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Ally, advocate, analyst, agenda-setter? Positions and perceptions of Swedish medical journalists

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Abstract

Medical journalists in the mass media play a key role in health information dissemination and risk/benefit education. Public education on the rational use of various health technologies, e.g. pharmaceuticals, is increasingly important as part of ongoing global health sector reforms. In a survey of 110 Swedish medical journalists (55% response rate) about medicinal drugs, risk perceptions and professional concerns, fact-giving, stimulating, and critical functions were rated as the most important journalist role attributes, followed by advocacy of patient interests and of public health goals. Major perceived problems were self-imposed professional demands, job stress, knowledge and time constraints, and selection and contextualization of news material. In terms of medicinal drugs, attitudes were strongly in favor of a unique drug information role for the media and critical of physician prescribing and information-giving. Views on the appropriateness of specific ethical rules or guidelines for medical journalists were sharply divided. The results offer some promise for increased alliance-building between public health and the mass media.

Keywords: Patient education; Mass media; Drug information; Risk communication; Media advocacy; Gender studies

1. Introduction

Specialized medical journalists in the media play a key role as mediators of health-related information between the worlds of medicine and laymen/patients. Population surveys show that the media are the leading source of information

about important health issues, such as weight control, HIV/AIDS, drug abuse, asthma, family planning and mammography [1], and have been over a 25-year period [2].

Citing the special authority or responsibility of the media, various actors (government, international agencies, academia, industry, NGOs) increasingly advance predominantly instrumental views of the mass media as a vehicle for changing

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health-related behavior and setting desired agendas.

In fact, particularly since the mid-80s, ‘media advocacy’ — targeting the media in innovative ways in order to promote health message exposure, accuracy and media responsibility [3] — has become an established health promotion strategy, partly due to the influence of the World Health Organization’s 1986 Ottawa Charter for Health Promotion. It has become legitimate to seek a ‘shared agenda’ [4] with the mass media in communicating health information to the public, particularly in the area of prevention, risk reduction and drug information [5].

Actually, the attitude of the health professionals to the media has always been ambivalent. In the US, the mass media have been a source of both hope and frustration in promoting social good for over 150 years [6], and health promotional literature also exhibits a love/hate relationship to the media [7]. In the 1990s, the ideology of health promotion and the use of mass media campaigns has also increasingly come under fire from writers in different ideological camps [8]. Rising expectations in mass-mediated health education have simultaneously been accompanied by more vocal criticism of reporting as distorted, superficial, oversimplifying complexities of medical research [9], failing to contextualize risks [10] and a host of other shortcomings. Other researchers point out that much of the criticism of ‘media inaccuracy’ is simply a reflection of uncertainty and disagreement within the scientific community [11].

In terms of medicinal drug use, the media are frequently blamed for contributing to public fears about side-effects of drugs, although interestingly enough a recent Dutch study showed that newspaper journalists were more interested in ‘good news’ and less in ‘bad news’ about medicines than major scientific journals [12]. Clearly, media reports may change medicinal drug behavior in ways which are unwanted in the eyes of the medical profession [13]. But the case is also made for increased knowledge about risks of pharmacotherapy having positive public health effects [14,15], particularly since doctors, as has been found in several studies, rarely

mention risks and precautions about drugs to their patients [16]. A number of industry-related initiatives are also increasingly emphasizing the consumer focus [17].

Several trends are arguably creating a more volatile situation in terms of drug risk, i.e. more drugs provided within the private sector, especially in developing countries [18], market deregulation, more switching of drugs from Rx- to OTC status, more direct-to-consumer advertising of prescription drugs, new forms of marketing, and more rapid drug registration.

These and other developments add urgency to the need for consumer/patient empowerment, and for the media to supply appropriate, unbiased drug information [19,20], the lack of which is a major factor underlying irrational drug use in both the developed and the developing world.

In the face of growing pressures to increase the role of media as public health and drug educators, knowledge about the determinants of media health coverage becomes increasingly relevant. News-making can be seen as the outcome of various interacting factors: as an organizational-professional product, reflecting lobbying activities, a cultural and ideological product, and a product of particular individuals [21–24]. This study focuses on the last of these sets of factors, on Swedish medical journalists as brokers of health information. We are aware of only very few other studies of this particular sub-group of journalists, and studies of comparable sub-groups, e.g. Kriehbaum’s work on science journalists, are quite dated [25].

1.1. Research questions

The research questions in this article are:

- What are the specific professional problems and concerns of medical journalists?
- How are the drug and risk perceptions of medical journalists in relation to those of laymen and ‘experts’?
- How are role perceptions of medical journalists in relation to those of other journalists?
- What is the potential for further collaboration

between health professionals and medical journalists?

2. Methods

2.1. Study group

Membership in the Association of Swedish Medical Journalists (Sällskapet Svenska Medicinjournalister, SSM) constituted the entrance criterion for the study. According to SSM statutes, members must either be journalists, working at least half-time as medical journalists in the mass media, or alternatively public information officers at 'non-politically and non-commercially affiliated organizations or agencies', disseminating medical information to the general public.

Piloting and pretesting were performed prior to survey distribution. In order to clarify pertinent issues, a discussion was held with a group of Swedish science and medical reporters, who were not members of SSM and therefore not part of the study population, but who were in other respects comparable to the study group. Survey design and content was also informed by the experience of one of us (DF), having worked as a medical journalist for over two decades.

In May 1993, the questionnaire was sent to the 110 Members of SSM. Three reminders were issued, including one by telephone. The Board of SSM expressed support for survey implementation and twice appealed in writing to members to respond.

2.2. Content of the questionnaire

The questionnaire consisted of 35 fixed-alternative questions combined with some open-ended questions. Response options were 'Yes, absolutely', 'Yes, to some extent', 'Unsure/don't know', 'No, hardly' and 'No, absolutely not'. The main groups of questions/variables in the questionnaire were:

1. Demographic variables (age, sex, education, years on the job, previous work-experience, etc).
2. Risk-related variables (attitude to risk, ranking of risks).
3. Work-related variables (professional role, importance of gender, job satisfaction, problems, loyalty conflicts, attitude to ethical rules/guidelines for medical journalists, role models, etc.).
4. Drug-related variables (attitude to medicinal drugs, trust in medicinal drug information sources, role of media in drug information).
5. Science-related variables (attitude to biomedical science, alternative medicine, medical area priorities, reactions to the survey).

For the above-mentioned variables five simple additive indices were constructed to measure risk aversion/risk willingness, perception of work-related problems, and attitudes towards biomedical science, alternative medicine, and pharmaceuticals, respectively. In some cases, correlations between these indices are reported.

2.3. Non-response

Of all 110 SSM members to whom the survey questionnaire was sent, only 61 (55%) responded, resulting in an external non-response rate of 45%. It was not possible to make a detailed non-response analysis. In terms of the sex ratio, we might claim a certain level of respondent representativity, however, as the female/male sex ratio among the respondents — 66/34% — and among all members of SSM — 63/37%, was quite similar.

In most cases, the reasons for external non-response are unknown. Specifically questioned, some people stated that they never answered questionnaires on principle, while others explained that they were not involved in everyday medical reporting, suggesting that their responses would not be relevant, or would be of no interest to us (although we had made it clear that this was not the case).

In the following result section a 'combined' internal non-response rate is sometimes given. This is the sum of respondents who refrained from answering certain questions, and of those who answered 'don't know'.

3. Results

3.1. Demographics

Demographic features of the study population are given in Table 1.

A question listing 17 types of employers and asking respondents to estimate their average yearly work time (in per cent of total work time) was answered by on average only 51% of respondents. Most of these (22/31 or 71%) reported working full-time for one type of employer, the rest — 29% — freelanced (worked for different employers) at times. However, these figures are obviously very unreliable due to the high level of internal and external non-response.

Three out of four respondents (74%) had a university background, having mainly studied the humanities or social sciences. Only 18% had taken subjects within the natural sciences.

There were 66% women/34% men in this material compared to 44% women/56% men among all Swedish journalists in 1996.

3.2. Ranking of qualities

Over 80% of subjects ranked respect for facts, good sources, and a sense of responsibility as very important qualities for a medical journalist (Fig. 1).

Almost all (95%) considered that they themselves — absolutely or to some extent — possessed the very qualities they had ranked as most important. In this context, lack of medical knowl-

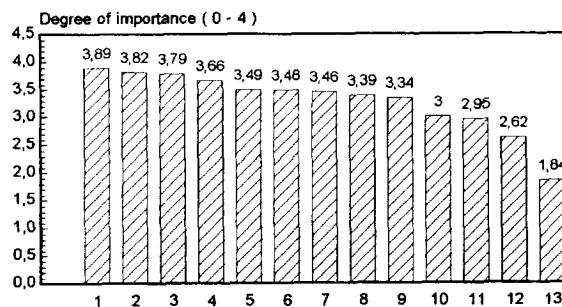


Fig. 1. Ranking of professional qualities for a medical journalist. 1, Respect for facts; 2, Sense of responsibility; 3, Good sources; 4, Analytical capacity; 5, Curiosity; 6, Interest in medicine; 7, Good writing skills; 8, Interest in human beings; 9, Empathy; 10, Medical knowledge; 11, Patience; 12, 'News sense'; 13, Speed.

edge was the greatest self-perceived deficit. Comments suggest that some respondents would like more knowledge in order to be able to better assess the scientific merit in reports on medical research.

3.3. Ranking of role attributes

The task to 'give facts about medical advances' was rated as the most important among ten professional role attributes by a total of 98% of the respondents (Table 2). 'Critical' and 'stimulating' roles came second and third place on the ranking list. High scores were also given for 'stand on the side of the patient' and 'contribute to improved public health' with 80% and 79%, respectively, agreeing 'absolutely' or 'to some extent' with these statements. However, in terms of the 'patient' statement, quite a large fraction (18%) refrained from responding or responded with 'don't know'.

Over half (54%) disagreed with the statement that the medical journalist should avoid 'worrying' the reader/listener/viewer, and about the same fraction (53%) disagreed that one should refrain from reporting 'basic research findings lacking immediate clinical importance', i.e. avoid instilling perhaps premature hopes. However, sentiments were sharply divided on these issues

Table 1
Demographic features of study population

Response rate	61/110 (55%)
Mean age in years	48
Sex	
Female	41 (66%)
Male	20 (34%)
Education	
Non-university	26%
University	74%
Mean years as journalist	17
Mean years as medical journalist	7
One employer type/freelance	71%/29%

Table 2
Ranking of professional role attributes ($n = 61$)

A medical journalist should ask: (type of working task)	Judged importance (%)					Mean value
	Yes, absolutely (%)	Yes, to some extent (%)	No answer, don't know (%)	No, hardly (%)	No, absolutely not (%)	
Give facts about medical advances	74	25	0	2	0	3.7
Critically examine scientific institutions and projects	48	49	2	0	2	3.4
Stimulate reader/viewer/listener to seek more knowledge	46	46	7	2	0	3.4
Stand on the side of the patient	33	48	18	2	0	3.1
Contribute to improved public health	38	41	7	13	2	3.0
Give practical advice	26	57	5	8	3	3.0
Entertain reader/viewer/listener	12	48	13	25	3	2.4
Reflect public opinion	2	51	15	25	8	2.1
Avoid worrying reader/viewer/listener	10	25	12	33	21	1.7
Avoid reporting basic research findings lacking immediate clinical importance	7	34	7	25	28	1.7

All percentages are based on the total number of respondents.

All means are calculated from a scale where 0 indicates 'No, absolutely not' and 4 indicates 'Yes, absolutely'.

Observe that rounding errors may generate slight differences between percentages in text and sums made from table.

with 34% and 41%, respectively, agreeing with these statements.

Many of the respondents also felt the need to supplement their answers with qualifying comments, e.g. that 'worrying' the reader is more justified in terms of epidemiologically well-established correlations (such as the relationship between smoking and lung cancer), but less so for more tenuous associations. One respondent differentiated between 'readers' and 'patients' saying that 'a journalist should always worry her/his readers, but a medical journalist should never worry patients'.

There were slightly more negative than positive responses (46/42%) to the gender-related question: 'Do you think your reporting of health issues would be different if you were of the opposite sex? If so, how?', while 12% ticked 'uncertain/don't know'. Women were more likely (48% 'yes', 40% 'no') than men (33% 'yes', 58% 'no') to respond affirmatively. Reported job satisfaction was positive with 91% responding affirmatively, some enthusiastically, to the question 'are you satisfied with your work?'. Generally the respondents claim to find their work 'exciting', 'a privilege', 'independent', 'stimulating', 'fun', offering a considerable degree of

freedom, as well as a position of some status and authority in their workplace.

3.4. Ranking of problems on the job

Own demands, work-related stress, lack of knowledge and time were perceived as the foremost problems on the job (Fig. 2). Additional comments revealed that the greatest lack was

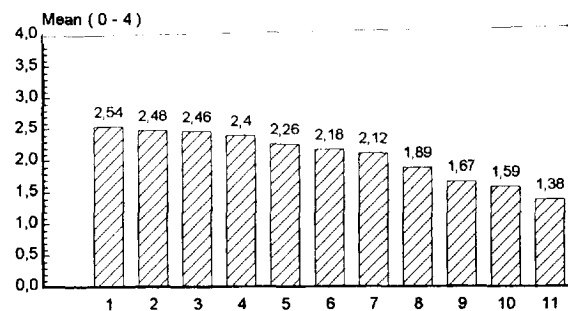


Fig. 2. Ranking of perceived problems on the job. 1, Own demands; 2, Stress; 3, Lack of knowledge; 4, Lack of time; 5, Hard to contextualize; 6, Hard to select news; 7, Hard to popularize; 8, Conflicts of loyalty; 9, Demands of sources; 10, Self-censorship; 11, Demands of employers.

experienced in terms of medical knowledge and analytical capacity.

Only 31% responded to a separate question about self-experienced 'conflicts of loyalty between different interests or principles'. However, the comments given demonstrate that such tensions are acute for a sizable minority of medical journalists. Examples of loyalty conflicts mentioned related to, e.g. alternative medicine, poorly substantiated cause-effect relationships between e.g. allergies and electric appliances, negative effects of AZT treatment for HIV infection, reporting on passive smoking and SIDS (sudden infant death syndrome) without scapegoating mothers, animal experiments, pressures from researchers to control reporting or make alterations in articles, pressures from drug companies, government agencies, etc.

A substantial fraction — 41% — feel the need for some kind of ethical pointers — either official rules (7%) or unofficial (34%) guidelines. But 31% are opposed to this, many adamantly, and a large minority (23%) ticked the 'don't know' alternative, with a final 5% abstaining from answering.

Almost exclusively, Swedish colleagues were cited as role models, frequently respected for a combination of qualities such as credibility, objectivity and knowledge, combined with the ability to present a lot of facts in a simple and engaging — empathic — way.

Correlations of 'job satisfaction' with indices for other groups of variables, showed that job satisfaction was negatively correlated to risk-willingness (-0.16), amount of problems experienced at work (-0.29) and positive attitudes towards alternative medicine (-0.27), but positively correlated to positive attitudes towards pharmaceuticals (0.26) and biomedical science (0.18). Attitudes to problems at work were negatively correlated with attitudes to biomedical science (-0.22).

3.5. Biomedical research

A positive attitude to biomedical research with 61% affirming it as 'a corner-stone of society' was tempered by skepticism with about half

(48%) of respondents disagreeing with a statement that biomedical science would in the long-term solve most disease problems, and a majority (46%) of respondents agreeing with the critical statement that science is too focused on cure in relation to prevention and/or palliative measures, and a slight under-representation of respondents who agreed with a statement that science 'lacks necessary resources' (33% 'yes', 38% 'no'). The statements 'biomedical science is based on a limited view of human beings' and 'lacks necessary resources' were strongest correlated — 0.74 and 0.65 , respectively — with the composite attitudinal index for biomedical science. Adding together those who refrained from answering and those who answered 'don't know', the combined internal non-response rates for the biomedical science statement series were 26–31%.

3.6. Alternative medicine

A series of statements about alternative medicine was also included. Indices for positive attitudes to biomedical science and alternative medicine, respectively, were highly negatively correlated (-0.48). Age was negatively correlated with attitudes to alternative medicine (-0.23) and positively correlated with attitudes to biomedical science (0.34).

Responses concerning alternatives suggest an intricate attitudinal complex: skepticism of alternative medicine with 74% agreeing with a negative statement about commercialization and trickery, 39% agreeing with the statement that it is dangerous in causing people to not consult 'effective health care', and only a minority (21%) agreeing that alternative medicine receives too little space in the media. However the picture is complicated by the sizable fraction (79%) agreeing with the statement about the value of alternatives as complementary to established biomedical science, 52% agreeing that alternative medicine is overlooked in Sweden, and 80% disagreeing with the statement that 'alternative medicine will disappear, when the scientific background of current disease problems has been elucidated'. The first two of these three last

statements had the highest correlation with the composite alternative medicine attitude index. Combined internal non-response rates for the alternative medicine statement series were 10–15%.

3.7. *Pharmaceuticals*

In response to 12 statements about medicinal drugs, it emerged that a majority of the responders themselves (67%) would only use drugs 'in an emergency' and 80% responded affirmatively to the statement that all drugs have side-effects. The same fraction (72%) agreed that physicians give their patients too little information about side-effects as felt that they prescribe drugs too casually, while only one in four (25%) agreed with the statement that 'the need for impartial drug information in society has been met'. And 61% agreed with the statement that long-term medication causes dependence. Similarly, a sizable fraction — 44% — considered a rate of one adverse drug reaction in 1000 patients as 'common' (the definition given in the Swedish Physician's Desk Reference 'FASS' is 1/100). Over half — 53% — agreed that medicines are definitely cost-effective, while as many as 23% were unsure whether they are or not, responding 'don't know'.

Responses to the statement 'the mass media report too negatively about drugs' received almost equal affirmative/negative responses (41% 'yes', 43% 'no'), while a majority (45%) agreed that they had 'great confidence in the drug industry', with 36% disagreeing. The statement 'People worry unnecessarily about how drugs affect their health' evoked almost equal positive/negative responses (43% 'yes', 44% 'no').

Combined internal non-response rates for the drug-related statement series ranged between 5–34%.

3.8. *Drug information*

A separate question was posed whether drug information in the mass media might be considered to fulfil a unique function in society and if so, which function. Fifty-nine per cent responded

affirmatively, 18% negatively, 7% were unsure, and 16% did not answer.

Unique positive functions mentioned included speed, mirroring frontline research, critically examining all actors, being free towards sources, compiling, analyzing, informing about new drugs, and new risks, reaching 'everyone', including those who do not actively seek information, serving as an authority, initiating and maintaining debate, stimulating readers to seek further information, presenting information simpler than other sources, allowing identification, and facilitating comparative assessments.

Singular negative drug information functions of media mentioned included scaring readers via biased, oversimplified, sensationalized reporting.

3.9. *Risks*

A series of statements about risks demonstrated a dominance of risk-aversion over risk-willingness, as 33% responded affirmatively and 49% negatively to the statement that 'risks should be viewed as a challenge'. Similarly, 48% agreed that 'I am a person who avoids taking risks', while 43% disagreed. Risks were seen by 59% as something 'we must try to get rid of', 69% agreed with a statement that 'if you take risks you are yourself to blame', and 87% disagreed that politicians are 'monitoring the risks so that we do not need to worry'. The same fraction (38%) agreed as disagreed with the statement that 'life in Sweden is riskier now than 20 years ago'.

4. **Discussion**

4.1. *Problems and concerns of medical journalists*

A picture emerges from this survey of medical journalists as highly dedicated, motivated and qualified, but also subjected to significant self-generated and production-generated demands. The flip side of the coin of high job satisfaction seems often to be a nagging sense of inadequacy,

and by inference arguably an increased vulnerability to stress-related conditions.

The data suggest that medical journalists, who are more supportive of mainstream medicine and biomedical science, rather than of alternative medicine, may find their work easier.

An important result of the survey is that conflicts of loyalty and the lack of ethical guidelines/rules are perceived as acute problems by a sizable minority, although the latter issue is extremely controversial.

Responses in Table 2 in regard to 'worrying' the reader and reporting research without clinical significance indicates a credo closer to the general journalistic principle of 'publish and be damned' than the physician's of 'primum non nocere' ('above all, do not harm'). This finding is in line with research, e.g. finding that journalists assign more weight to a critical function of the mass media than experts, and feel more strongly than scientific experts that the media should stand on the side of the underdog, the underprivileged [26].

4.2. *Drug and risk perceptions*

The results of six of the 12 attitudinal statements on drugs may be compared with data from two Swedish studies on laymen [27,28]. For one statement — 'long-term medication causes dependence' — attitudes of medical journalists fell in between those of experts and laymen. On the other hand, it would seem that in terms of the pharmaceutical industry, 'casual' prescribing and adequacy of physician-given side-effect information, attitudes of medical journalists did not fall in between those of doctors and laymen, but were more negative of drugs than either of the other groups.

However, this picture is complicated by other results, showing general risk attitudes of medical journalists as in some respects closer to those of laymen, in other respects closer to those of experts as reported by Lindén et al. [29].

4.3. *Role perceptions*

There are two sets of dimensions along which various international researchers conceptualize

the professional role of a journalist, one active-passive and one participatory-neutral dimension. In a 1989 study of roles and working conditions of Swedish journalists, Melin further defines a watch-dog role, which is mainly active-neutral, and an educational role, which is principally active-participatory [30].

The role-related statement alternatives in the current study are not completely congruent to those used in other studies. The eight first role attributes in Table 2 (the two last ones are not comparable to those used in other studies) all belong to the active group, but some belong to the watch-dog category and others to the educational sub-categories. The top-priority (fact-giving) function among the medical journalists would appear to be active-neutral with the critical in second place. In the 1989 study of all Swedish journalists, these two attributes were ranked the other way around.

5. Conclusion

In terms of prioritizing the active stance, medical journalists seem to be like all Swedish journalists according to the latest survey in 1989. If anything, however, the former group tend to emphasize the educational, fact-giving function before the watch-dog function. These differences are, however, small. Furthermore, as the literature reminds us, individual journalists seldom work according to a single, clear-cut role perception but typically alternate between various role elements — public health ally, patient advocate, medical news announcer/analyst, health policy agenda-setter, health educator, and so on — alone or in combination.

There was a conspicuous absence in responses of the much-heralded term 'investigative reporting', particularly in view of the repeated call for such journalism by leading Swedish medical journalists, and almost every respondent cited personal role models within the more restricted mode of medical reporting. This might mean either that most medical journalists do not see the need for 'muckraking' in this field, or that this study has failed to accurately measure what

they might mean by terms such as ‘critical’ or ‘investigative’ reporting.

Potential practical applications of this research may fruitfully be divided into two parts, firstly those of primary interest to public health researchers, health professionals, and patients (Section 5.1), and secondly those of more interest to mass communication researchers and media professionals (Section 5.2).

5.1. Applications related to public health

The survey results offer some measure of encouragement to those in favor of closer public health-media alliance-building. However, this process is fraught with complications, evoking negotiation around the relative compatibility of public health and journalistic imperatives. The mass media are not obliged to educate the consumer about health. In fact, good reporting — and in the long run the public interest — may be best served by maintaining an essential tension between different institutions [31]. Currently, increasingly sophisticated lobbying efforts are seen as a growing problem by medical journalists in Sweden [32] and elsewhere.

It is also important to see the role of specialized medical journalists in perspective. Although their work is qualitatively important, perhaps in terms of, e.g. impact on policy-makers and the scientific community, quantitatively the bulk of medical news/health education in the media is probably produced by general news reporters, or within other media areas than strict science reporting, such as, e.g. entertainment [11,33]. Hence, media advocates for public health goals would need to also target other types of decision-makers (owners, advertisers, editors, producers, etc) within the media system.

Differences between journalistic and medical imperatives, evidenced in the survey, e.g. in relation to patients’ rights to medical information, point to the need to clearer delineate areas of possible overlap between the mandates/paradigms of health journalism, public health and patient activism.

Such efforts would also shed light on prerequisites for ‘campaign journalism’ around cer-

tain issues initiated either from outside or inside the media.

5.2. Applications related to the media

A future in-depth exploration of coping strategies of medical journalists in dealing with ethical conflicts and other work-related problems might potentially hold some benefit for the profession, and also shed light on issues of wider interest, such as operational mechanisms — some explicit, others tacit ‘rules of thumb’ — underlying medical news-gathering and presentation. The study also offers some justification for formulating voluntary guidelines from within the profession.

Only about one in three of the survey respondents (20/61) answered the gender-related question ‘Do you think your reporting of health issues would be different if you were of the opposite sex?’, and of these 20, only six were men. Nevertheless, male and female responses were clearly different. The men wrote that as women reporters they would probably cover different topics, typically women’s health issues. They seemed to view differences in women’s and men’s reporting as a matter of content, whereas women respondents on the other hand generally described qualitative differences in male and female reporting. As men their reporting would be more narrowly technical, but also more political, they thought. There would be less of the human touch, more ‘hard facts’, less personal involvement and empathy. These results suggest a variety of possible issues to explore further.

How shall we explain the over-representation of women medical journalists in the professional association? Do female/male medical journalists tell different stories? Or are there professional norms, which bridge the gender divide? How are female/male medical reporters socialized into the profession?

Is health news produced by female/male reporters selectively appropriated by female/male audiences, and if so, how? What are the ramifications for how various audiences trust and integrate health-related information?

Given the positive attitudes of the respondents to biomedical science, the ‘index of scientific quality’ developed at McMaster University [34]

might, for example, be developed further as a tool for feed-back to medical journalists and an impetus to further training in evidence-based health reporting.

Finally, weaknesses of the study include a high overall (external) non-response rate, as well as substantial internal non-response rates for certain questions, as noted. Particularly some of the ranking questions evoked an unwillingness to complete the questions and negative comments from respondents.

Questions raised by this study may serve as a starting point for further studies, particularly using qualitative methods such as in-depth interviews, participant observation at media workplaces, and content analyses of media health coverage, preferably carried out in several countries on a comparative basis.

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