MEDIA WATCH Ben Goldacre

How doctors can get behind the headlines

With real evidence, we are all better placed to communicate the truth behind the news

Few things can make a doctor's heart sink more in clinic than a patient brandishing a newspaper clipping. Alongside the best efforts to empower patients, misleading information conveyed with hyperbole is paradoxically disempowering; and it's fair to say that the media don't have an absolutely brilliant track record in faithfully reporting medical news.

But time and thought has gone into this act. The article has been read, and understood, it has been cut out and stored, and then remembered; before the appointment it has been reread, folded up, and brought in to you. This is a piece of paper that deserves to be taken seriously.

Only those who have never met the full range of people in their community will ever claim that the public are stupid: in most doctors' experience, people are almost universally sharp witted. Where they are misled, someone has worked hard at the job.

The bigger examples, such as MMR, are clear enough. They're also less dangerous, because with issues of wide concern, doctors know what to read. It's the unexpected smaller stories that pose the greater risk: the daily dribble of claims that a new drug is being withheld, despite miraculous benefits, or that a drug has dramatic side effects; or the nonsensical lifestyle claims, founded on schoolboy errors of epidemiology. The *Daily Mail*, in particular, has an ongoing project to divide all the inanimate objects in the world into the ones that either cause, or cure, cancer.

So what to do with the clipping? We all want people to take an interest in their own health, and we all want to work collaboratively with our patients towards an optimum health

outcome. As I see it, there are three options. None of them is satisfactory.

One is to skim read the clipping, and unless it reports something that you already know to be true, dismiss it out of hand, explaining—perhaps sternly, and over your half moon spectacles—that the newspapers are full of “lies.” The second option might make you more popular, at least in the short term: you could take the article, and faithfully negotiate a treatment programme, based on the truth of every word. Nobody, after all, likes conflict.

Both these options are unacceptable. But the third option is the toughest of them all: take the article, in good faith, and try to get to the bottom of the real medical evidence behind the story. Few doctors have the resources and patience to seek out even the published academic literature behind every news story; but even if they tried, many media stories—especially the dramatic and misleading ones—are based on unpublished research, conference presentations, briefings by “mavericks,” or press releases, all of which are tricky primary sources to track down, and which are rarely amenable to basic critical appraisal.

One service does solve this problem, with heroic and admirable patience: Hitting the Headlines is a part of the NHS National Electronic Library for Health (www.nelh.nhs.uk). It has funding for only a handful of stories a month, but already it has amassed an impressive collection. Australia and America are developing their own systems.

Hitting the Headlines can often give you the all-important true negative, when it shows that there is no more than an industry press release to go on. But it also finds and summarises the published

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research behind genuine stories. It offered a valuable quick link to—and précis of—the study behind newspaper articles suggesting that patients taking SSRIs have a twofold increased risk of fractures, for example. Given the media's history of hyperbole, that's the kind of news story you might easily have brushed off, unless you had come across the prospective cohort study yourself.

Among the mass of duff stories, the recent flattery of exemestane, similarly and surprisingly, was based on a published randomised controlled trial; although it's also useful to know that the *Telegraph* article overstated its benefits by a factor of 10 (*Daily Telegraph* 2007 Feb 13:13). Its coruscating headline—“Thousands are denied life-saving breast cancer drug”—feels even more censorious in that light (especially since it had already been approved by NICE, and the new study was the first time that it had been shown to reduce the death rate more than tamoxifen alone).

But beyond mere firefighting, this service has a more important role. As doctors, or nurses, or anyone working in health, we don't provide information for just our patients; we are all situated in communities, and in our lives outside of work we are in a unique position to communicate. When people have been scared or misled—about MMR, or chemotherapy, or anything—they will look to us, and a leaflet, a poster, or a website, is of little help. Everybody misconstrues things in ways that are unique to them, and people can be disabused only on a one to one level. With real evidence, we are all better placed to communicate the truth behind the news.

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