

Virtual Mentor

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Physicians as Reporters in the Media:

Meeting the Challenge of Patients' Needs for Better Information

An Interview with Dr. Sanjay Gupta, MD,
Senior Medical Correspondent for CNN

Q. How did you decide that taking a formal public role was necessary for you or what went into that decision?

A. I did a lot of public policy in college and became interested in, for example, how people get their health care information, how you preserve the Medicare and Medicaid federal entitlements. It's not just health care policy people; everybody's really stuck on this stuff. I went to work at the White House for a while as a fellow, and there I did all sorts of things, and I worked on projects related to health care as well. I got a sense of the sort of awkward dance between people who are in public roles and a public that wants information about their health and health care. I talked to people about jobs in 1997 that involved television and decided it wasn't really a match for me at all, so I didn't do anything about it. Years later I received an invitation from the chairman of this company [CNN], and when I worked at the White House he was very interested in health and in medicine and the media; we talked, and he offered me a job with CNN and I accepted, and also took a job as faculty neurosurgeon at Emory, so there was no specific moment; it was just an evolution.

Q. How do you decide what to talk about and how to portray it to the public? Is there a threshold of knowledge you have to have about something before you broadcast it?

A. How we portray topics to the public—that's easier to answer, because one of the things that journalists have to do, and I think it's their primary responsibility, is *not* to think about how we're going to portray it—we portray it as what it is. Right? We don't want to bias somebody by how we portray it. There are things that certainly demand more attention, for example, hurricane coverage, tsunami coverage. Those things obviously affect a lot of people and are significant world events. To take another example, if Lipitor has some significant impact on reducing your chances of getting glaucoma, then that's a story we'll do, and we'll show somebody who had that significant improvement or benefit from Lipitor.

You asked how we choose, that's a more challenging question. We're working with a 24-hour news network. If we cover something, we raise its level of importance, just by virtue of covering it. Not everything deserves to be covered because it just doesn't; because when the public sees it on CNN they're going to think it's something that might affect them. It might worry them. And in particular, they take what physicians say very seriously. But for the most part, "newsworthy" means it's affecting a lot of

people, or it's a significant development, a new treatment or prevention that both affects people and is novel. We talked a lot recently about this vaccine for cervical cancer. Cervical cancer affects maybe 10 000 women, but this is the first time we've ever had a vaccine for prevention of a cancer. Which is amazing, really, if you think about it. So that's one type of story that comes up on the news.

The other type of story is something that's called an enterprise story, meaning that it's not necessarily in the news but we think it's an opportunity to use the medium to educate people about something. For example, an operation called a pallidotomy is sometimes used to try to treat Parkinson's disease. There was nothing particularly newsworthy about that story when we decided to air it but we wanted to educate people about the alternatives for a very debilitating neurological disease. I think people got a lot out of it. So I'd conclude this by saying that medical journalism is a little bit different than other types of journalism because we also have a public health role as well, and I think we have to deal with both of those things—news and public health service—that's what drives our story production.

Q. Have you ever faced a situation where you weren't sure what to say about the state of research for a certain condition or disagreed with the network's take on a medical issue (if it has one)?

A. There's always going to be 2 sides to an issue no matter how clear-cut it seems. In an ideal world, we'd have an hour for each story. Then we could have experts both for and against come on and talk about it. To give you an example, think of the cervical cancer vaccine; now that's a pretty hard one to argue against because it's a vaccine against cancer. You get a shot when you're teenager and you won't get this type of cancer. Pretty great. The problem is who do you give it to? Do you give it to all women? It's a sexually transmitted virus that causes this cancer, so do you have to have a discussion about sexual education with the women who are getting this? Should the parents be involved? There are nuances in this if you look hard enough. I don't think there's a clear, absolute answer to how you decide exactly what you're going to say. I think the public trusts CNN because we exercise good judgment about the situation. We can't get into every single detail in a 3- or 4-minute piece on television, but what we do is just put the story out there and let the public know that there are issues they should be thinking about beyond the obvious.

Q. Who and what do you rely on for your knowledge of medicine outside your specialty?

A. I'm a neurosurgeon and there are areas outside my expertise. I'm fortunate in that I probably have one of the best networks of doctors now in the country that I can call in my rolodex. Someone is always willing to help me understand or get perspective on it.

And he or she will say, "I'd stay away from this and here's why," or "I really think that people aren't paying enough attention to this and here's why." It's a constant process of getting feedback. I don't pretend for one second to be an expert in every area; my own opinion is formed by people around me. I'd also say that here at CNN we have 15 producers, one of whom has a health background, and they are very, very diligent

in the work that they do. They probably could have gone to medical school themselves and they're very talented. I'm fortunate in having the support structure that I have.

Q. Can you comment on how health information is given to the public and how you would change it? Are physicians doing an adequate job of representing themselves publicly? How do you think individual physicians should respond to the increasing wealth of health information (correct or not) available to the general public?

A. I still come from an idealistic world. I'd like to think that the public for the most part gets their medical information from their doctors. You know, you go to the doctor's office and fill out a form, and a doctor studies it, asks you questions, examines you, and then tells you what he or she thinks should be done about it. That's the way it should work, the way it has worked so well. A couple things have changed that. One is that our society has gotten technologically much more sophisticated. A lot of information is suddenly available to the average person on the Internet, on the television, in all sorts of different media. So this availability makes it inevitable that patients are going to get their information from places other than their doctor's office.

What I think, and people are starting to agree with me on this, is that doctors and health care providers should be the ones controlling the public flow of medical and health information. It should be people who are trained in the field, have the background, and are taking care of patients; people who know how hospitals run and how the medical establishment works should be stepping outside their role a bit from the one-on-one patient conference and assuming a larger public role, whether on television, or in magazines, or whatever. If patients are seeking this information, they should get it from the best sources possible. And I think that we are definitely heading in that direction. I don't know that physicians are doing a good job of controlling that information flow yet. I mean, you walk into a bookstore today, and you want to buy a book on breast cancer. You'll find a book by Susan M. Love, MD, who's a fantastic breast cancer surgeon out of Southern California, and she is great, right next to a book by somebody who is not a physician, has never seen anybody with breast cancer, and doesn't know any of the basic information about breast cancer, someone who is basically hawking books.

I think there is not enough of a sort of scrutiny, a vetting process, which should be there for all the public, if you could do it. Now, it's an American process, so you don't want to ever limit access to the information out there, but when it comes to health, when it comes to people's well-being, there needs to be some sort of vetting process. I think the challenge is getting really smart, good, educated doctors to be a part of this process, so they make sure there's sound content available if people are looking for it.

Q. When do physicians need to take a public advocacy role? When are they ethically obligated to do so?

A. I don't think there's ever a point when someone says they have to do it. First of all, let me just say that taking care of patients in and of itself is a noble, time-consuming, and worthy thing, and I don't want to pretend for one second that being a doctor is not an incredibly rewarding and important profession. Beyond that there are a certain

number of people who are good at communicating their profession and some of the nuances of their profession to large masses of people. And if it's something they want to do, then I think they should. I think that as a medical community we need to realize that patients are getting their information in nonconventional ways and we need to oversee that, but I don't think that anyone has some sort of obligation to get involved in public advocacy in addition to a medical practice. It is a lot to ask of anybody, and I think the community, the AMA, or organized medicine as a whole can speak to that responsibility.

Q. Would you comment on the AMA in particular—their public relations arm, and whether you think that's doing a good of representing physicians, and if it's effective or not in moving public policy and public health forward?

A. Well, the AMA is a powerful organization—they accomplish a lot on behalf of doctors in this country. I'm always amazed when I hear some of the breadth of the responsibilities of the American Medical Association—they're organized, they have good leadership, they're a good model I think for all sorts of professional societies to follow. There is also the AMA/National Association of Medical Communicators conference, that is training communicators who are doctors or health care professionals to do some of the work that you and I have been talking about. I think the AMA has risen to that challenge. I think that what's driving it now is the public thirst and appetite for this information and we just have to keep up and we're doing a pretty good job of it.

This interview was conducted by Robert E. Burke, theme issue editor for December.

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