Code is needed to protect inpatients from press publicity

EDITOR.—Doctors are obliged to obtain signed consent from patients to take their clinical photographs. Guidelines to authors of scientific papers require patients' signed consent to the publication of clinical photographs when the patients are recognisable.^{1,2} It seems, however, that the press can take photographs of injured patients against their will and with impunity can expose them to national scrutiny. This was brought to our attention by the case of a patient who suffered extensive and potentially disfiguring facial injuries in the recent bomb blast in the docklands area of London.

While receiving treatment on a ward the patient was photographed against her explicit wishes by a reporter from the *News of the World* newspaper. Her picture subsequently appeared prominently in national newspapers. The distress that this patient felt because of her physical injuries and the trauma of the event was compounded by the effect on her friends and relatives of seeing her face in print and by the invasion of her privacy by a paparazzo who had no right to be on the ward.

We urge the BMA and the Home Office to draw up regulations to protect hospital inpatients from unwelcome press publicity and photography. Transgressors of these regulations should suffer severe penalties. Too often patients in this situation feel that they have lost all control over subsequent attention and publicity and receive little official support in seeking redress.

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1 Advice to authors. *BMJ* 1996;312:41-4. (6 January.)

2 International Committee of Medical Journal Editors. Protection of patients' rights to privacy. *BMJ* 1995;311:1272.

Television programme distorted dangers of diagnostic radiology

EDITOR.—A recent television programme (*Panorama* "The x-ray files," BBC1, 22 Apr 1996) seriously distorted the dangers of diagnostic radiology. The producers relied heavily on an American scientist whose views are unsupported by any peer reviewed evidence.

Radiologists in Britain are keenly aware of the potential hazard of ionising radiation, are responsible under the regulations for the protection of people undergoing medical examination or treatment for clinically directing such examinations,¹ and are liable in law should they contravene these regulations. The Royal College of Radiologists, with the help of the National Radiological Protection Board, has published guidelines for doctors who refer patients, which are aimed at encouraging the appropriate use of radiological procedures.²

The introduction to the college's guidelines contains an indication of the radiation dose of various examinations in relation to natural background radiation. For example, obtaining a chest radiograph uses the equivalent of three days of natural background radiation, and a computed tomographic examination of the abdomen uses the equivalent of four years of natural background radiation. To put the danger of cancer induced by medical diagnostic radiation in perspective, the natural risk of a fatal cancer is 1 in 4—that is, a quarter of the population will die of cancer. At the dose levels used in diagnostic radiology this risk is increased by each procedure by between one in one million and one in a few thousands, with most examinations falling

within the former risk group.³ The risk of cancer associated with a chest radiograph is about the same as that from smoking one cigarette.

As with every clinical intervention, an examination that uses ionising radiation should be undertaken only if the expected benefit exceeds the potential harm. Since the ill conceived television programme was screened many patients have questioned the need for an x ray examination and have sought further advice. I hope that no one who needs such an examination is dissuaded from having it as a consequence of the programme.

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1 *Ionising radiation (protection of persons undergoing medical examination or treatment) regulations 1988*. London: HMSO, 1988. (SI1988/778.)

2 Royal College of Radiologists. *Making the best use of a department of clinical radiology; guidelines for doctors*. 3rd ed. London: RCR, 1995.

3 National Radiological Protection Board. Estimates of late radiation risks to the UK population. *Documents of the NRPB* 1993;14(No 4).

Newspaper hype

Journalists should look beyond the medical literature

EDITOR.—Richard Smith's criticism¹ of the article about hyperbaric oxygen treatment that I wrote recently for the *Independent*² is unfair.

Firstly, the weary tone of his comment "hyperbaric oxygen is for sale—yet again" is inappropriate. I was writing for a general readership, and most lay people have never heard of hyperbaric oxygen treatment. Its use in cases of brain injury has not, to my knowledge, been written about in Britain before.

Secondly, to describe the piece as "promotional" is unjustified. The quotes that Smith pulls out were all claims made by other people and were carefully qualified. The article itself stated: "the treatment is not available on the NHS...because doctors say there is no evidence that it is effective." An NHS consultant, described as sceptical, warned about the danger of people being given false hope and drew attention to risks that he said were associated with the treatment.

The reason that the positive claims made in the article could be neither better supported nor demolished is that—as the piece made clear—it is currently impossible to evaluate hyperbaric oxygen properly as a treatment for brain injuries because there has been only a single, limited, trial. The article pointed out the need for additional research and the unfortunate likelihood that it will not take place.

Overall, Smith's article seems to suggest that the only medical information that should be given to the public is that which has already been granted a stamp of approval by publication in a journal such as the *BMJ*. Medical literature is undoubtedly the richest source of valuable and interesting findings, but it is not the only one. If journalists merely propagated a limited and consensual body of knowledge I believe that the public—and medicine itself, ultimately—would lose out.

I am a freelance journalist, so I cannot speak for the *Independent*. As a reader of that newspaper, however, I, like Smith, wish it to live up to its name. This, to me, means that it should remain independent not just of commercial lobbyists but of any interest group that might seek to dictate what people may be told.

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1 Smith R. Three rules to cut the hype. *BMJ* 1996;312:983. (13 April.)

2 Carter R. Breathing life back into Doran. *Independent* 1995 Apr 2;section 2:6-7.

Newspapers' job is to report results for lay readers

EDITOR.—Richard Smith's comments about the *Independent* show a complete misunderstanding of national newspapers, their audience, and their purpose.¹ It is absurd to apply the sort of critical appraisal used for papers published in medical journals to our news coverage.

The *Independent* addresses an informed, intelligent, lay readership. We provide clear, unbiased coverage that is accessible to all. In reporting the results of research our priority is to take the most interesting and relevant points for the lay readers and present them accurately. It is not our job to duplicate the academic function of medical journals. Any professional who wishes to read the source paper knows where to find it or can easily find out.

In the case of the story about the male pill that Smith mentions our reporter used a press statement from the World Health Organisation—hardly a negligible authority—and lengthy comments from the British researcher who worked on the study. The reporter wrote a balanced and factual account, neutrally headlined "New male contraceptive as effective as pill." If Smith believes that she could have communicated the story better by referring to "contraceptive efficiency of testosterone-induced azoospermia and oligospermia in normal men" then he is living in a different world.

Equally misconceived is Smith's complaint about the *Independent* running the story about the cancer lamp because it originated from the Cancer Research Campaign. The lamp had been used successfully to treat 150 patients and was an interesting topic for lay readers. Our report was fair and measured. It included the caveat that more research was still needed and that the treatment was not currently effective for melanoma or deeply spreading tumours.

Furthermore, if Smith is seriously suggesting that Professor Gordon McVie, a university professor and director general of one of our leading charities, cannot be trusted as a source by journalists then there is something far more seriously wrong in science and medicine than the occasional incidence of hype.

The enormous pejorative generalisations about the *Independent* in Smith's last paragraph make him guilty of unfounded allegation—a substantial failing in an august and respected journal. The issue of the *Independent* that he takes to task is a good example of the serious, intelligent, and broad minded interest that we have always taken in medical matters.

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1 Smith R. Three rules to cut the hype. *BMJ* 1996;312:983. (13 April.)

Correction

Cost effectiveness of antenatal screening for cystic fibrosis

An editorial error occurred in the last letter in this cluster, by H S Cuckle and others (6 April, p 910). The penultimate sentence in the first paragraph states that "carrier women have only a 1 in 199 chance of having an affected pregnancy"; this should read "a 1 in 100 chance."