

ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Before starting this elective, medical journalism to me referred to medical related news articles, television coverage and clips that were tailored and produced for the general public in lay terms. However, over the 3 weeks undertaking this elective, I realised that medical journalism covers a lot more than that. Indeed, medical journalism can be tailored to specific audiences such as scientists, students, the general public and more. Further to this, the forms that medical journalism can take are endless, ranging from traditional printed newspaper articles to audio podcasts or social media clips. This variability allows journalists to appropriately target and engage their audience. For example, certain publications may tend to use certain social media platforms to target teens and young adults.

I got to meet experts from different publication genres such as the BBC, BMJ and tabloids. The way each wrote, measured success and formatted their content varied widely. For the BMJ, readership numbers from previous weeks obviously were important, but so was the quality and relevance of a publication. I saw this ethos in action when I sat in on one of their meetings, where they decided what articles and publications to include in their next issue. Certain papers that would have likely had huge readership were rejected due to lack of quality and scrutiny. Others papers were not novel or revolutionary enough so weren't of interest either. In some cases, the team chose to reach out to authors to request certain changes and/or clarifications before deciding to publish their work. This contrasts hugely from what I learnt during my discussions with an ex tabloid journalist. He explained that in tabloid reporting, viewing numbers and online "hits" were the main factor used to measure success and to determine what to publish next. In fact, a lot of the journalism there comprised of learning about and trying to manipulate online social media and advertising algorithms to ensure maximal reach.

Despite these differences, I did find some consistencies across journalism platforms. Many of the people I spoke to talked about a duty in their reporting. Even for the tabloids, it was admitted to me that the medical reporting stayed as factual as possible to ensure information was safe –although, due to the reasons described above, exactly what was reported may be different. An intriguing thought was one that James Gallagher from the BBC told me about. He explained that when you report about medicine, you are potentially influencing the future behaviours and life choices of an individual. An individual who reads about olive oil's benefits may, in that moment, choose to use such oil in their daily diet for example. I think I also noticed the responsibility the media holds in informing health decisions in action during the pandemic. Medical reporting had a key role in informing the public on the latest Covid statistics, laws and guidance. Medical journalists and media therefore not only influence personal behaviours, they also play a key role in keeping the public informed and therefore keeping them safe.

Another theme explored during my elective was the power of the media in producing change and whistleblowing. This of course can go both ways. As I learnt in one of my workshops, it was the media who spread Wakefield's now defunct research on MMR vaccines to the general public thus increasing vaccine hesitancy and leading to reduced measles, mumps and rubella immunity. On the otherhand, media reporting and perseverance can uncover scandals, such as the current maternity care scandal, which in turn leads to meaningful and important change.

Compared to medicine, there is also less regulation of what is reported by journalists and how. It would be unethical for a doctor to use a very novel, non-human and non-scrutinised study to guide their clinical decisions. If one were to do this, the General Medical Council (GMC) would likely intervene and action to remediate this would be taken. The reason for this is to ensure no harm is done to patients. However, if a newspaper decides to report on a new non-peer reviewed study conducted on rats that shows smoking is actually good for you and they title it as “Smoking extends your life” for example, this would potentially be allowed. I found it disturbing to think that someone might start smoking after reading this, therefore endangering their health and life, and there would be no consequences for the author. However, it was encouraging to hear that most medical authors recognise this danger and therefore try to take some responsibility in what they write. It was however apparent to me that accurate and factual reporting was prioritised more in certain media, such as traditional media (BBC, The Guardian) than others, such as tabloids (The Sun, The Express etc).

It seems that the same is true in the US whereby there is much debate over the quality and accuracy of medical journalism and how this impacts health attitudes (Moynihan *et al.*, 2000; Schwartz and Woloshin, 2004). During my time there, I also noticed that much of the medical reporting is politically charged. This of course is also true in the UK, but the issues being discussed and the extremity in views seemed more pronounced in the US. You just have to look at current discussions surrounding abortion to see how polarised public opinion on health practices can be. I believe that the issue of abortion is less sensitive in the UK (with perhaps the exception of NI) where most of the general population support the right to abortion (YouGov, 2022). In the US, the question of cost also comes into the mix. It was shocking to see just how commercialised medicine is over there. Every other advert on television would be promoting a new drug, recommending it to the general public without consultation from a medical practitioner. When patients were receiving treatment in hospital, every dressing, gauze, stitch and item used to care for them was counted for billing purposes. This undoubtedly impacts public health with those who are unable to afford it (who are often those who need it most) delaying or avoiding care (Dickman, Himmelstein and Woolhandler, 2017). This influences the relationship media has on health, where you can imagine those who cannot seek medical treatment directly may rely on medical journalism more.

One of the bigger projects I undertook during this elective was using all I had learnt about medical reporting to develop, script and record my own medical podcast. I worked with experienced individuals from the field to come up with an idea and audience for whom to record the podcast for. This process was interesting as it consolidated to me how your target audience influences your journalistic format and story. My communication skills also improved through script writing. I really had to think about the language I was using; not only did it have to be understandable for my audience, it also had to be easy for me to say and fit into my natural dialect. Contacting speakers for my podcast was also a great learning experience as I had to manage different schedules and availabilities whilst simultaneously staying polite. I also had to learn how to communicate my ideas across succinctly and accurately so as to encourage individuals to take part. When we recorded the podcast itself, I had to consider confidentiality and the medico-legal consequences. I also had to ensure clarity through tone and pace.

I am hugely grateful for this elective experience and those who supported me through it as it has allowed me to get a good insight into the world of medical journalism, to better appreciate what medical journalism encompasses and to develop some of my own writing, communication and journalism skills.