

Virtual Mentor

American Medical Association Journal of Ethics
July 2011, Volume 13, Number 7: 490-493.

POLICY FORUM

A Delicate Balance—Ethical Standards for Physician-Journalists

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Physician-journalists spend their working lives balancing the ethical requirements of two professions that often have competing goals. The Hippocratic oath mandates that physicians “do no harm or injustice” to their patients and “keep secret” what they “see or hear in the lives” of their patients [1].

Rather than keeping their findings secret, journalists often do the opposite—disseminating information and news to various audiences in the service of what the Society of Professional Journalists (SPJ) calls “public enlightenment” [2]. To act ethically, the journalist must adhere to the four overarching principles of the SPJ Code of Ethics: Seek truth and report it, minimize harm, act independently, and be accountable.

The possibility for conflict arises when physicians use their patients as subjects for stories. In *Awakenings* and *The Man Who Mistook His Wife for a Hat*, neurologist Oliver Sacks wove patients’ histories into compelling narratives, many of which were first published both in medical journals and popular publications including *The New York Review of Books* and the *London Review of Books* [3]. Surgeon Atul Gawande has written stories for *The New Yorker* magazine and *Slate* that were later adapted for his book *Complications*, also intended for a general audience. In his story “When Doctors Make Mistakes,” Gawande noted his concern about the confidentiality of patients and staff: “In telling this story, I have had to change some details about what happened (including the names of those involved). Nonetheless, I have tried to stay as close to the actual events as I could while protecting the patient, myself, and the rest of the staff” [4].

Storytellers or Journalists?

Some might argue that Sacks and Gawande are storytellers but not journalists. They have points of view and make no pretense about revealing their voices and, in some cases, biases. But like journalists, they seek truth, try to minimize harm, act independently, and are accountable to their readers and editors for their reports. Gawande’s 2009 piece for *The New Yorker* magazine on geographic disparities in health care costs [5] provoked controversy when a physician at Memorial Sloan-Kettering Cancer Center in New York questioned the methodology used by the researchers Gawande cited in his report [6]. To defend his analysis, Gawande responded to the criticism in a post on *The New Yorker* website [7].

In print, physician-journalists can hide the identities of patients they profile. But each detail that advances anonymity pushes the piece closer to the gray zone between nonfiction and fiction. Stories with extensive quoted dialogue between physician and patient can strain readers' credulity. Several years ago one of my students questioned a physician-journalist about long passages of quoted dialogue in a story and wondered how the physician had recorded both his and his patient's words verbatim during an office visit. The response from the writer was troubling. He explained that the passages captured the sense of what had transpired. Ethically, that standard may work for a medical case report, but it does not work in journalism, where readers expect that what is quoted was, in fact, said. Different professions, different standards.

Physicians reporting on television confront another set of challenges, notably how to put a face—usually a patient's—on the story. When I was a practicing psychiatrist and beginning my medical television reporting career, I decided never to consult with a patient whose visit was prompted by seeing me on television. Conversely, in a television report I would never feature a patient whom I had met in the course of my practice. One can attempt to hide the identity of a patient in a print narrative, but short of shooting in shadows or electronically altering facial images and voices (all unattractive alternatives), that is not an option for television.

Specter of Exploitation

Using one's own patient in a story raises the specter of exploitation even if the patient consents to be featured or interviewed. Patients may fear that refusing a physician-journalist's request will invite a denial of services or otherwise negatively affect the professional relationship. The relationship between physicians and patients is inherently unequal: physicians have superior knowledge about medicine, know intimate details about their patients, and often treat people who are vulnerable and afraid.

That's certainly the case when physician-journalists report at the sites of disasters like the earthquake in Haiti in 2010 or the earthquake, tsunami, and nuclear power plant disaster in Japan. In the days after the earthquake in Haiti, American television viewers saw physician-journalists from most of the television network news organizations—CNN, CBS, NBC, and ABC, among others—aiding victims of the earthquake and, in many cases, reporting on the people they treated. Those actions prompted me to write an essay questioning whether some physician-journalists were exploiting the vulnerable people they had treated [8]. In response, Richard T. Griffiths, vice president and senior editorial director of CNN, offered his perspective:

Like all of the CNN team in Haiti, Sanjay Gupta upheld the highest standards of journalism to convey to the world the extent of an unprecedented catastrophe. His medical expertise added extraordinary context and depth to CNN's reporting.

As a doctor, Sanjay Gupta upheld the highest standards of the medical

profession, caring for patients with compassion and skill. It's the kind of professionalism—whether doctor or journalist—of which we can all be proud [9].

Guiding Ethical Principles

In the aftermath of the Haiti earthquake coverage, the Association of Health Care Journalists convened an ad hoc group of medical reporters—of which I am a member—to formulate guiding principles for reporting while “aiding those in distress” [10]. The guidelines state, in part, that “human decency prompts many journalists to offer aid and comfort to people who are suffering, but reporters must not profit from these acts nor exploit those whom they help.”

The guidelines also address the issue of consent:

People in distress who receive aid from a journalist may feel obligated to help that journalist in his or her job... If journalists have given aid, they should seek other faces for their stories....

Giving aid to people in need is natural and often commendable, but in a media environment where celebrity brings financial rewards, stories that feature journalists' aid efforts elevate their personal interests and those of their employers above the public's interest.

To avoid exploitation of patients in any venue, physician-journalists must follow a few rules. First, avoid reporting on your own patients unless consent is given freely and not under duress. Second, be sensitive to how your story will affect a patient featured in your piece. Consider an alternative narrative even if the patient consents to being profiled. Third, never feature one of your own patients in a story in which a reader, listener, or viewer can identify the individual being profiled. Finally, as the Association of Health Care Journalists notes in its online statement on aiding those in distress, “do not exploit vulnerability for gain or glory” [10].

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