Leveson inquiry: Culture, practice and ethics of the press

Response by the Association of Medical Research Charities, Cancer Research UK and the Wellcome Trust

January 2012

Key Points

1. Science stories form an important part of many newspapers. While the standard of science reporting has improved considerably over the past ten years, there are still instances of inaccuracy, misrepresentation and misinterpretation which can be damaging for both patients and the public. We make the following recommendations to address these concerns:

   a. News editors should be encouraged to seek advice from specialist correspondents to ensure that science stories are accurately and responsibly reported.

   b. The Press Complaints Commission guidance should be strengthened to allow any interested party to complain about inaccurate reporting.

   c. Corrections and clarifications should be given equivalent prominence to the original article when complaints are upheld.

   d. Links to additional sources of information should be included in online articles wherever possible.

INTRODUCTION

2. Newspapers remain one of the chief sources through which the public obtains information about science. The 2011 Public Attitudes to Science report, commissioned from Ipsos-MORI by the Government Office for Science, found that a third of people hear or read about science most often from print newspapers. It therefore matters how science is reported in the press.

   "People hear or read about science most often through traditional media, such as television (54%) and print newspapers (32%). A fifth (19%) say one of their two most regular sources of information is the internet, though very few (2%) use science blogs specifically as one of their most regular sources." http://www.ipsos-mori.com/Assets/Docs/Polls/sri-pas-2011-main-report.pdf, page 3
The UK is fortunate in having a press that is, for the most part, engaged and enthusiastic about reporting science, and which often does so accurately and responsibly. Accurate and innovative coverage can add appreciably to public engagement with science.

The Wellcome Trust, Cancer Research UK and the Association of Medical Charities have, in general, found that press coverage of research that we have funded has been responsible, accurate and impartial. However, inaccuracy, misrepresentation and misinterpretation of science can and do occur in newspapers, and these can have a number of deleterious consequences. We therefore welcome the opportunity to respond to the Leveson Inquiry, to highlight concerns about some aspects of science reporting and to make recommendations for a more effective policy regime. We also endorse the points made in the submission from the Science Media Centre.

CONCERNS ABOUT SCIENCE REPORTING

Newspapers are not scientific journals, nor should they attempt to be. It will always be the case that media reporting of science will employ a good measure of simplification and analogy. This is not only inevitable but desirable: it is a good way of explaining science to a lay audience. However, we do have particular concerns about the following areas.

Scare stories: There have been a number of examples in which some (though not all) sections of the press have promoted scares about matters of public health which are not well grounded in science. These have the potential to cause great damage. Such stories can seed public concern about medical interventions of proven and significant benefit over risks that are small or sometimes even illusory. They can also cause fear that is out of proportion to threats, which can itself cause stress and needless worry.

The most egregious example of such a scare was the prolonged misreporting of an alleged link between the measles, mumps and rubella (MMR) vaccine and autism, following a press conference given by Andrew Wakefield in 1998. The result was a serious setback for public health: vaccination rates dropped as low as 61 per cent in some parts of London, and the number of cases of measles in England rose from 56 in 1998 to 1,370 in 2008. While Mr Wakefield shares the blame, the newspapers which championed him did much to stoke concerns.

Hype and false hope: The flipside of the health scare is the overcooked breakthrough. Many newspapers (though not all of them) are apt to exaggerate interesting but preliminary advances in biomedical science, proclaiming them as groundbreaking achievements that will transform individuals’ health when in fact they are reporting nothing more than promising results from experiments on mice, or cells grown in culture.

http://www.dh.gov.uk/En/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalhealthcare/DH_4080886;
SUBMISSION OF EVIDENCE

9. Such reporting can have several negative consequences. First, it raises expectations for advances in medical science, many of which will fall by the wayside over the long journey from laboratory bench to patient bedside. This can feed a public perception that science is always promising and never delivering.

10. Secondly, and more worryingly, it can often raise false hope among patients. This is particularly true and damaging where it concerns treatments for incurable diseases that are not proven, yet which are portrayed as “miracle cures”. This can lead patients to spend life savings on treatments that are most unlikely to work, or on occasion to eschew the most effective known therapies in favour of alternatives that are untested or disproved.

11. Media stories about disease and research play a role in shaping the way patients and the public utilise health services. For example, media coverage of cancer diagnoses and deaths among celebrities (for example, Jade Goody) led to large increased traffic to Cancer Research UK’s website, and increased use of screening services. Conversely, insensitive or thoughtless headlines (such as “After Mo Mowlam’s death, just how safe is radiotherapy?”) can cause significant numbers of cancer survivors to contact Cancer Research UK’s information services in distress in subsequent days. Clearly, stories need to be positioned in a way to encourage people to read them, but in some cases this can be at the expense of sensitivity and context.

12. False controversy: The media often has a tendency to pursue balance in its stories, by countering one claim with another, and allowing alternative viewpoints a right of reply. This is perfectly proper in, for example, political reporting. Yet in science, the practice can often lead to distortions of its own. In science, it is often the case that a mainstream opinion about the interpretation of known data is shared overwhelmingly by professionals in that field, for example with the safety of the MMR vaccine or the link between greenhouse gases and global warming.

13. When this is the case, the effect of balancing opinion to stoke debate can be to create a misleading impression that dissent from the mainstream view is more widespread and serious than it actually is. Readers of many newspapers, for example, would have formed an incorrect view that a significant proportion of doctors and scientists believed MMR to be harmful, and took decisions about vaccinating their children accordingly.

RECOMMENDATIONS FOR CHANGE

Role of science and health editors

14. Many newspapers have excellent specialist correspondents working in the science and health fields. These journalists not only perform an important role by writing stories accurately and engagingly. They can also be useful gatekeepers, advising their editors as to which stories their paper should cover and which should be ignored.

15. The newspapers which consistently deliver the best and most responsible science coverage are those that listen to their science and health specialists. We recommend that editors should be encouraged to consult specialist correspondents on whether or not
a science story is appropriate to be reported, to ensure it is founded on good evidence and is not unduly hyped or misleading.

16. We note that the Guardian has recently appointed a journalist with a background in science reporting as a news editor with particular responsibility for science, health and the environment. We would encourage other newspapers to follow this model.

Role of the Press Complaints Commission

17. We are particularly concerned that it is extremely difficult to correct the record in cases of misleading and inaccurate reporting of science. The Press Complaints Commission (PCC) guidance states: “We normally accept complaints only from those who are directly affected by the matters about which they are complaining.”

18. This rule means that in practice, only a scientist whose work has been directly misrepresented by a newspaper has the right to make a formal complaint about it. As funding organisations, we would not be able to complain about an article that misreported work that we had funded. Patient charities with relevant expertise that identify a serious error have no means of securing a correction if they are ignored by the newspaper’s editors.

19. However, we note that the PCC guidance is ambiguous. The FAQ section of the PCC website mentions that, “where there are no obvious first parties cited in the article, who might complain”, the PCC does investigate complaints from any concerned reader about matters of accuracy. This does not appear to reflect current practice; if it is the case, it should be much more explicit.

20. We recommend that the PCC guidance should be strengthened so that anybody who identifies a serious inaccuracy should be able to have their complaint investigated. Many inaccurate examples of science reporting do not explicitly misquote or misrepresent any individual scientist, but are inaccurate about a body of research. Individual scientists may also have good reasons for avoiding picking a fight with a newspaper. At a minimum, the PCC should be obliged to consider complaints from individuals or organisations with relevant expertise to the subject matter of the disputed article.

Corrections and clarifications

21. The PCC guidelines currently state that upheld complaints should be published with ‘due prominence’, proportionate to the original breach. We recommend that any future model of press regulation should ensure that corrections, clarifications and apologies are given equivalent prominence to the original article, including online coverage and promotion. This is particularly important in the era of social media, where a tweeted

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3 http://www.pcc.org.uk/complaints/makingacomplaint.html

4 http://www.pcc.org.uk/faqs.html#faq1_6
headline can cross the globe in hours – as was the case when the media erroneously asked "can the cat give you cancer?".\(^5\)

**Sourcing**

22. The internet makes it simple for the source of scientific assertions and information to be identified through a hyperlink. This practice allows interested readers to check the information for themselves, and to conduct further research. While some newspapers have embraced this, we recommend that the practice should be used more widely.

**Statement of Truth**

I believe the facts stated in this witness statement are true.

Signed [Signature] (on behalf of the Wellcome Trust)

Date ... 31 January 2012 ........................................

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**The Association of Medical Research Charities (AMRC)** is a membership organisation of the leading medical and health research charities in the UK. Working with our member charities and partners, we aim to support the sector’s effectiveness and advance medical research by developing best practice, providing information and guidance, improving public dialogue about research and science, and influencing government.

**Cancer Research UK** is leading the world in finding new ways to prevent, diagnose and treat cancer. We are the largest independent funder of cancer research in Europe. Cancer Research UK’s vision is that Together we will beat cancer. To achieve this aim, we support high quality medical research as an important way to help tackle this life-threatening disease.

The Wellcome Trust is a global charitable foundation dedicated to achieving extraordinary improvements in human and animal health. We support the brightest minds in biomedical research and the medical humanities. Our breadth of support includes public engagement, education and the application of research to improve health. We are independent of both political and commercial interests.

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