters, an unqualified acceptance of their findings and a reluctance to provide readers with background material so that they may gauge the veracity of the research findings.

Introduction

News and science represent divergent types of information. In the traditions of science, information is transmitted slowly and systematically, with discussion and revision at every turn. In the news culture "competition and the daily cycle require news to be shaped into small discrete packages, even when the events it describes (are) not easily adaptable to that form" (Meyer, 1990, p.53).

Journalists have always relied heavily on the medical profession as a news source (Karpf, 1988). Over recent years the medical profession has become more proactive in its relationship with the press. The Australian Medical Association (AMA), the largest association of doctors in the country, has developed a sophisticated public relations machine. It routinely sends copies of its academic journal, the Medical
The news media has adapted to the increased demand for health news in at least two ways: by assigning specialist medical reporters to health rounds and by creating health spots or "service sections" where regular space is provided for health stories. The employment of specialist medical reporters follows a general trend towards specialisation in journalism. Some health roundspeople have tertiary medical or science qualifications and therefore come to the job with an understanding of medical jargon and the scientific process. Those who learn to specialise through on the job training and experience are expected to develop their knowledge from their peers and through contact with the medical profession. The newspapers in this study all had specialist medical roundspeople. During the period of the study, the medical rounds for the Courier-Mail, Australian and Canberra Times were covered by journalists without medical qualifications. Margaret Harris, who was the Sydney Morning Herald's reporter, was a qualified medical practitioner.

The relationship that develops between journalists and their regular sources on a specialist round can influence their treatment of the news (Ericson, Baranek and Chan, 1989). Medical journalists rely heavily on doctors for stories and comment and the need to maintain access to medical organisations often means negotiation rather than confrontation. Close contact with medical views may lead to a subtle internalising of the profession's values.

The study
The Medical Journal of Australia (MJA) is the journal of the Australian Medical Association (AMA), a national professional (and industrial) association for doctors. It has been established since 1914 and is published twice monthly on the first and third Mondays of each month. It is circulated to all AMA members and is also open to general subscription.

This study considered the eight issues published in the four months from July to October 1991 and their coverage in four newspapers. There were 115 newspapers stories originating from these issues published in the Sydney Morning Herald, the Courier-Mail, the Australian and the Canberra Times. Most stories stated that the information had been published "in the latest Medical Journal of Australia". The Sydney Morning Herald and Canberra Times italicised the title and therefore made the stories' source immediately obvious. Occasionally there was no reference to the Journal in a story, however, the stories concerned were surrounded by other stories.
from the *Journal* in a specified health section. It was usually clear that these stories were part of that month's "*Journal* package".

The stories which referred to the *Journal* articles all appeared on the Monday of the publication of the source issue. There was always at least one story from the *Journal* published in each newspaper on the day of issue. The average number of stories published per paper per issue was five. The *Courier-Mail* and the *Canberra Times* tended to publish more stories than the other two papers. Both these papers presented the majority of the *Journal* based stories together in a health section. The *Canberra Times* stories all came from the Australian Associated Press (AAP) agency and were almost always grouped together and defined as a section by heavy border lines. The *Courier-Mail*’s grouping was less regular. On some occasions it presented all the *Journal* stories on the one page with a logo of "health" or "medicine", but at other times some of the *Journal* stories were set apart from the designated section.

The 115 stories represent a specific and selective sample of the health stories covered by the newspapers over the period of study and may not be representative of the reporting of wider health issues. However, they do provide an opportunity to study the flow of news from profession to public and from scientific journal to daily newspaper. Lupton (1992) suggests a combination of quantitative and interpretive procedures may provide an ideal approach in such analyses. The article adopts such a combination, with the authors quite aware of the limitations of both the sample selection and the period of the study.

**News flow: from academic journal to newspaper story**

The *MJA* articles were peer reviewed and edited by the Australasian Medical Publishing Company in Sydney. A press release was produced for those articles considered the most newsworthy. These press releases were sent to the AMA head office and a copy was faxed to authors for approval. It was assumed that the authors considered the press releases to be good representations of their articles. The press releases were sent with prior copies of the *Journal* to the medical writers on major newspapers a few days before general publication. They were embargoed until midday the day before publication.

Press releases and prior copies were also sent to the Australian Associated Press news agency (AAP). AAP stories appeared on the wire on the Saturday before the Monday of publication, with an embargo notice indicating that they could not be published until midday Sunday. All of the newspapers studied subscribed to AAP. This means they were able to publish stories that appeared on the wire either in part or in full. Such stories may or may not have carried an AAP byline or
acknowledgement. The appearance of the AAP stories on the weekend meant that the newspaper reporters were able to read these stories before publishing their own.

In most cases, the issue of a press release by the *Journal* guaranteed coverage by AAP. Of the 29 press releases issued in the eight issue (four month) period, only two were not used by AAP. Since the *Canberra Times* and *Courier-Mail* generally used most of the AAP stories, these 27 stories all appeared in at least one of the papers. Articles that were accompanied by press releases accounted for more than half (27) of the 59 that were used as sources for stories.

These figures indicate a high degree of access to the news for the AMA publicists who produced the press releases. Journalists heeded the decisions the publicists made about newsworthiness and consequently allowed them to be a powerful part of the gate-keeping chain.

**The role of Australian Associated Press**

AAP stories were used widely in the reporting of *Journal* articles. Of the 115 stories, 78 acknowledged AAP as the source. The *Courier-Mail* and the *Canberra Times* used the dateline "SYDNEY:" to indicate the AAP source. The meaning of this header is obvious after careful scrutiny of the stories, or perhaps to those who are familiar with newspapers, but most readers would be unlikely to identify this marking as an indication that the story has been syndicated. With the use of the original AAP stories and by comparison with acknowledged stories, unidentified AAP stories could be recognised. Of the 14 stories with no byline and no AAP acknowledgement, 12 were considered to be AAP-based. In all, 90 (78%) of the newspaper stories were AAP-based.

The coverage of an article by AAP appeared to have some influence on the use of that article by the newspaper journalists. All the 23 bylined stories referred to articles which were also covered by AAP. Journalists seemed to use the service to indicate which stories were newsworthy. This theory is supported by the fact that the bylined stories often contained similar elements and structure to the corresponding AAP story. An example of the use of AAP for reference in a byline story was a piece by C Johnson (*Sydney Morning Herald*, September 2). Here, in a story about drug treatment of cholesterol, the elements of the story were presented in the same order as the AAP counterpart. The wording was changed slightly, but the similarity was unmistakable. AAP used the term "soaring" in its lead while Johnson used "sky-rocketed", but otherwise the lead paragraphs were identical. The same angle was used in the story as a whole, with the same quote from the first paragraph of the journal article's discussion.
An examination of the newspaper coverage of an article on gun deaths which appeared in the October 7 issue of the Journal provides a good example of the process of selection of material from press release and AAP and the resulting news flow. The 400 word press release was headlined "Most gun deaths are suicides". The resulting AAP story was about 350 words. It was used, and acknowledged in the Canberra Times on page 5 as part of its regular health section. The Courier-Mail story (270 words) had a different lead to the AAP story and some of the elements from the AAP story were omitted, but the elements covered, and the wording used in those elements, was the same as AAP. There were some elements from the press release in the Courier-Mail story which did not appear in the AAP story, so it is likely the writer used the press release, the AAP story and the Journal itself in the compilation. The Sydney Morning Herald story (350 words) was very similar to the AAP story, but the wire service was not acknowledged.

An interesting feature of the AAP story was its interpretation of the press release information that "only 10 of the murders were identified as being connected with robbery." This statement was reported as "only 10 of the murders were crime-related". This was a misrepresentation of the statistics presented in the article as well as being an unusual and ambiguous description of homicide, since the act itself is criminal. In fact, only 10 homicides were identified as being related to robbery but the events associated with another 29 were listed as uncertain. The press release itself did not make this clear. The Courier-Mail, Sydney Morning Herald and Canberra Times stories all used this element of the AAP piece and so this misinterpretation was reproduced in the three publications. This illustrates how an error in the early stages of the news flow process can be perpetuated and lead to widespread misreporting.

The decisions which were made by the AAP medical reporter were potentially very powerful. Errors or questionable interpretation by this journalist were spread widely. Readers who read more than one paper and did not recognise the acknowledgement symbols used to identify AAP stories may have felt that the information in these stories was more credible because it was repeated in a number of media outlets.

The elevated authority of the Journal and doctors
Ericson et al.(1989, p.5) make the distinction between sources being given access as opposed to receiving coverage by news organisations or journalists. Coverage involves the presentation of a source's information in a context chosen by the news organisation. Access, on the other hand, means the power to have an active part in the choice of news space or time. It is generally gained via close and regular contact with
a specialist roundsperson and often results in favourable treatment of press releases or the provision of regular space.

The degree of access which is given to the Journal is evidenced by the fact that the majority of the stories used it as their only source. In most cases the MJA was used alone as the basis for the story, without clarification or follow-up from other sources. The stories were given status or authority by virtue of the fact that they were reported in the Journal.

Yet journals are fallible. In the MJA issues studied, many articles were challenged in the Journal's letters-to-the-editor section. None of these letters was reported. A letter in the September 16 issue sought clarification on some aspects of an article on the parental treatment of diarrhoea which had been published in the previous issue and had been the subject of a number of news reports. This story had been run by the Courier-Mail, Canberra Times and Sydney Morning Herald on July 15. The stories had presented the findings as fact and not suggested other points of view.

The Journal as the publication of the AMA is primarily a vehicle of the medical profession. The attention it receives can also be seen to be part of the wider coverage of doctors in the media. Doctors hold a privileged position in society (Daniel, 1983). The community respects them and considers them to be ethical, caring and all-knowing and their high public profile means that they are often the subject of media reports. While stories from other sources may portray doctors in a more negative light, the stories in this study all served to reinforce the medical profession's position of power and status by presenting them as unassailable experts even when issues went beyond medical bounds.

News, according to Ericson et al. (1989) moulds societies' views of "authorised knowers". It is able to bestow authority on individuals and groups and "offers perpetual articulation of how society is socially stratified in terms of possession and use of knowledge" (p.3). While many other professions are involved in health care and medical research, it is doctors who are presented in the media as the authorised knowers. Regardless of whether the stories in this study were positive about disease, health care or treatment, they were presented almost exclusively as the research or opinion of doctors who had the authority and expertise to comment on health matters. In cases where a number of professions were involved, it was the doctors' comments that were reported.

An illustration of this is the coverage of a story on the abuse of the elderly. This study reported the findings of two doctors and a social worker. All three were listed as authors in the Journal and given as contacts in the press release. The story was published by all four newspapers on August 5. The Australian ran the headline
"Doctors uncover abuse of elderly". The social worker was mentioned only in passing in two of the articles. The comments and quotes were attributed only to the two doctors. This is of particular significance in this story because it deals basically with a social problem; one that is more the domain of the social worker than the doctor, yet it was the doctors who were considered to have the most authority and to be the most qualified to comment.

**Research vs Opinion**

The *Medical Journal of Australia* presents its articles in a number of different sections. Only the "Original Articles" section presents the results of original research which has been subjected to some degree of peer review. Other sections, particularly the "letters" section, include opinion pieces which have not always been subject to the same degree of refereeing. Journalists failed to make this distinction in their stories, leaving their readers ignorant of the level of authority the reported research carried.

In a study of the reporting of the *New England Medical Journal* in eight American daily newspapers, Caudill and Ashdown (1989) looked at the distinction between research and opinion in the newspaper stories and found "the newspapers studied rarely confused research with opinion" (p.461). In our study, 10 letters to the editor of the *MJA* were used as the basis for 18 stories. Of those, only six stories specifically said that the information had come from a letter to the *Journal*. The other 12 referred to the authors by name, and to some extent presented the information as the author's opinion, but it was not always clear that the information had not come from a study published in the section of the *Journal* dedicated to approved research.

The way in which approved research is presented is also important to the quality of the medical reporting. The brevity of many stories in the study meant that there was little space for any discussion of methodology, and only four stories gave it more than a passing reference. While it could be argued that only a small number of readers could evaluate this type of information, its routine omission highlights the difference between scientific reports and news and points to the dangers of translating one to the other without sufficient respect for the process of scientific debate. Caudill and Ashdown (1989) studied the journalists' discussion of research methodology in their test stories. They found that most stories contained some reference to the methodology used, but that "only 32% of the stories used more than 30 words to explain the research method"(p.461). In our study, only four stories were considered to give more than rudimentary information about a study's methodology. Without some information on the sample and methodology, the reader is unable to make an informed decision about the weight of the results.
In stories studied, it was common for more than half of the story to consist of direct quotes. A typical treatment of an article was to quote large sections of the final paragraph of the conclusion. This was often done by quoting the first sentence of the paragraph, paraphrasing the next sentence and then continuing with direct quotes for the next part. This gave an impression of extensive coverage of the article, when in fact only a small section was being referred to.

The quotes from research articles came almost exclusively from the synopsis, introduction or conclusion. This is logical since these are the sections where authors make observations and statements about the significance of their research. It is worthy of comment however, since careful study of the stories led to the impression that these were the only sections that had been read. Since the stories rarely included comment from other researchers or discussion of opposing views, these conclusions and observations were given the status of scientific fact.

The health news agenda

For every *MJA* article that was selected for news coverage, there were many others that were not. The values journalists applied when choosing source articles and devising story angles dictated the information that the audience received and played a pivotal role in setting the health agenda.

There are differing views as to whether "traditional" news values apply to journalists' selection of health news. Many health professionals feel that health reporters focus on conflict, drama and discrete events rather than issues and education (Kristiansen, 1988). Others consider that health news, particularly when it relates to disease, is presented not in terms of conflict, but as "everyone-would-agree" issues with a general theme of consensus and concern (Karpf, 1988, p.135). A significant proportion of health news is presented in specially designated sections, such as regular health pages, advice columns or, as in the case of this study, as part of the routine reporting of a particular publication, the *MJA*. In these cases, the news is chosen from the health news pool rather than competing in an open news market.

Once a topic is put on the news agenda it is more likely to be repeated as a news theme (Galtung and Ruge, 1965). Ericson et al. (1987) explain this repetition in terms of the need for the news to maintain common themes and continuity. A number of repeated topics were evident in the set of research stories.

Disease was considered a dominant topic in 34 of the 114 stories. Its incidence, treatment and prevention emerged as one of the most common themes. These results were consistent with a similar study of the reporting of the *New England Medical Journal* (Caudill and Ashdown, 1989) and could be said to be a function of the source
of the stories since the *MJA* could be expected to focus on disease and its management. They may, however also be reflective of the wider body of health stories, since Kristiansen and Harding (1984, p.367) also found "diseases were given the overwhelming amount of newsplay" in a study of the 1343 health stories in seven British newspapers between July and September 1981. Their stories came from a variety of sources and only 82 were based on academic journals. The results did not confirm those of Chapman and Lupton (1994) who found television news coverage of medical issues focussed on freakish illnesses or deformities and upon medical breakthroughs at the expense of coverage of preventive health strategies. This might be explained by the fact that newspapers - particularly those broadsheets which formed the basis of the study - do not share television's voracious appetite for visual images and that the MJA's focus tends to be on treatment.

**Health sections**
Klaidman (1990) suggests that journalists apply a separate set of values to stories which are presented in health news sections. It is useful to compare the stories which were presented in health sections with those that appeared as part of the general news product. During the period of this study, the *Canberra Times* published all but three of its *MJA* based stories together in a separate section. This section, which was generally presented on page 5 or page 12, did not have a special heading or health logo, but was bordered by lines that divided it from the other copy on the page and was approximately the same dimensions each month. The three stories which were separated were moved because of a number of different editorial considerations. The coverage of an article about the cost of asthma in NSW was presented on page three instead of with the other *MJA* stories on page 5 because of its connection with government spending, which is always a newsworthy issue. The story dealt with health expenses rather than the threat or features of the disease and it was the economic factor that led to its increased prominence. Another story was moved from the section on page 12 so that it could be presented with another smoking story in a more prominent position on page three. Smoking has been put high on the news agenda in recent years because its realm has been extended from health to human rights and industrial issues. The story which accompanied the *MJA* story was about legislation to ban smoking from workplaces. The third story which was separated was used as a filler. It had not been used in the regular space because there was no room. This highlights the fact that there was only a certain amount of space in the health sections and decisions were made not only on newsworthiness but also because of layout considerations.
The Courier-Mail presented the only page one story in the study. It was about the poor eyesight of Brisbane drivers and was written by a staff reporter rather than the health roundsperson. The promotion of this story to the front page reflects the application of the traditional news value of "proximity". The story dealt directly with the paper's home city. The Canberra Times was the only other paper to cover the story, and it placed in the routine section.

The other two stories which the Courier-Mail set apart from its health section, thereby increasing their prominence in the paper, were a story on cot death and one on gun deaths. Both these stories were published on page three. The cot death story (October 21) reported the hypothesis that cot deaths were related to the human dive reflex and so the pure interest and novelty value of the story was high. The gun death story (October 7) received page three coverage in the Sydney Morning Herald, the Australian and the Courier-Mail. The journal article discussed statistics about gun deaths, suicide and crime. A few months earlier the "Strathfield Massacre" had caused a resurgence in the debate on gun licenses and so gun fatalities were on the public agenda. Although the three papers recognised the relative newsworthiness of the story and gave it more prominence than most MJA stories, it was still presented in the MJA report format, with no comments from other stories or reference to the wider issues.

An explanation of this selective treatment of stories could be that there were two separate sets of values being applied. A certain threshold applied to the coverage of MJA stories in health sections. The stories in these sections did not compete with the general news pool. They were selected to fit in to a designated space each month. Those stories which were high in traditional news values, such as proximity, novelty and consequence stood out from the batch and were "promoted" to the general news pages.

Conclusions
The Journal is more than just a source of stories. Its publication constitutes a predictable monthly event. The regular inclusion of stories based on Journal articles is significant since it indicates that the Journal has a part in the newspapers' routine. This is a position not accorded any other medical or academic journals.

The fact that the great majority of the stories studied (78%) came from the AAP wire service is important. The large number of AAP stories raises questions about the role of the specialist medical roundspeople. Rather than functioning as specialist interpreters of medical research, they often seemed to be rubber stamping AAP selections. All the AAP stories were written by its medical reporter. Approximately
half of the other stories were written by medical reporters on the *Australian, Sydney Morning Herald* and *Courier-Mail*. Others were the work of staff reporters.

One of the most striking features of the stories was the lack of follow-up on topical issues or use of other sources to reinforce or refute the claims made in the *Journal* articles. The format of all of the *Journal* stories was very similar. Reference was made only to the *Journal*, the researchers and the results. There was little interpretation or attempt to link the stories to wider issues. The routine coverage of the *Journal* may provide some explanation for this. Because medical roundspeople receive the *Journal* and transform some of its articles into news stories every month, they tend to develop a pattern in the way they present *Journal* stories. While the time constraints of daily reporting to some extent justify this, following this routine at the expense of other news decisions is not sound journalism practice.

The one source nature of the stories allowed the AMA and the medical profession to dominate the news space. The references in newspaper stories to the *Journal*, and to the authors of its articles served to consolidate doctors' privileged position as media spokespeople for health.

Scientific research and conjecture was given the status of fact by virtue of its publication in the *Journal*. The reporters showed little understanding of the scientific process through which research is presented in academic journals for discussion among peers. The bulk of the information from research articles came from the introduction and conclusion and much of it was presented as direct quotes, regardless of whether the particular author's words were a clear expression of the ideas. The journalists rarely included qualifying comments made by the researchers and showed no signs of having appraised the articles critically before reporting their findings. This meant that there was little information about sample selection, research methods or statistical treatment of results. The journalists often did not make the important distinction between original research which had been peer reviewed and opinion pieces which were published as letters to the editor. In other words, the journalists did not perform a function as interpreters or translators of information, nor did they present the information in a way that enabled readers to judge the credibility of the information for themselves.

The *Journal* itself had reached a certain threshold of newsworthiness because its articles were regularly covered by the newspapers. Articles competed with each other and at least one story was chosen from each issue. If stories were to be used in a special health section, considerations such as AAP coverage, layout, balance and general health themes came into play. If they reached another threshold, they were removed from the health sections and presented as part of the general news pool.
Publishing stories from the *Journal* in a designated health section allowed the reader to see that the stories are all sourced from the one issue and their nature as reports of articles is reinforced. Ideally, these sections should be headed by a logo which easily identifies them as the regular coverage of the *Journal* and AAP should be identified clearly so that readers can recognise stories if they appear elsewhere.

The majority of the stories in this study were written by medical reporters. However, there was no indication that these reporters had a positive effect on the quality of the *Journal* reporting. In fact, the only significant differences noted between specialist and staff reporters were that the staff reporters were less likely to present an unchallenged medical view and more likely to treat *Journal* stories with their usual critical attention and not as part of a routine. The medical reporters did not show a sophisticated understanding of the scientific process or act as skilled interpreters of medical jargon.

Journalists who deal with scientists have a responsibility to try to interpret information so that an accurate picture is presented. If they are to achieve a high standard of professionalism and credibility they need to understand the scientific process and adapt information to the news format with as little loss of precision as possible.

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