DOWNLOAD PDF TRUSTWORTHY INFORMATION: THE ROLE OF THE MEDIA TRUDY LIEBERMAN

Chapter 1 : - NLM Catalog Result

Healthcare journalism cannot always be trusted to provide accurate and reliable healthcare information, as past history has shown. Several examples of the media reporting distorted healthcare information are detailed in this chapter.

And then, the guy from Politico writes about how everyone in America is stupid. But the fish rots from the head! For nearly three years CJR has observed that much of the press has reported only one side of this story using "facts" that are misleading or flat-out wrong while ignoring others. Whatever the reason -- ideology, poor understanding of how the program works, gullibility, or plain old reportorial laziness -- news outlets have given the public a skewed picture of the financial health of this hugely important program, which is the sole source of retirement funds for millions of Americans and will continue to be for decades to come. Lieberman went on to point out that one of the effects of this sort of journalism is that otherwise reasonable people begin to make very poorly informed personal choices. A twenty-nine-year old web manager for a New York City agency recently told me she was opting out of the program, which the city pension system allows her to do. She listed the media outlets that helped shape her opinion. The message from the elite media is trickling down. Rather, they are providing for the, you know, "social security" of older generations. A much younger worker will be providing the same service for this year old web manager. And this is precisely why there is a debate over the "future of Social Security" in the first place. There is currently a lower ratio of FICA payors to recipients than there has been in the past. How are things likely to work out for our year old web manager? Well, in the first place, the decision to opt out of the social insurance program only adds to the "math problem" that must be solved in the first place. It is, in the end, a worse deal for workers but a great deal for Wall Street financial firms, which is why unions opposed these reforms and Mayor Michael Bloomberg praised them. Opting to take the traditional pension benefit is now less beneficial. What you save in your k is what you get. For a municipal worker, who is not likely to be in the position to sock away millions of dollars in a k in any event, a defined pension benefit is a better deal because a check shows up on a regular basis after you retire. If you want to think of your investments in political terms rather than pure mathematical terms which, frankly, is smarter , Social Security is safer than the municipal pension because the New Deal program is beloved by everybody and is insanely hard for politicians to cut, no matter how much they may want to. As Lieberman notes, "Gallup polls dating back six decades consistently show some 70 percent of the public strongly supports Social Security. Witness, in fact, its obliteration in New York. In any event, it would be a worse deal still to get to retirement with a low-wealth k and no Social Security. You have to either take the pension or Social Security. Good luck to the guy who picks the "reformed" pension. As Lieberman pointed out, with the quality of the reporting being so poor, "young people like the New York City worker can be forgiven for misunderstanding the concept of social insurance and believing Social Security is almost dead. Bad journalism begets bad information begets bad decisions. People turn down raises. And then, they guy from Politico writes about how everyone in America is stupid.

DOWNLOAD PDF TRUSTWORTHY INFORMATION: THE ROLE OF THE MEDIA TRUDY LIEBERMAN

Chapter 2 : The trust crisis in healthcare causes, consequences, and cures | Search Results | IUCAT

The lack of trust in our healthcare system brings ominous results, from decreasing health outcomes to increasing costs, from organization inefficiencies to a pervasive pattern of litigation.

Shore Description The lack of trust in our healthcare system brings ominous results, from decreasing health outcomes to increasing costs, from organization inefficiencies to a pervasive pattern of litigation. This will only worsen as healthcare becomes subject to greater market mechanisms, and as patients, providers, and payers view each other with increasing suspicion. Healthcare professionals are just now coming to realize what other professionals have known for years: The Trust Crisis represents the first comprehensive survey of the causes and consequences of declining trust in healthcare, and more importantly, it provides suggestions for restoring that trust. The book also features an introduction by Cokie and Steve Roberts. Causes, consequences, and cures for the crisis in trust are specifically addressed. Critical areas treated by the authors include: While presenting a diversity of topics and opinions, the authors of this volume agree upon a few principles. The trust famine will have dire consequences if it continues unchecked. Healthcare leaders can take measures to improve trust. Regaining trust requires that entire organizations pay closer attention to the "human factors" of healthcare. And perhaps most critical for change, trust-building is not only good medicine, but good business as well. Shore Table of Contents Introduction: Cokie Roberts and Steven V. Are We Losing Ground? Can Patients Trust Physician Scientists? Teaching Doctors to be Trustworthy, Jordan J. Medical Journals and the Internet, George Lundberg The Role of the Media, Trudy Lieberman Confusion at the Table: Trust in Vaccines, Marie C. Trust in the Trenches: Shore Reviews and Awards "An excellent starting point for a national discussion of quality assurance and the need for trust in our health-care system.

Chapter 3 : Why the media must play a bigger role in policing unsafe medical devices - www.nxgvision.com

8. Health Care Research: Can Patients Trust Physician Scientists?, Greg Koski 9. Medical Education: Teaching Doctors to be Trustworthy, Jordan J. Cohen Trustworthy Information: Medical Journals and the Internet, George Lundberg Trustworthy Information: The Role of the Media, Trudy Lieberman

Columbia Journalism Review Excerpt: As with most launches of drugs, Sepracor and one of the academic medical centers involved in testing the drug in this case, Duke University offered journalists sources they could call, including those with financial links to Sepracor. And the company got results. Andrew Krystal, who conducted the Duke clinical trial of Lunesta and was the lead author of the study that reported the results. Krystal had designed and conducted other studies for Sepracor, and had also served on a company advisory board. Most of the news stories did not disclose his financial ties to the drugmaker. To humanize their stories about Lunesta, the Los Angeles Times and The Washington Post both featured Terri Bagley, a forty-three-year-old owner of a North Carolina cleaning business who had been paid to participate in the Duke trial, and who was offered to the press by Duke p. Gregg Jacobs, an assistant professor of psychiatry at the Harvard Medical School, said that other treatments for sleep disorders, such as talk therapy, may work better than sleeping pills. Jacobs himself, though, was amazed at the tone of the coverage. The poll, released in March, found that 75 percent of adult respondents said they had frequent difficulty sleeping, a problem serious enough, they said, to affect their sex lives. Jerry Avorn, a professor of medicine at the Harvard Medical School. Like all drugs, though, Lunesta has side effects. For example, it apparently lingers in the body: Most of the press coverage did not discuss this drawback, which might make it problematic for patients to get to work the next day. Meanwhile, evidence is accumulating of problems with all sleep drugs, which reporters could have examined but did not. In a meta-analysis of all available research on sleep medicines, the Canadian Medical Association Journal noted that users of a drug similar to Lunesta were at increased risk of traffic accidents. The National Institute for Clinical Excellence, a British government watchdog for health spending, found no consistent difference in safety or effectiveness between the class of drugs Lunesta belongs to and older sleeping medications. The British Medical Journal editorial placed Lunesta within the overall scientific knowledge about insomnia and its treatment â€" vital context absent from U. Press acquiescence to industry public relations stems in part from an American cultural belief in the inherent goodness of medicine and its corollary â€" that every new pill, every new treatment, works and should be treated as safe and effective unless proven otherwise. In his landmark book, The Social Transformation of American Medicine, Paul Starr explains how in the late nineteenth and early twentieth centuries the medical profession benefited from the cultural and social upheaval â€" including the embrace of science â€" to establish itself and thus its money-making medicines as the unquestioned authority on matters of health, a position it has enjoyed ever since. Even without that cultural baggage, though, the pharmaceutical beat is a challenge. For one thing it is huge. Drug spending has been doubling roughly every five years; an increasing number of Americans will be taking medicines daily for the rest of their lives. And the public has a growing appetite for news about drugs. But not all the medicines these companies produce are beneficial, and some of them are dangerous. The news media have tended to see drug coverage as fitting into two discrete compartments. The pharmaceutical industry is covered in the business pages and, sometimes, in the health sections. She asked to remain anonymous because she is currently consulting in the health-care industry. In hindsight, few would argue that the public was well served by media coverage of any of the Cox 2 drugs, from the beginning when a Vioxx researcher told The Buffalo News it was inappropriate to provide precise statistics on side effects, to the end, last February, when reporters missed the point made by an FDA advisory committee whose thirty-two members unanimously concluded that all the Cox 2 drugs cause heart attacks. Reporters, instead, focused on a recommendation, narrowly approved by the committee, that Celebrex and Bextra remain on the market; some speculated that Vioxx might soon be back. Four years before Merck, the maker of Vioxx, pulled the drug from

the market on September 30, , reporters could have discovered signs of trouble by reading about the Cox 2 drugs in the medical journals. As the timeline on pages 46 and 47 shows, the press barely paid attention. In fact, as the chart demonstrates, the media missed a number of warning flags that might have led to stories that saved lives. Rita Rubin, who covers the pharmaceutical industry for USA Today, tried to sound the alarm on Vioxx in a story published in early February Her story drew on the VIGOR study cited in the New England Journal, which found that patients taking Vioxx had five times more heart attacks than those taking the pain reliever naproxen, sold under the brand names Aleve and Naprosyn. The magazine gratefully acknowledges support for this article from the Fund for Investigative Journalism. Such material is made available for educational purposes, to advance understanding of human rights, democracy, scientific, moral, ethical, and social justice issues, etc. This material is distributed without profit.

Chapter 4 : Dissecting press release puffery - Trudy Lieberman guest post

/ Greg Koski --Medical education: teaching doctors to be trustworthy / Jordan J. Cohen --Trustworthy information: medical journals and the Internet / George D. Lundberg --Trustworthy information: the role of the media / Trudy Lieberman --Confusion at the table: can we trust that our food is healthy?

Here she examines how current medical device regulations are already allowing many faulty devices on the market â€" and how the media will need to be more vigilant if and when current regulations are further weakened under 21st Century Cures. Last September, the Food and Drug Administration convened a panel of experts to publicly examine the safety of Essure, a birth control device sold to more than half a million women over the past 13 years. Despite the touted advantages, more than 5, women have reported complications to the FDA, including tubal perforations, allergic reactions, severe pain and bleeding resulting in hysterectomies and hundreds of unintended pregnancies. In the last few years those complaints have multiplied, and more than 20, women have turned to Facebook to share their experiences. In early September, a few weeks before the FDA hearing, came more troubling news about a different medical deviceâ€"the C. In a two-part series, which moved beyond the usual safe topics of network news, NBC reported that the filter could migrate through the body, puncture the heart, and had caused 27 deaths and non-fatal medical events. Neither the FDA nor the manufacturer C. They did issue statements â€" see here and here. Although NBC pointed out that some 20, people were estimated to be walking around with the device implanted in their bodies as far back as , it was disappointing that the story of the migrating heart filter received so little media traction except from trade pubs like Fierce Medical Devices and websites sponsored by law firms no doubt trolling for clients. The FDA said Bard had manufactured and marketed its Recovery Cone Removal System, intended to remove Bard filters from the body, without the required clearance or approval from the agency. Scary stuff the public might want to know! The brief online mention, however, hardly communicated the seriousness of the warning. Such devices continue to be sold, potentially causing more harm. It may still help some people. Most devices are approved with very little evidence they work and are safe. Modifications in the new device were intended to prevent complications that had occurred. Essure was approved in on the basis of two nonrandomized, nonblinded prospective studies that lacked a comparison group. Since then some post-marketing studies have found problems. Medical specialty organizations, the government, and even manufacturers sponsor registries in the U. Facebook acted as kind of a registry in the Essure controversy, but consumer complaintsâ€"as important as they may beâ€"are no substitute for official registries with controls and rigorous data collection practices. Hooman Noorchashm, a cardiothoracic surgeon, who has spent the last few years trying to get a device called the power morcellator off the market. The device treats uterine fibroid tumors but can also spread hidden cancers throughout the body. Noorschashm and his wife, Amy Reed, also a physician who has cancer thought to have been spread by the morcellator, have been on something of a crusade to warn others and challenge the FDA. So far one manufacturer has pulled the product, and the FDA has called for a black box warning, the strictest cautionary label a product can have. The Senate is now considering the bill, which passed the House in July, and the PR campaign to speed up passage is gaining momentum. As I wrote in a previous post , should 21st Century Cures become law, devices will get even less regulatory scrutiny than they get now. Of course, there can be studies after a device has been around for awhile, but research published this summer in JAMA found that post-market studies varied in quality and only about 13 percent were completed between three and five years after approval. Joseph Ross, an associate professor of medicine at Yale, how media coverage of devices could be better. That story is much harder to tell. You might also like.

DOWNLOAD PDF TRUSTWORTHY INFORMATION: THE ROLE OF THE MEDIA TRUDY LIEBERMAN

Chapter 5 : [Report] | "Don't Touch My Medicare!", by Trudy Lieberman | Harper's Magazine - Part 5

Trustworthy information: medical journals and the Internet / George D. Lundberg Trustworthy information: the role of the media / Trudy Lieberman Confusion at the table: can we trust that our food is healthy?

The following is a guest post by our blog contributor, Trudy Lieberman. They found the centers were promoting preliminary research data while omitting important caveats the public needed to judge the relevance of the results. Puffy press releases from the healthcare industry have now gone way beyond disclosure lapses from medical journals and academic medical centers. Increased competition for patients and exploding healthcare technology have spawned tons of releases that are perfect fodder for myriad Internet sites and traditional media looking to fill their health news holes. My sample, albeit small and nonscientific, gives a flavor of what journalists and ultimately the public are up against. I e-mailed Sid Dinsay, associate director of media relations, asking him how much pick-up the release generated. Hey, if a foreign government selects your company as a vendor, you must be awfully good, and that can only help sell more machines at home. It is clever and nothing but salesmanship and marketing. Doctors operate the hand controls of common diagnostic and therapeutic catheters from a control room during a procedure to treat cardiac arrhythmias. Darren Peress, the medical director of the electrophysiology lab at the Tucson Medical Center. But should the residents of southern Arizona run out to get the new procedure? The new system just received FDA clearance in September Holland pointed out that being first may not always be the best. We know one word of advice to patients has been to check on the volume of procedures a particular facility has done and how many the doctor or surgeon has performed. The theory is the more they do the better they are. Holland had a final thought about press release puffery. But the release provided no specific performance data about how well the product supposedly met that unmet need! And no links to those studies. You get the picture. Press release puffery goes on and on. Starting next month, HealthNewsReview. We think this will be an important addition to our project, and potentially, a way to improve the public dialogue about health care interventions. But, in general, I will encourage the term news release on this site.

Chapter 6 : Consumer Journalism, Mar 21 | Video | www.nxgvision.com

The lack of trust in the U.S. healthcare system brings ominous results, from decreasing health outcomes to increasing costs, from organizational inefficiencies to a pattern of litigation. The trust famine carries dire consequences if allowed to continue, but measures to regain trust are possible.

Chapter 7 : Trustworthy Information: The Role of the Media - Oxford Scholarship

/ Greg Koski -- Medical education: teaching doctors to be trustworthy / Jordan J. Cohen -- Trustworthy information: medical journals and the internet / George D. Lundberg -- Trustworthy information: the role of the media / Trudy Lieberman -- Confusion at the table: can we trust that our food is healthy?

Chapter 8 : The Trust Crisis in Healthcare - David A. Shore - Oxford University Press

Article: How the Media Has Shaped the Social Security Debate -- The Press Plays a Dubious Role - Social Security is an issue that, according to six decades of Gallup polls enjoys some 70 percent.

Chapter 9 : [Report] | "Don't Touch My Medicare!", by Trudy Lieberman | Harper's Magazine - Part 4

Trudy Lieberman, the author of the CJR article has nailed the media's drug advertising income: "In , the five networks,

including CNN and Fox News, received $ million in advertising revenue from pharmaceutical companies, according to TNS Media Intelligence.