
Ethics and the Media: A View from the Other Side

by Cheryl Hall Harris

Journalists in today's complex health care world have the opportunity to play a critical and challenging role in the public arena: that of provider of timely information to promote an informed health care consumer base. This includes educating the public on the ethical complexities of health care issues. In order to do this effectively and responsibly, however, journalists need to challenge their own method of gathering and reporting medical news and establish ethical principles to guide their work. This essay examines some of the issues, and the dangers therein, which present ethical challenges to the journalist: media focus on the dramatic and high-tech in medical care over that which provides the public with information more pertinent to its own well-being; an individual's right to privacy regarding health care; use of the media to solicit funds for an individual's health care treatment; and reporting on AIDS.

Ethical issues in health care reporting are moving to the "front page" of journalistic awareness. Two aspects of ethical concerns confront the conscientious journalist. Within the profession of journalism, there have always been standards of ethical practice that include concepts of truth telling, accuracy and fairness. But in our increasingly complex health care world, with scientific discoveries and advances in medical practice, many stories include an ethical dimension that is central to the reporter's job. Just as health care providers have increased the number of questions raised about ethical aspects of their practice, so professional journalists have begun to raise ethical issues as pivotal to their reports of medically based news stories. Journalists, clinicians and ethicists have begun to challenge the manner in which medical news is portrayed to the public.

No one denies the extraordinary responsibility faced daily by members of the press as they report and interpret medical stories. There is an enormous duty to be accurate, fair, unbiased and to present facts in an understandable way for an unsophisticated lay audience. When reporting is done well, the public gains a valuable resource upon which to base decisions. From a clinician's perspective, the media has the opportunity to play a critical role as provider of health information to promote an informed health care consumer base. However, interpretation of health care news is often challenging, especially if the journalist has little or no scientific background.

Journalists have begun to address ethical aspects of reporting within their own professional organizations and in their places of work. Both print and electronic media are in the process of developing

ethical guidelines for their work. In a handbook for journalists, Black *et al.* cite three basic principles for journalists to consider: "(1) Seek truth and report it as fully as possible, (2) act independently and (3) minimize harm." These authors remind journalists about the critical nature of their role of holding powerful people accountable and giving a voice to those without other means of being heard, as they remind journalists about the importance of integrity, credibility and honesty in reporting, including the notion that they should pursue and report competing perspectives. Within an objective of minimizing harm, these authors counsel journalists to "Treat sources, subjects and colleagues as human beings deserving of respect, not merely as means to your journalistic ends" (Black, 1993).

Journalists who incorporate ethical principles into their reporting may raise several questions when considering the slant of a story. They consider the balance of perspectives, identify stakeholders affected by the reporter's decisions, and contemplate how they would feel if roles were reversed and they were "in the shoes" of one of the stakeholders. The reporter would also want his or her obligation to tell the truth to outweigh any possible harm to the subjects of the story. And finally, reporters can use an

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ethical filter to determine whether or not they can justify their thinking and decisions to colleagues, people involved in the story and the public.

One criticism leveled against current practices of reporting suggests that most news media are designed to provide current "breaking" news stories, often focused on the dramatic or those of high pub-

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lic interest. With our current emphasis on quick access to news, the media is less able to provide background information, or ongoing data considered routine. Therefore some health stories are given attention and are thrust into the spotlight more than others. Mundane reports, which may be critical in assisting the general population to maintain health, or which may lead to increased preventive efforts in health care, are often not reported (Nelkin, 1991).

In cases that are considered dramatic by the press, the sheer number of media personnel can compromise care for other patients in the institution. For example, nearly thirty years ago, when the first heart transplants were being performed by Norman Shumway at Stanford University Medical Center, representatives of the press were virtually everywhere throughout the hospital. Entering the newborn intensive care unit that was adjacent to the heart transplant recovery area meant running a gauntlet of reporters. Emergency care for several critically ill patients collided with members of the press completing assignments.

An example of another issue that arises with dramatic case reporting is when the press focuses on a "miracle" baby: an extremely premature, small infant who survives. Current estimates suggest that for every 100 infants born with severely low birth weight, about 15 survive and that many of them may have long-term health problems such as lung damage, cerebral palsy and other physical and mental challenges. Unfortunately, unless balanced reporting brings these statistics into the story, the public begins to believe that "miracle" cases are the norm, and therefore develop unrealistic expectations of outcome.

Finally, when health care reporting focuses on the latest high-tech procedures, equipment and advances in medical practice, the public may be left

unaware of allocation of resource issues that plague our contemporary health care system. Prevention and early intervention are not often considered of significant importance to rank as front-page news stories. The recent reports about health care reform are the closest the media has come to offering serious reflection about the ongoing public health issues the country faces. Poverty, malnutrition and inadequately prepared water supplies are more critical to our overall health as a nation than the acquisition of yet another MRI in a community.

Patient Confidentiality and the Right to Privacy

Within the context of health reporting, issues of privacy become extremely important. When "spectacular cases" arise, physician, patient and research projects are subjected to intense scrutiny by the press. William DeVries, the physician who performed the first artificial heart implants, suggests three principles to screen whether or not medical care for an individual should be subjected to this scrutiny: 1) Considering that a human being is not public property, concern for the patient and his/her family should take precedence over the public's right to have access to the information, 2) "Accuracy is nonnegotiable" for either the press or the medical staff who release information, 3) Advance preparation is critical to prepare patients, other staff and the press for the information that will be released.

Professional journalists face conflicts between the public's need to have access to information versus the right to personal privacy. For example, the public may need information about a professional's unethical behavior or criminal activity to inform citizens about issues of their safety. Black *et al.* (1993) suggest a list of questions to guide decisions about invasion of privacy, including:

1. Does the public have a right and a need to know this information, or would it just be an interesting story?
2. What level of protection do the individuals the journalist is writing about merit?
3. What could the journalist do to decrease the amount of invasion of privacy and any possible harm caused by release of the information?
4. Does the reporter need to include other opinions to give new insights to making the decisions?

5. Can the decision be justified on the basis that benefits outweigh burdens?

Cohn (1992) notes the criticism raised about reporting on the health care of highly visible persons as an infringement of their privacy. He considers compassion a driving force for journalists and suggests they should carefully weigh the benefits of disclosing information about celebrities versus the hardship caused by the revelation.

One famous case that caused dismay for many journalists and health care providers was the "outing" of Arthur Ashe. An internationally known sports figure, Ashe expressed anger over being forced to call a press conference to announce his HIV status in order to maintain control over the release of the information. He had contracted the virus from a blood transfusion given during heart surgery in the mid-1980s and had confided his health problem to family and friends, including a couple of journalists. *USA Today* informed Ashe that they were pursuing a story about his HIV status over his objections because they considered this information an important news story. Ashe was particularly disturbed about any possible effect the disclosure of the information would have on his young daughter, given negative public reaction to this disease. In addition, Ashe had wanted to be able to continue focusing his efforts against apartheid in South Africa and on other social issues (Black 1993).

There are conflicts between health care providers' obligations to the individual patient under their care, and the need for the public to have information about current techniques. An individual facing complex health problems may not want the public intrusion afforded by extensive press coverage of his condition. Interwoven with these issues are ethical questions of privacy and justice that sometimes occur when the media makes appeals for monetary support for individual patients.

Justice and Media Appeals for Charitable Support for Health Care

A current trend in health reporting involves solicitation of funds for a variety of costly procedures such as organ transplants and experimental treatments. A direct and emotional appeal is often made in these news stories that target specific cases. Problems of equity and justice are paramount in these situations. Frequently, the subjects of these appeals are children with middle class parents who possess the sophistication necessary to interest the media in supporting the request. Usually it is a tragic case such as the need for an organ transplant in order for the patient to survive. This practice frequently denies me-

dia access to individuals from minority communities or rural populations. The cases are often appealing, an "innocent victim" such as a young child born with congenital anomaly, not a young adult whose involvement with illegal drugs leads to severe health complications (Boisaubin, 1988).

Other justice issues surface when appeals are made for organ transplantation for a specific individual. A successful campaign may circumvent the allocation process that basically assigns individuals who need organs to a waiting list based on severity of their health need. Designated donations are "person-specific" which assumes that this individual is

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ethically unique, and therefore is someone who should be exempt from the criteria established in organ donation protocols. This negates issues of justice and equity in allocation of scarce organ resources. While media attention can help to raise public awareness of organ scarcity by becoming involved in soliciting organs for a particular individual, the media becomes a participant in circumventing established systems (Kluge, 1989).

These appeals may also place incredible burdens on an ordinary person who is suddenly thrust into celebrity status. A recent example is that of the Lakeburg case that involved conjoined twins who required highly specialized surgical separation, with the necessity that one of the twins would die. Media attention propelled the family into the limelight, and engendered financial donations to the family who were already coping with an emotionally overwhelming situation. Not only were these young parents suddenly the object of a great amount of publicity, but they were coping with the emotional turmoil caused by the seriousness of their babies' predicament. Funds generated were not accounted for as would be by a not-for-profit agency. When the father apparently misused funds, he became the subject of public condemnation.

Another problem arises when the person who has been the object of the original plea develops a long-term need for financial support after the story is no longer considered newsworthy. In a recent

high-profile case, original financial support was solicited through news reports to provide experimental treatment. However, the continued need for life-long ventilator support when the experimental treatment did not work, left the family with ongoing financial burdens. The media, however, cannot make appeals indefinitely.

Some journalists have already begun to note the ethical disparity caused by an emphasis on costly transplants, which supplants preventive services for thousands of others (Cohn, 1992). There are justice implications of providing extremely expensive experimental high-tech care at the same time that thousands of individuals are denied access to basic primary care. As the nation pursues discussions of distributive justice in allocation of scarce resources within the context of health care reform, these questions will continue to force their way to the surface of public debate.

Reporting about AIDS

AIDS is an extremely important health issue facing our society today. The press has considerable responsibility to educate the public about such health issues, especially when the public's health is in jeopardy without having information. However, Nelkin explains that, within the economic realities of maintaining readership, the press may report stories that affect their readers, while avoiding issues that may be more controversial. For example, during the early years of the AIDS epidemic, with its moral overtones as a primarily homosexual disease, less vigorous reporting occurred about the risk of the rising epidemic. Nelkin asserts that although there were 800 reported cases of AIDS and 350 deaths from the disease by the end of 1982, few articles appeared in the press until May 1983. She notes that there was a great deal of information available prior to that time, but until the *New York Times* published an article in May 1983, few journalists ventured into this subject matter.

The choice of language is another critical issue when framing discussions of AIDS (Nelkin, 1991). Whether to refer to AIDS as a virus or a sexually transmitted disease suggests a reflection of the reporter's values. The power to persuade through underlying messages gives increased importance to the neutrality of language that a reporter may select. For example, if a journalist describes an infant infected with the AIDS virus as an "innocent" victim, the implication is that others who have contracted the virus are not innocent, but guilty.

Covering AIDS requires careful attention to reporting in a timely manner about risks and uncertainties associated with the spread of this fatal disease. The media have the difficult task of increasing public awareness without causing panic or undue fears. Any attempts by journalists to reduce prejudice against those who are facing the challenges of HIV infection and AIDS provide a public service that few other individuals have at their command.

Conclusion

Health care reporting is not an easy task, given the explosion of information about newly developing medical treatment, equipment and procedures, superimposed upon ongoing problems with the delivery of basic health care. As journalists report on complex health care issues, they will do a tremendous service if they filter their reports through ethical standards and provide insights to the public about ethical questions that must be raised. No one expects journalists to have all the answers; it is sufficient that they ask the questions.

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