http://researchonline.lshtm.ac.uk/id/eprint/18193

Downloaded from: http://researchonline.lshtm.ac.uk/18193/

DOI:

Usage Guidelines:

Please refer to usage guidelines at http://researchonline.lshtm.ac.uk/policies.html or alternatively contact researchonline@lshtm.ac.uk.

Available under license: Creative Commons Attribution Non-commercial
http://creativecommons.org/licenses/by-nc/3.0/
Answering queries posed by television researchers is part of what an academic historian does these days. This seems to be especially true when your area of interest is the history of medicine and the mass media. One recent programme idea—presented via email—struck me as particularly weak: a series of programmes looking at the way medical advice keeps changing. The researcher had lots of recent examples and wanted me to supply examples from the 1930s, 1940s, and 1950s. I asked what she thought the interest was in documenting such a change? As a historian and keen watcher of medicine on television I hoped to hear something about the way evidence has changed over time: the demand for evidence, what counts as evidence, the rise of randomised controlled trials and of statistical notions of relative risk. Unfortunately, it was change itself that seemed to interest her, the fact that doctors could and did contradict the medical advice they dished out only a year ago.

Change, and rapid change in particular, seemed to counter her sense of what medical knowledge was.
outlined what I thought underpinned this contemporary sense of quick and constant refutation, pointing to changes within the media and within medical science. This required a lengthy email, whereas now I could do worse than quote from Ragnar Levi's book: “Health sciences will always be uncertain to some degree. At best, they produce provisional truths that can serve as guidance until more solid evidence is available … uncertainty and revision of ‘truth’ are not signs of scientific failure but rather hallmarks of all scientific work.”

Levi offers a cogent and highly readable account of contemporary medical journalism, and consequently of medical science. In essence the book provides a compendium of practical guidance for health and medical reporting. The text is framed by a strong sense of social responsibility, its premise being that medical reporting makes a difference in people's lives: in the choices they make, their understanding of healthcare provision, and their engagement with issues of health policy. The policy context is that of the United States, but detailed discussions of information sources and research methods broaden the book's appeal. What distinguishes it from other studies in medical or science communication is its unfaltering evenhandedness. Levi has a clear respect for the ideals of critical journalism and science, tempered by an acute grasp of the realities of both medical research and journalistic practice.

The material presented in this book demonstrates that medical reports can have significant consequences. Media coverage of research findings—even those gleaned from pre-publication press releases—can affect company stock values as well as the hopes of patients. At times the journalist comes across as a lazy or defeated gatekeeper, relying on overly cosy relationships with particular sources, swamped by the hype and information subsidies provided by public relations companies—reproducing rather than questioning methodologically weak findings. The way forward, according to Levi, is highly trained, specialist reporters, capable of interpreting scientific evidence without the assistance of expert sources or press handouts. To this end, a large portion of the book presents a guide to interpreting scientific evidence, providing the toolkit for a sort of evidence based, precision journalism. Levi's guide to evaluating evidence is thorough and accessible. What to look for when checking the reliability of statistical claims, systematic reviews, meta-analyses, cohort and case control studies: what research results actually mean to those suffering illness, or trying to avoid it—the implications of surrogate measures and risk factors.

Following this hymn to evidence based medicine, an image of the medical journalist starts to emerge, and it looks something like Archie Cochrane extolling the critical reporter's maxim “if your mother says she loves you, check it out.” This image of the medical journalist as people's expert is seductive. The familiar idea of an inner circle of journalists, specialist by virtue of their access to “the experts,” is replaced by an alternative circle, specialist by virtue of their own expertise. It is difficult to say how journalism of this kind would affect the quality of medical coverage generally, or whether it could be sustained in the current media market. Indeed, the book ends with a frank acknowledgement that new possibilities for dissemination, brought about by the internet and online publishing, are reshaping the media landscape, the role of the journalist, and the flow of health information. As one commentator noted in the aftermath of media hype surrounding a supposed wonder drug, “journalism, alas, cannot be tested on mice.”