

When the scoop is not the best medicine

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By **John Clare**

Health stories involving pharmaceutical companies must be handled with special care and attention if true investigative reporting and not scaremongering is to be the order of the day, says John Clare, former ITN and Daily Mail journalist

Five years ago I conducted a survey of health correspondents in the UK media, asking about their dealings with the pharmaceutical industry. When I asked what factors had most strongly influenced their view of drug firms, a number mentioned Thalidomide.

The tragedy was indeed a defining moment for the industry, and the media campaign led by the Sunday Times for compensation for the deformed children is justifiably still acknowledged as a peak of campaigning investigative journalism.

However, the fact that 40 years later it is still being quoted by health journalists in this way says things about both sides in the debate.

The past is another country, and the pharma industry today is unrecognisable from that one. It also shows how difficult it is for the industry to get a fair press.

The claims by Richard Orange in Press Gazette (29 January) are another case in point. Of course the industry is not perfect, and everything (even journalism) can be improved by learning from mistakes. However, his piece does not bear scrutiny.

All communications from pharmaceutical companies about prescription medicines in the UK are strictly regulated by the ABPI code. It states that information "must be factual and presented in a balanced way." The days of "entertaining health journalists at lavish events" are long gone. If you think entertainment has been lavished on you, complain to the ABPI.

Professional help

Of course it's appropriate that pharmaceutical firms, which spend hundreds of millions of dollars and many years developing new drugs, hire professionals to talk about them in a regulated way. Why would they do anything else?

In the vast majority of cases the medicines are making valuable improvements to people's lives. Twenty years ago a diagnosis of HIV or cancer was a death sentence but now people live for years after diagnosis, thanks to the pharmaceutical industry.

Statins prevent heart attacks, insulin helps people live full lives, new vaccines are protecting women against cervical cancer and children against rotavirus. If an avian flu epidemic occurs, the world will expect the pharmaceutical industry to play a major part in saving it.

The idea that senior health journalists, in national or regional media, would feel unable to criticise pharmaceutical companies after accepting their hospitality is laughable. One characteristic of journalists is that they are not house-trained. Many have elevated the skill of "biting the hand that feeds them" into an art. As my boss at the Daily Mail used to say, "All good PRs realise they're going to get f***ed occasionally." They certainly do.

I remember one health journalism awards ceremony not long ago, sponsored by a multinational pharmaceutical company. The top award went to a journalist who had "exposed" allegedly dangerous side effects of a drug made by the sponsors. There were a few red faces and ironic shrugs on both sides, but it goes with the territory.

If Richard Orange thinks “pharma deaths” as he calls them don’t get sufficient coverage, he must be reading different papers to me. The problem is not that there are not enough reports of drug side effects, but that there are too many where the link is tenuous at best.

When there is a real problem it should be publicised, but scaremongering reports based on anecdotal evidence frighten people unnecessarily. And frightening people off their medication can harm or even kill them.

Vaccine scare

Are journalists proud of the results of the campaign in some newspapers against the MMR vaccine? Vaccination rates in the UK dropped and we now have measles outbreaks around the country. Globally, meanwhile, measles deaths are falling, thanks to the success of vaccination.

If journalists had listened to the industry “spin doctors” perhaps the looming health crisis could have been avoided.

Among some UK journalists there is often a presumption of guilt whenever they come into contact with the industry.

It’s clear that sometimes the industry doesn’t do itself any favours in its communication efforts, but it would be good to think that anti-industry claims of side effects or malpractice were treated with at least a degree of scepticism.

There are many questions to ask the allegedly “innocent victim” of a side-effect story. For example: Were you taking the drug for the licensed indication, at the recommended dose? I remember a well-known writer being quoted as saying he had been prescribed an anti-depressant for writer’s block. This is not an indication I recall ever seeing on the label of any pharmaceutical product.

Wheat from the chaff

The responsibility to ask the right questions is as heavy when an apparently innocent side-effect victim calls as when you have Big Pharma in your sights. Some people have a genuine grievance. Others are warming up for a legal claim and know the media can be a powerful and sometimes unquestioning ally. Like most reporters, I was taught that there are six questions to answer: Who, what, where, why, when and how.

Unfortunately, the background to many “victim” stories is based on the seventh question: “Who can we sue?” The trouble is, some stories are just too good to inquire too hard.

John Clare is managing director of LionsDen Communications, consultants to the pharmaceutical industry. The opinions here are his own, and not expressed on behalf of any client.

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