

JOURNALIST'S RESOURCE

Knowledge-based reporting

Syllabus: Health reporting

Health is one of journalism's most complex and important reporting beats. Health care spending consumes about 17% of the U.S. economy, and the high cost of medical treatment affects everyone sooner or later. This beat touches on politics; economics and resource allocation; medicine and disease; business finances, marketing and sales practices; and consumer regulation and the law. It also involves conflicts of interest not only in the health professions but within the media as well. Someone covering health is expected to be expert in most of these topics and proficient in analyzing the growing amounts of health system data becoming available.

Course objective

This course is designed to acquaint reporters with all aspects of the health beat and teach them how to write compelling narratives about the U.S. system, investigate wrongdoing in health and medicine, and interpret health in political, socio-economic and medical contexts in ways that serve the public interest.

Learning objectives

The syllabus is designed to strengthen students' core competencies in several areas:

- Finding and analyzing background reading for stories.
- Using observation to augment reporting.
- Analyzing government documents dealing with inspection, enforcement, and regulation of health facilities and other medical enterprises.
- Finding and interpreting data that measure the cost and quality of health care facilities
- Improving interviewing skills.
- Evaluating varied sources of information while connecting the dots for analysis and contextual reporting.

Course design

This course will acquaint students with all domains of health reporting. They include public and community health, the business of health, health policy, reporting on drugs and disease, and .consumer health. Assignments will help them develop knowledge in these domains but also strengthen their ability to report and write about them.

Readings

There are three groups of readings for this course: general readings that apply to writing all kinds of health stories; books; and magazine articles or Internet readings that apply to particular class topics. General readings help students with writing and are meant to be suggestions for instructors to assign as optional reading.

Note: There may be more readings suggested for each class than an instructor may want to assign. Instructors may want to select readings based on course emphasis for the semester.

Optional general readings:

- “The Media Matter: A Call for Straightforward Medical Reporting,” L. Schwartz, S. Woloshin, *Annals of Internal Medicine*, February 2004.
- [“A Journalist’s Guide to Writing Health Stories,”](#) Gordon Guyatt et al., *American Medical Writers Association Journal*, Winter 1999.
- “Politics and the English Language,” George Orwell.
- “First a Story...,” *Columbia Journalism Review*, November 2002.

Books:

- Charles E. Lindbloom, Edward J. Woodhouse, *The Policy-making Process*; Prentice Hall, 1992.
- Marcia Angell, *The Truth About the Drug Companies: How They Deceive Us and What to Do About It*; Random House, 2004.
- Marion Nestle, *Food Politics: How the Food Industry Influences Nutrition and Health*; University of California Press, 2007.
- Jill Quadagno, *One Nation: Uninsured: Why the U.S. Has No National Health Insurance*; Oxford University Press, 2006.
- Theodore Marmor, *The Politics of Medicare*; Aldine Transaction, 2nd Edition, 2000.
- Institute of Medicine, *To Err Is Human: Building a Safer Health System*; National Academies Press, 2000.
- *Studying a Study and Testing a Test: How to Read the Medical Evidence*, Lippincott Williams & Wilkins, 2004.

Chapters to be read from these books are listed for relevant class.

Assignments

There will be four short assignments and one final in-depth story you can do in any medium — print, broadcast or web package. Assignments are as follows:

Short assignments

- An 800-word blog post on the U.S. health system.
- An 800-word blog post comparing health statistics for two communities.
- A 1,000-word story discussing what you find examining the nursing-home inspection report (Form 2567) for a facility of your choice and comparing it to data for the facility found on the government’s [Nursing Home Compare](#) site and to your own observations from visiting the nursing home.
- A 1,000-word consumer story on the topic: “Should you join a clinical trial?”

Final assignment

You can choose between:

- A story about a hospital using quality and safety data, its marketing efforts, its patient mix, its charges, prices and negotiating leverage — in short, everything a patient would need to know before choosing that hospital.
- A story about the marketing of a controversial drug — one that may have a questionable safety profile or efficacy, high cost or limited use. It will be an examination of how the drug came to be, how it was sold and what it contributes to better health, if anything.

Assignments for in-class discussions

- Week 6: Choose a local hospital and look at how three different rating organizations evaluate it and be prepared to discuss in class. NO WRITTEN PAPER
- Week 7: Examine the disciplinary actions for doctors and nurses in your state and be prepared to discuss what you find in class as well as possible stories you might do. NO WRITTEN PAPER
- Week 9: Choose a widely advertised drug and observe how it is marketed in different media. Be prepared to discuss its side effects, marketing channels, and the ads effectiveness in communicating risks and benefits to the public. NO WRITTEN PAPER
- Week 10: Choose a news report of a medical study and be prepared to evaluate it for the class using the criteria from Health News Review. NO WRITTEN PAPER

Weekly schedule and exercises (13-week course)

The assumption of this syllabus is that the course will meet twice a week. It is also assumed that students will have completed at least one basic reporting class before taking this course.

Week 1: Uniquely American health care

Unlike other developed nations, the United States does not provide a universal right to health care. Instead, it uses a system of private insurance, and health care is a commodity to be bought and sold with minimal regulations. Although the 2010 [Affordable Care Act](#) gave more people the right to buy health insurance, it did not guarantee that providers had to accept it. Nor did it mean every American will have insurance.

Class 1: Health care in the American context and the privileged position of business

Discussion: Why we have the system we do and why it is so hard to change. The politics of the Affordable Care Act.

Readings: *The Policy-Making Process*, all chapters.

Class 2: The best health care in the world?

Discussion: The points of similarity and difference between American health care and other developed countries. Students will be asked to compare and contrast health care in other countries based on the readings and OECD data.

Readings:

- [“Mirror, Mirror on the Wall: An International Update on the Comparative Performance of American Health Care.”](#) The Commonwealth Fund, 2007.
- [“Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally, 2010 Update.”](#) The Commonwealth Fund, 2010.
- [OECD health statistics portal.](#)
- [“U.S. and Other Health Care Systems Compared”](#) (PowerPoint), Humphrey Taylor, Harris Poll, April 4, 2012.

Week 2: What makes healthy people and communities

Many factors determine people's health, and it's not necessarily the kind of insurance they have, their genetic predisposition or medicines. The food we eat, the money we have, where we live, our jobs and the stress we experience play a big role in health.

Class 1: The social determinants of health

Discussion: Class takes the population health quiz and discusses answers, then discusses the Whitehall Studies in *The Lancet* article, stress, job satisfaction and health care inequality.

Readings:

- [“Health in an Unequal World,”](#) *The Lancet*, December 5, 2006.
- [“Class: The Ignored Determinant of the Nation’s Health,”](#) *The New England Journal of Medicine*, September 9, 2004.
- [“Inequalities Are Unhealthy,”](#) *Monthly Review*, Volume 56, Number 2, June 2004.
- [“Nobel Winners Live Longer, Say Researchers,”](#) *The Guardian*, January 17, 2007.
- [“Population Health Quiz,”](#) Population Health Forum.

Class 2: Reporting on differences in community health

Discussion: Finding health statistics for various communities, what they tell us, and how to use them.

Readings:

- [“The Reversal of Fortunes: Trends in County Mortality and Cross-County Mortality Disparities in the United States,”](#) PLoS Medicine, April 22, 2008.
- Familiarize yourself with U.S. county health rankings, census data, databases from the [Commonwealth Fund](#), the [Robert Wood Johnson Foundation](#), and the [University of Wisconsin](#).

ASSIGNMENT DUE THIS WEEK: Write an 800-word blog post comparing the U.S. health care system to those of other developed nations. Is the U.S. system “the best in the world,” as some claim? If so, by what measures and for whom? If not, in what way and for whom? Be sure to use data to support your assertions.

Week 3: The public's health

The media often give scant attention to public health unless there is a disease outbreak or environmental disaster. Public health issues generally fall into two groups — traditional public health problems like measles epidemics and newer ones such as obesity and vaccine controversies. Students will learn how to cultivate sources in their local health departments and identify ideas for stories that further public health.

Class 1: Covering disease outbreaks and vaccine controversies

Discussion: Class will examine and critique coverage of the H1N1 outbreak and examine controversies over childhood vaccinations.

Readings:

- [“How Social Networks Shaped Disease Transmission During 2009 H1N1 Pandemic,”](#) Journalist’s Resource.
- [“Public Should Receive More Complete Warnings,”](#) CBS News Investigates, August 19, 2009.
- [“Drug Makers’ Push Leads to Cancer Vaccines’ Rise,”](#) *New York Times*, August 19, 2008
- [“We Are Not Immune: Influenza, SARS and the Collapse of Public Health,”](#) *Harpers*, July 2004.
- [“Chiropractors and Vaccination: A Historical Perspective,”](#) *Pediatrics*, April 1, 2000.
- [“The Legitimacy of Vaccine Critics: What Is Left After the Autism Hypothesis?”](#) *Journal of Health Politics and Law*, 2012.

Class 2: Covering the new epidemic — obesity

Discussion: Examine how the obesity epidemic has been framed and discuss ways to cover the story beyond the obvious.

Readings:

- [“Disparities in Obesity Patterns Among Adolescents,”](#) Journalist’s Resource.
- [“Evaluating Sugary Drink Nutrition and Marketing to Youth,”](#) Journalist’s Resource.
- *Food Politics*, “Working the System” and “Exploiting Kids, Corrupting Schools.”
- [“The Media and Obesity,”](#) *Obesity Review*, 2007.
- [“Supersized Bias II,”](#) Media Research Center, December 14, 2004.

HELPFUL RESOURCES: *Covering Obesity: A Guide for Reporters*, Association of Health Care Journalists.

ASSIGNMENT DUE THIS WEEK: An 800-word blog post that compares the health of two communities using data from the Commonwealth Fund, Robert Wood Johnson, U.S. census data, the University of Wisconsin, and Community Health Status Indicators (Public Health Foundation).

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Week 4: How the United States pays for health care

America has a bifurcated system of health insurance based largely on employment with coverage supplied by private insurers. Medicare, a social insurance program, covers the elderly and disabled people; Medicaid, a means-tested welfare program, covers the poor for health care and the middle class for long-term care.

Class 1: The private insurance system

Discussion: This class will examine the role of employers in providing insurance and how private insurance carriers work, how they select risks, price and market their products, choose doctors for their networks, and decide which claims to pay.

Readings:

- *One Nation Uninsured*, chapters 2, 5, 6, 7.
- [“Health Insurer Tied Bonuses to Dropping Sick Policyholders,”](#) *Los Angeles Times*, November 9, 2007.
- [“How Insurers Reject You: BlueCross BlueShield of Texas’ Blueprint for Denying Health Policies,”](#) *Slate*, February 10, 2010.
- [“How Private Health Coverage Works: A Primer,”](#) Kaiser Family Foundation.
- [“Health Reform and Medical Bankruptcy in Massachusetts,”](#) Journalist’s Resource.
- [“Insurers Alter Cost Formula, and Patients Pay More,”](#) *New York Times*, April 24, 2012.
- [“Cuomo Aims to Salvage Health Pact,”](#) *Wall Street Journal*, April 27, 2012.

Class 2: The public insurance system

Discussion: This class focuses on how Medicare, Medicaid, and the [CHIP program](#) provide coverage for the elderly, the poor and children from low-income families. Students will learn the differences between social insurance and welfare programs, and understand the sales and marketing of Medicare Advantage plans and Medicare supplement insurance that add a private dimension to the Medicare program.

Readings:

- [“Medicare: A Primer,”](#) Kaiser Family Foundation, April 26, 2010.
- [“Medicaid: A Primer,”](#) Kaiser Family Foundation, June 22, 2010.
- *The Politics of Medicare*, chapters 1, 9, 10.
- [“Covering Medicare” archive,](#) *Columbia Journalism Review*.

Week 5: Covering long-term care

As the U.S. population ages, long-term care has become a serious topic to cover. It involves investigating nursing homes, assisted living facilities and other care options in the community, and reporting on the quality and safety of their services. Most of these facilities operate as for-profit businesses whose financial goals sometimes conflict with the need to provide good care. Students will learn how to judge nursing home finances using such tools as Medicare cost reports, annual reports, and documents filed in lawsuits.

Class 1: Nursing homes and assisted living facilities

Discussion: This class will explore how nursing homes changed from non-profit to for-profit providers, the lobbying clout of the industry, and the role of Medicaid in paying for long-term care. Students will examine the state and regulatory systems for nursing homes, state inspection reports, and the lack of oversight for assisted-living facilities. It will also discuss how consumers and reporters can evaluate nursing homes using government data and simple techniques of observation.

Readings:

- [“Nursing Homes: Business as Usual,”](#) *Consumer Reports*, September 2006.
- [“Nursing Home Guide,”](#) *Consumer Reports*.
- [“Trust and Neglect: Special Report on Nursing Homes in Michigan,”](#) part 1 (others optional), *Detroit Free Press*, December 11, 2011.
- [“Falsified Patient Records Are Untold Story of California Nursing Home Care,”](#) *Sacramento Bee*, September 18, 2011.
- [Medicare’s Nursing Home Compare database](#), Association of Health Care Journalists.
- [“At Many Nursing Homes, More Profit and Less Nursing,”](#) *New York Times*, September 23, 2007.

Class 2: The forgotten services — home care, board and care homes, food programs, and Medicaid waivers

Discussion: This class will teach students how these programs work, how they are regulated, if at all, how to find stories from community advocates, and how to evaluate the quality of health care they provide.

Readings:

- [“Seniors for Sale: Exploiting the Aged and Frail in Washington’s Adult Family Homes,”](#) *Seattle Times*, November 17, 2011.
- [“Hunger in America,”](#) *The Nation*, March 30, 1998.
- [“Home Alone: Adult Health Center Cuts Devastate Elderly, Disabled,”](#) *New America Media*, October 27, 2011.

ASSIGNMENT DUE THIS WEEK: 800 to 1,000 word story evaluating inspection reports for your chosen nursing home.

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Week 6: Covering hospitals

Hospitals account for a third of U.S. health care spending. They play competitive games to attract patients, often through promotion of expensive medical devices and services. Hospitals are big businesses and enjoy patient loyalty in ways most enterprises do not. They also can be unsafe and vary in the quality of care delivered, a reality that conflicts with hospitals' "good guy" image.

Class 1: The hospital as a business enterprise

Discussion: Students will learn how to analyze hospital financial statements such as 10k and 990 filings, understand charity care, marketing, executive compensation, hospital regulation and state survey inspection reports. They will also examine the myth of hospital competition as a way to lower health care costs and the trend toward consolidation.

Readings:

- [“Medical Debt Puts More at Risk,”](#) *The Bergen Record*, January 22, 2012.
- [“In Their Debt,”](#) *Baltimore Sun* (parts 1, 2, 3), December 21, 2008.
- [“The New Goliaths,”](#) *The National Journal*, February 17, 2012.
- [“Hospitals’ Geographic Expansion in Quest of Well-Insured Patients: Will the Outcome Be Better Care, More Cost or Both?”](#) *Health Affairs*, April 2012.
- [“Debt Collectors Pursue Patients Inside Hospitals,”](#) *New York Times*, April 25, 2012.

HELPFUL RESOURCES: [“How to Cover Hospitals”](#) and [“Tools for Covering Hospitals,”](#) Association of Health Care Journalists.

Class 2: Hospital safety and quality

Discussion: Government data increasingly show that hospitals can be unsafe. Class will discuss sources of safety data and how to use it to frame stories. Students will also learn about the myriad ratings schemes for hospitals, including those from government agencies and for-profit businesses, learn how to separate the reasonable from the questionable, and understand whether any of them have relevance to patients.

Readings:

- [“Do No Harm: Hospital Care in Las Vegas,”](#) *Las Vegas Sun* (parts 1, 2, 4), June 27, 2010.
- [“How Our Hospitals Unleashed a MRSA Epidemic,”](#) *Seattle Times*, November 16, 2008.
- [“Should Health Journo Use Hospital Safety Data?”](#) *Columbia Journalism Review*, March 12, 2012.
- *To Err Is Human*, chapters 2, 3, 6.
- [HealthGrades website.](#)

ASSIGNMENT FOR IN-CLASS DISCUSSION: Choose a hospital in your community and look at three different rating schemes to see how they evaluate the hospital you selected. Consider what a consumer would do with them.

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Week 7: Covering the health professions

Covering health care professionals — doctors, nurses, dentists, therapists — has long been a staple of the health beat, but in recent years it has taken on new importance as professionals increasingly advertise their services. We will explore state and federal regulatory systems that are designed to ensure patient safety but often fail to do so. We will also evaluate safety and quality data available from government agencies and learn how to differentiate rating schemes that are self-serving and those that may be useful to journalists.

Class 1: How we regulate doctors, nurses and the rest

Discussion: In this class, students will learn how to use information and data about practitioners from such sources as state licensing boards and the [National Practitioner Data Bank](#). They will explore the larger question: Why bad doctors and other professionals continue to practice medicine.

Readings:

- [“When Caregivers Harm: America’s Unwatched Nurses.”](#) ProPublica.
- [“Missouri Secretive, Lax on Doctor Discipline,”](#) *St. Louis Post-Dispatch*, December 12, 2010.
- [“Fatal Mistakes,”](#) *AARP Bulletin*, November 2004.

Class 2: The malpractice myth

Discussion: Contrary to popular belief, malpractice lawsuits are not responsible for the high cost of U.S. health care. The academic literature is full of suggestions that would address this contentious issue and result in more equitable compensation for those injured by medical practitioners. Students will discuss defensive medicine and learn about the politics, the options, and how to understand the spin from lawyers and doctors so they can report with more knowledge and nuance.

Readings:

- [“Righting Wrongs,”](#) *AARP Bulletin*, April 2006.
- [“Excluded Voices: Health Care Costs,”](#) *Columbia Journalism Review*, March 18, 2011.
- [“Medical Malpractice,”](#) *The New England Journal of Medicine*, January 15, 2004.
- [“Surmounting Myths and Mindsets in Medical Malpractice,”](#) Urban Institute, October 2005.
- [“Malpractice Risk According to Physician Specialty,”](#) Journalist’s Resource.

ASSIGNMENT FOR IN-CLASS DISCUSSION: Students will examine disciplinary actions against doctors and dentists (or any other health professional the instructor chooses) in their state and be prepared to discuss their findings and suggest possible stories based on what they find.

Week 8: The pharmaceutical industry, part 1

Drug makers and manufacturers of medical devices are some of the most profitable businesses around. They enjoy considerable public and political support and spend billions of dollars on advertising and marketing to ensure that the public and politicians think well of their efforts. While many companies' products have improved health, firms also market drugs and high-tech equipment that boost the cost of care without providing commensurate benefits to patients.

Class 1: Drug industry basics

Discussion: Class will examine how the drug and medical device industry creates new drugs. Students will learn about research and development costs, patent protection, and the industry's profitability.

Reading: *The Truth About the Drug Companies*, chapters 1 through 6, 10

Class 2: How the U.S. regulates drugs and devices — the FDA approval process

Discussion: Health reporters need to understand how the FDA regulates drugs and devices, what the rules are, what approval means and does not mean, political pressures the FDA faces. Students will consider the question: Is the public well protected? To prepare for class, students will browse the [FDA website](#) and familiarize themselves with FDA documents such as proceedings of advisory panel meetings, adverse event reports, black-box warnings, labeling rules, advertising regulations and warning letters to advertisers.

Readings:

- [“Stronger Cautions Backed on Bone Drugs for Women,”](#) *New York Times*, September 10, 2011.
- [“The High Cost of Failing Artificial Hips,”](#) *New York Times*, December 27, 2011.
- [“New Models of Implants Not Better, Study Finds,”](#) *New York Times*, December 23, 2011.
- [“Group Faults The F.D.A. on Oversight of Devices,”](#) *New York Times*, April 13, 2011.
- [“Eli Lilly Said to Play Down Risk of Top Pill,”](#) *New York Times*, December 17, 2006.
- [“Political Lobbying Drove FDA Process,”](#) *Wall Street Journal*, March 6, 2009.

Week 9: The pharmaceutical industry, part 2

Class 1: How the industry markets to doctors and patients — detailing, selling sickness, disease advocacy groups

Discussion: In this class, reporters covering the pharmaceutical industry from the business, health or consumer perspective will become acquainted with the ways the industry increases the market for new drugs.

Readings:

- [“Should Health Advocacy Groups Disclose Funding?”](#) *Pharmalot*, January 13, 2011.
- [“The Fight Against Disease Mongering.”](#) Public Citizen Health Research Group Health Letter, May 2006.
- [“Following the Script: How Drug Reps Make Friends and Influence Doctors.”](#) *PLoS Medicine*, April 24, 2007.
- [“The Thin Pill.”](#) *Wired* magazine, October 2006.
- [“Giving Legs to Restless Legs: A Case Study of How the Media Helps Make People Sick.”](#) *PLoS Medicine*, April 11, 2006.
- *The Truth About the Drug Companies*, chapters 7, 8, 9.

Class 2: How the industry uses the media to market its products

Discussion: This class will examine direct-to-consumer advertising, the industry’s use of social media and traditional media, and how the media themselves have played a role in helping to market pharmaceuticals.

Readings:

- [“ADHD’S Facebook ‘Friends’.”](#) *Los Angeles Times*, March 30, 2009.
- [“Pharma Goes Online; Feds Fail to Follow.”](#) *Corporations and Health Watch*, July 8, 2009.
- [“A Decade of Direct-to Consumer Advertising of Prescription Drugs.”](#) *The New England Journal of Medicine*, August 16, 2007.
- [“Bitter Pill.”](#) *Columbia Journalism Review*, July 2005.
- [“New Drugs: A Dose of Reality — the Press Too Often Plays Up the Positive.”](#) *Columbia Journalism Review*, September 1999.
- [“Giving Legs to Restless Legs: A Case Study of How the Media Helps Make People Sick.”](#) *PLoS Medicine*, April 11, 2006.

IN-CLASS ASSIGNMENT FOR DISCUSSION: Choose a widely advertised drug and evaluate the effectiveness of the commercials. Look for evidence of risks and benefits, warnings and usefulness to potential users.

Week 10: Understanding medical studies

Most health reporters will be asked to report on new medical studies, and the temptation will be to report on the usually glowing findings touted in press releases. But reporting on what the studies really find and interpreting what they mean is tricky. This class will acquaint students with some basic epidemiological concepts and help them learn the criteria for reporting useful and accurate information to the public. Students will also learn where medical news comes from, how it is disseminated, and the politics of medical journals.

Class 1: How to read and interpret medical studies

Discussion: This class focuses on the nuts and bolts of reading studies. Students will learn concepts such as [absolute and relative risk](#), [number needed to treat](#) and the [hierarchy of evidence](#). They will also learn about journal embargos and how to interpret news from medical conferences. Students should familiarize themselves with blog posts on [Embargo Watch](#) and [Retraction Watch](#).

Readings:

- [“Bitter Pill,”](#) *Columbia Journalism Review*, July 2005.
- [“Tips for Understanding Studies,”](#) and [“Review Criteria,”](#) Health News Review.
- [“Coverage by the News Media of the Benefits and Risks of Medications,”](#) *The New England Journal of Medicine*, June 1, 2000.
- [“Studying a Study and Testing a Test: How to Read the Medical Evidence,”](#) *Annals of Internal Medicine* November 7, 2000.
- [“Mixed Grades for Medical Coverage,”](#) *Columbia Journalism Review*, April 22, 2011.
- [“Now You See It, Now You Don’t: Why Journals Need to Rethink Retractions,”](#) *The Guardian*, January 15, 2011.
- [“Ethical and Scientific Implications of the Globalization of Clinical Research,”](#) *The New England Journal of Medicine*, February 19, 2009.
- [“Randomized Control Trials: Observational Studies and the Hierarchy of Research Designs.”](#) *The New England Journal of Medicine*, June 22, 2000.

HELPFUL RESOURCES: *Covering Medical Research: A Guide for Reporting on Studies*, Association of Health Care Journalists; [“Levels of Evidence”](#) and [“Evidence-Based Medicine Glossary,”](#) Oxford Centre for Evidence-based Medicine.

IN-CLASS ASSIGNMENT FOR DISCUSSION: Find a news report of a medical study and be prepared to evaluate the story according to the criteria from Health News Review

Class 2: Clinical trials and IRBs

Discussion: In this class the focus will be on clinical trials and how they work, the risks and benefits of joining one, what they mean for drug safety and efficacy. Class will also discuss the Institutional Review Boards (IRBs) that scrutinize the methodology and procedures used in every clinical trial. It will examine how well participants are protected.

Readings:

- [“The Right to a Trial.”](#) *The New Yorker*, December 18, 2006.
- [“The Biotech Death of Jesse Gelsinger.”](#) *New York Times*, November 28, 1999.
- [“Ten Years Later: Jesse Gelsinger’s Death and Human Subjects Protection.”](#) Bioethics Forum, October 22, 2009.
- [“Ethical and Scientific Implication of the Globalization of Clinical Research.”](#) *The New England Journal of Medicine*, February 19, 2009.

ASSIGNMENT DUE THIS WEEK: 1,000-word consumer story on whether a patient should join a clinical trial.

Week 11: The high cost of medical care

The U.S. spends more on health care than any country in the world. A large chunk of that outlay is spent on high-tech treatments of unproven worth that contribute to the overtreatment that Americans experience. Paradoxically, overtreatment exists alongside the lack of treatment for people who need care but cannot get it. Historically, businesses and practitioners have resisted attempts to control what they can charge, and there have been few attempts by the government to limit what health care providers and sellers charge.

Class 1: Why are costs so high? The paradox of overtreatment and undertreatment, and the myths of preventive care

Discussion: This class will explore the differences between the way the United States and other countries control medical costs. Students will examine the cost-control methods called for by the health reform law, cost differences among U.S. localities, the paradox of over- and undertreatment, and the myths of preventive care. Students will familiarize themselves with the [Dartmouth Atlas of Health Care](#) and geographic variation in cost and quality of health care and the recommendations of the [U.S. Preventive Services Task Force](#).

Readings:

- [“The Obama Administration’s Options for Health Care Cost Control: Hope Versus Reality,”](#) *Annals of Internal Medicine*, April 7, 2009.
- [“Health Care Spending: The Basics; How Much Do We Spend on Hospitals?”](#) (part 1), Century Foundation, April 4, 2008.
- [“The Cost Conundrum,”](#) *The New Yorker*, June 1, 2009.
- [“Bundling Payments to Curb Health Care Costs Proves Difficult to Achieve,”](#) RAND, November 2011.
- [“Benchmarking Preventive Care Utilization,”](#) Milliman Research Reports, March 21, 2011.
- [“Excluded Voices: An Interview with Rutgers Professor Louise Russell,”](#) *Columbia Journalism Review*, June 16, 2009.
- [“Is High Spending on Cancer Care ‘Worth It’?”](#) Reuters, April 9, 2012.
- [“An Analysis of Whether Higher Health Care Spending in the United States Versus Europe Is ‘Worth It’ in the Case of Cancer,”](#) *Health Affairs*, April 2012.
- [“In Long Drive to Cure Cancer, Advances Have Been Elusive,”](#) *New York Times*, April 24, 2009.
- [“Mammogram Study Reignites Controversy on Breast Cancer Screening,”](#) ABC News, September 29, 2010.
- [“New Mammogram Guidelines Are Causing Confusion, But Here’s Why They Make Sense,”](#) Our Bodies, Ourselves Blog, November 18, 2009.
- [“The Quality of Health Care Delivered to Adults in the United States,”](#) *The New England Journal of Medicine*, June 26, 2003.

Class 2: Covering medical technology

Discussion: Health and business reporters will be asked to report on new medical technology, and as in the case when they cover new drugs, the press release too often becomes the story. But there is much more to reporting about technology that explains how it contributes to the country's high health care tab.

Readings:

- [“The Case of CT Angiography: How Americans View and Embrace New Technology.”](#) *Health Affairs*, November 2008.
- [“Covering Medical Technology: The Seven Deadly Sins,”](#) *Columbia Journalism Review*, September/October 2001.
- [“Unproven for Older Women, Digital Mammography Saps Medicare Dollars.”](#) Center for Public Integrity, October 17, 2011.
- [“Digital Mammography No Better than Film for Most Women Despite Increased Costs.”](#) Center for Public Integrity, October 17, 2011.
- [“The Quality of Health Care Delivered to Adults in the United States,”](#) *The New England Journal of Medicine*, June 26, 2003.
- [“The Evidence Gap” series](#) (instructors can choose readings), *New York Times*.
- [“Excluded Voices: An interview with Andrew Dillon,”](#) *Columbia Journalism Review*, August 18, 2009.

Week 12: Ethics and conflicts of interest in health reporting

Health and medicine are full of conflicts of interest, which are inevitable in profit-making enterprises that characterize the U.S. health system. Health care sellers such as pharmaceutical companies, hospitals, health care professionals, and insurers often advertise in the news media, making it difficult to bite the hand that feeds.

Class 1: Conflicts in the medical business

Discussion: This class will focus on ghost writing at medical journals, financial ties between doctors and drug companies, drug company influence in hospital purchasing, and financial support of patient advocacy groups that appear to advocate for patients but instead help drug companies.

Readings:

- [“Financial Transparency Skin-deep at Medical Journals.”](#) *Reuters Health*, June 8, 2011,
- [“Dollars for Docs.”](#) ProPublica, September 7, 2011.
- [“Respected Physicians Call for End of Conflicts of Interest with the Drug Industry”](#) and [“From *Lancet*: Just How Tainted Has Medicine Become?”](#) MedicationSense.
- [“Under the Microscope.”](#) *Boston Globe*, January 22, 2006.
- [“At Medical Journals, Writers Paid by Industry Play Big Role.”](#) *Wall Street Journal*, December 13, 2005.

Class 2: The media’s own conflicts of interest

Discussion: This class will discuss how the media’s own interests team up with players in the medical enterprise to keep the public in the dark. Many news outlets, particularly television networks, depend on advertising from drug companies and hospitals that push products and services that might not be in the best interests of patients. Students will discuss such questions as: How do reporters get their work published when there’s pushback from management? How do journalists maintain their integrity when asked to shill for health-care providers or sellers? When is it acceptable to work for a health care business?

Readings:

- [“Epidemic.”](#) *Columbia Journalism Review*, March/April 2007.
- [“Another Cozy TV-Hospital Partnership.”](#) *Columbia Journalism Review*, April 1, 2011.
- [“Unhealthy Alliances Between Hospitals and TV Stations.”](#) *Columbia Journalism Review*, August 12, 2008.
- [“In South Carolina, another Hospital/Journo Alliance.”](#) *Columbia Journalism Review*, January 20, 2012.
- [“News Director Quits Over Hospital Deal.”](#) *Columbia Journalism Review*, January 25, 2008.

Week 13: Understanding the traps in health reporting

The course will conclude this week with a discussion of the obstacles and pitfalls health reporters sometimes encounter. Each class should also fold in a wrap-up and evaluation of the course and allow students to present their final stories if there is time.

Class 1: Finding sources and using real people in your stories

Discussion: Students will learn the dos and don'ts for telling patient stories and learn about websites that can be helpful as entry points for good reporting. Class will focus on how to choose people to humanize stories, dealing with canned anecdotes provided by advocacy groups and others, and how to go into peoples' homes for one-on-one interviews that can either make or break a story.

Readings:

- [“Woman Featured in *State Journal* Article Died Before Publication,”](#) *Wisconsin State Journal*, July 22, 2011.
- [“Reporter Offers Advice on Avoiding Embarrassing Incident,”](#) Association of Health Care Journalists, August 3, 2011.
- [“Lessons of a \\$618,616 Death,”](#) *Bloomberg Businessweek*, March 4, 2010.
- [“What Patients Really Want From Health Care,”](#) *JAMA*, December 14, 2011.

Class 2: Avoiding the trap of misleading or wrong “facts”

Discussion: Incorrect information has a way of creeping into health stories. Sometimes it results from disinformation campaigns by stakeholders or government agencies; sometimes it results when reporters don't make the extra call or two that would produce the right fact or number. Students will discuss ways to avoid these mistakes.

Readings:

- [“Nine Lives of a Disputed Fact,”](#) *Columbia Journalism Review*, March 16, 2012.
- [“McKinsey Backpedals on Health Care Reform Study,”](#) *Mother Jones*, July 2011.
- [“Meet the Bay State’s Uninsured,”](#) *Columbia Journalism Review*, September 26, 2011.
- [“Census Data Produces Opposing Views of the Uninsured in Massachusetts,”](#) *Boston Health News*, September 11, 2009.

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