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Figure 8-4 presents an example of a brief but informative overview on sleepwalking drawn from a broader piece on physician-writer John Stone's experience as a sleepwalker. Noted alongside the example are types of information presented. Also noted are some aspects of the writing technique, as well as other items relating to material discussed elsewhere in this book. A seasonal overview article on hazards of sun exposure appears near the end of this chapter (see Article 8-1).

Figure 8-4: Overview on Sleepwalking, from “Night Wanderings” by John Stone, New York Times Magazine, January 19, 1992, pp. 14, 16

<table>
<thead>
<tr>
<th>Story</th>
<th>Comments</th>
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<tbody>
<tr>
<td>[opening series of paragraphs in which the author, a physician, discusses the sleepwalking he has experienced since his wife's recent death and mentions the sleepwalking and sleeptalking he did in his youth]</td>
<td>Transition into overview of topic (Note: Mention of the literature can be a good transitional device in such circumstances)</td>
</tr>
<tr>
<td>Like most physicians, I have a certain hesitation in searching the dispassionate &quot;medical literature&quot; for insights into my own maladies. This is especially true for problems outside my area of expertise, as this sleep disorder is for me. What if I were to learn that the abrupt onset of sleepwalking is often an early sign of a brain tumor? But eventually I did go and ask the reference librarian for her help. She came through with wonderful information that I began to sift with the physician part of my brain.</td>
<td>(Note consultation of reference librarian, in keeping with guidance in this book)</td>
</tr>
<tr>
<td>By definition, sleepwalking is a sequence of complex behaviors that begin (usually) during the first third or so of an otherwise good night's sleep. It turns out to be most common in children, 15 percent of whom sleepwalk at some point. It seems to be much less common, even rare, in adults. But the true frequency of somnambulism is difficult to be sure about because we walkers don't remember our</td>
<td>Definition</td>
</tr>
<tr>
<td></td>
<td>Information on epidemiology</td>
</tr>
<tr>
<td></td>
<td>Limitations of available data</td>
</tr>
<tr>
<td></td>
<td>Gentle introduction of technical term (meaning is clear from context)</td>
</tr>
</tbody>
</table>

139
Shuffles. The development of "sleep labs" (in which brain waves, heart rate and other measurements are done during sleep) has helped. Sleepwalking in adults generally appears as a response to stress. With the cataclysmic loss of my wife, I qualify for that diagnosis: we had been married almost 33 years.

Sleep-talking, such as I did about Margaret, is apparently pretty uncommon. And the words spoken at such times are often hard to understand. Incidentally, the delightful medical name for talking in one's sleep is somniloquy. Done alone, as it most certainly is, I suppose it's a somniloquy soliloquy. Which reminds me of W. H. Auden's definition of a professor as "one who talks in someone else's sleep."

The experts divide sleepwalking into two types. The first consists of passive behavior without attendant fear. For example, one woman removed all her shoes from her closet and lined them up on the windowsill. A medical student who came by my office just now tells me that she used to walk in her sleep when she was a child; she would be discovered by her father in the kitchen setting the table for breakfast or going out at midnight in search of the morning paper. Incidentally, vision seems to be intact in sleepwalkers, so she could have found the paper, had it been there.

In the second type of sleepwalking, self-injury or even violence can occur. Such episodes may begin with a terrified (and terrifying) shriek, accompanied by the rapid heart rate of fear, a kind of "night terror"; the walker will
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<table>
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| sometimes lash out obliviously and strike the bed partner with the fist. Self-injury is a potential danger, too; in one study, a patient walked out on the window ledge of his apartment, which happened to be on the 35th floor. Treatment of sleepwalking seems to be highly variable: tranquilizers, antidepressants, psychotherapy, hypnosis and behavioral therapy have all been tried. So have acupuncture and herbal medicines. . . .  
[closing series of paragraphs, in which the author further discusses his own sleepwalking and reflects on its meaning] | Example or anecdote; note how author builds up to the “punch line”  
Information on treatment                                                                 |


A feature format that can work very well for health writing is that of the narrative, or tale. Such a narrative may recount a surgical operation, trace a patient’s experience with a major illness or injury, follow the probing of a biomedical researcher, or describe the solution of a puzzling case or outbreak. As stories, such accounts tend to be highly engaging, and they can serve as frameworks for memorably presenting considerable amounts of information obtained from various written and other sources. They are particularly well geared for illustrating medical thinking and showing the process, rather than only the products, of biomedical investigation.

One outstanding example of a medical narrative is “Mrs. Kelly’s Monster” by Jon Franklin, which received the first Pulitzer Prize awarded for feature writing (Garlock 2003). Later the reporter prepared annotations explaining his use of various literary techniques in this piece, which recounts a brain operation. This classic story and the annotations are reprinted in Chapter 11. Reading the annotated version can be highly instructive not only in crafting narratives, but more broadly in writing effectively about medical topics.

Many tales of puzzling cases or outbreaks and their solution also are available as models. Some of the classics are by Berton Roueche, whose medical mystery nonfiction appeared in The New Yorker over several
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decades and has been collected in several volumes (for example, Roueche 1982, Roueche 1986, Roueche 1995). Well-crafted, informative medical narratives also have appeared in the "Vital Signs" section of Discover magazine. As well as illustrating their genre, these accounts demonstrate various general aspects of good health-writing technique. In addition, reading them can readily increase a health writer's medical knowledge.

Profiles of people also can be engaging vehicles for presenting material from the world of health. Profiles work well for portraying process, whether of living with a disease, doing biomedical research, treating patients, or seeking to influence health policy. A well-researched, well-crafted profile of a researcher/administrator appears near the end of this chapter (in Examples see Article 8-2).

Of course, profiles inherently contain human interest. One caution, though: Beware of presenting stereotypes, such as the selfless health-care provider, the single-minded researcher, the pitiful person with a disability, or the person totally undaunted thereby. Put aside preconceptions, listen to and observe the people you are portraying, and present them in realistic complexity.

To prepare a well-rounded profile, draw on varied sources. Before interviewing, look at the subject's resume or curriculum vitae if one exists. Also look at other background material, such as articles by researchers and news releases on their work, or overview pieces on an individual's disease. As well as noting what the subject says when interviewed, observe the subject and his or her environment. Consider interviewing the subject more than once, perhaps in different settings such as work and home. Maybe observe the subject in action. For "reflected light," interview people who know the person being profiled. Even if you are not the photographer for the story, consider taking photos to refer to when writing the piece.

A related form of health writing can be the obituary—for the best obituaries are essentially profiles; they may draw both on written sources and on interviews with individuals such as colleagues. If you are a health writer at a medical school or other institution, you may well write obituaries of health professionals and researchers. Items typically included are the individual's most recent professional position held, education, professional accomplishments, and survivors.

Other types of feature stories for health writers to consider are service, how-to, and personal-experience articles. Service articles give consumers information on products, services, or facilities, often to aid in choosing among them; how-to and personal-experience articles are just what their
names say. Service and how-to articles, which often overlap, need thorough information gathering and organized presentation, often through devices such as lists, charts, and diagrams. For personal-experience articles, the point is to use your experience or that of another person as a vehicle for conveying information and insight, not as a forum for showing off scars or for griping.

"I do think I know what these night wanderings are all about in my own life . . ." is how Stone ends his combination of personal-experience piece and overview article on sleepwalking. If you, like Stone, have written a health feature well, readers will reach the end not only with more information but also with greater understanding.

**Other Article Genres**

Other article genres also are open to health writers. Among them are columns and book reviews.

Health columns have long been popular with the public, and they are especially open to health writers with backgrounds as health professionals. Some questions to address when thinking of embarking on a column are how broad or narrow the scope should be, what format to use (for example, question-and-answer or essay), and whether to have another writer collaborate. Also before embarking, consider whether you really have the material—and the time—to turn out column after column. Samples of work by two columnists, one a health librarian, the other a family physician, appear near the end of this chapter (in Examples see Articles 8-3 and 8-4), along with perspectives from the two columnists.

Book reviewing is another option. Given the popularity of publications on health, books to review abound. If you have read this health writer's handbook, you should have a good start at evaluating writing on health. In addition, lists of items to consider discussing in a review (for example, Gastel 1991) are available. Although reviewing books rarely pays well, it provides opportunity for thorough and thoughtful reading and sometimes for relatively ready publication in otherwise highly competitive sites. Plus, normally you get to keep the book. For an example of a well-crafted review, see Article 8-5 in Examples.

**Books**

As well as reviewing books, health writers sometimes write them. Especially if you have done health writing for a while, you may find your-
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self ready to write a book, either as an outgrowth of shorter work or as a separate project. Sources of guidance for prospective book authors include the works How to Get Happily Published (Applebaum 1998) and Thinking Like Your Editor: How to Write Great Serious Nonfiction—and Get It Published (Rabiner and Fortunato 2002). Below is brief overview, with tips, of writing and publishing a book.

Once you have a book idea, explore whether your envisioned book would indeed seem to fill an unoccupied niche. One good way to begin is with a search at the Library of Congress Web site (www.loc.gov). Also consider searching online bookstores, such as Amazon.com and barnesandnoble.com, and look at books with which yours might compete. If your idea indeed seems new, or if you think your book would be better than those available on your topic, draft a table of contents and a sample chapter. In doing so, you may find it useful to look at books analogous to the one you have in mind. How are such books organized? How long are they? What features other than text do they include? What do you like about them? What do you think could be improved, and how? Considering such questions may aid in planning your book.

The next step generally is to find a publisher. Seek publishers that have published books on subjects similar to yours and that have done a good job. Not only is a publisher with a substantial number of health books more likely to accept your book than a publisher specializing in romance novels or military history, but also such a publisher is better prepared to edit and produce your book appropriately and to market it effectively. Typically, a prospective publisher will want to receive a proposal that describes the purpose of your book and includes an annotated table of contents, a sample chapter, a discussion of the expected market, and your resume. Factors in the publisher’s decision will then include the merits of your proposal, your ability as a writer, the fit with the publisher’s areas of specialty, and the likelihood that your book will sell sufficiently.

If the publisher accepts your proposal, you will receive a written agreement. You also will receive instructions for preparing the manuscript. Then the bulk of the writing begins. Challenges can include obtaining enough good content, maintaining momentum if you also have other work to do, and keeping a consistent voice throughout the manuscript. Another challenge can be to obtain the needed permissions, and to pay the permission fees, if your book will include material reprinted from elsewhere.

Once your manuscript is ready, the publisher will review it and may have outside experts do so, too. You may find it useful to get other feed-
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back, as well, from subject-matter experts, from friends and colleagues whose assessment of writing you respect, and from people resembling your intended readers. Then almost certainly you will have revisions to make. Once the manuscript is suitably revised, the manuscript will be copyedited and the book will be designed. You will receive proofs to review for typographical errors. Once page proofs are ready, an index will be prepared for the book; some authors compile their indexes themselves, but others use a professional indexer engaged through the publisher.

As publication of the book nears, marketing efforts will begin. The publisher probably will request information for potential use in marketing. You may be asked about your background, about organizations with members likely to want your book, and about publications potentially suitable for advertising or reviewing your book. Providing thorough answers can help ensure that your book finds its way to those for whom it is meant.

Reviews of your book may start appearing around the publication date and continue to appear for as much as several years. If you have reviewed books yourself, you may find it revealing to be on the other side. In any event, you may find the feedback instructive when (gasp!) you write your next book or prepare a new edition of the current one.

As a health writer, you may also have opportunities to write material in other genres, for example, editorials, fact sheets, brochures, encyclopedia entries, and even humor pieces. Now, having considered some of the main genres, you may more easily analyze pieces in others and model your writing accordingly. The range of opportunities is wide indeed.

Exercises

1. On the World Wide Web, access a recent news story or news release on a health-related topic. Save the story electronically, and print it out in a narrow column on the left half of the page. On the right side of the page, write the heading “Comments.” Under this heading, analyze the content and crafting of the story, as was done in Figures 8-1 through 8-3.

2. Look at some or all of the sample pieces of writing at the end of this chapter (Articles 8-1 through 8-5). For each:
   (a) identify aspects of the piece that help suit it for its intended readership.
   (b) note strengths of the content and of the writing technique.
   (c) make any suggestions for improvement. Please give reasons for suggestions.
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3. Find a health-related book for the public that was published in the last two years. If you have not yet read the book, read it. Then, drawing on this chapter and earlier chapters, prepare a review of the book. Be sure to indicate the publication for which the review is intended, and be sure to gear the review to the publication.

Examples

Article 8-1: An Overview Article

“It’s Gettin’ Hot in Here: Spring break, days at the beach and sunburns are on tap for students next week”

David Barry
The Battalion, March 10, 2004

Note: This overview article with a seasonal angle appeared in the Texas A&M University student newspaper. Written by graduate student David Barry (no, not syndicated columnist Dave Barry), it follows various principles of good health writing. It is reprinted here with permission of the publisher.

As spring break approaches, many students are taking advantage of the recent warm weather to soak up a few rays between classes. Others are visiting tanning parlors.

“This is the busiest time of year,” said Allison Gow, an employee of Total Tan Salon in College Station.

But dermatologists have a few words of caution for sun-seeking students — don’t get burned.

When sunlight damages cells near the skin, they switch into repair mode, expanding nearby blood vessels to speed the flow of needed nutrients. The increased blood flow causes the red coloration associated with sunburns, said Ron Davis, a clinical professor of dermatology at the University of Texas Southwestern Medical School.

But the most serious damage from sunburn is not immediately visible. Sun-damaged skin cells may take years to blossom into melanoma, the deadliest form of skin cancer. In a 1999 issue of The New England Journal of Medicine, a group of doctors reported that “the risk of melanoma is associated specifically with exposures that induce sunburn.”

The danger of sunburn is greatest for fair-skinned people who spend
most of winter indoors, Davis said. Fair skin is especially unguarded against a daylong onslaught of ultraviolet (UV) radiation at the beach because it lacks melanin, pigment that creates dark-colored skin, absorbs sunlight and serves as a natural sunscreen.

Tanning increases the amount of protective melanin in the skin, reducing the risk of severe sunburn, but that doesn’t mean that students should rush to the tanning parlor to get a preemptive tan. Dermatologists are fond of saying, “there is no such thing as a safe tan,” and there is plenty of evidence to back them up. A 2002 report in the Journal of the National Cancer Institute suggested that tanning bed users are twice as likely to develop some non-melanoma types of skin cancer, the same types of skin cancer commonly found in farmers and other exposed outdoor workers.

The overall incidence of skin cancer is rising as people who spend more time doing outdoor activities visit tanning salons. The American Academy of Dermatology (AAD) estimated that one in five Americans will develop skin cancer in his lifetime. The good news is that fatalities from skin cancer have decreased as doctors and patients have become more vigilant in spotting abnormal skin growths.

"Early recognition is big," Davis said.

UV damage to skin also has aesthetic consequences. The sun’s rays can cause irregular pigmentation on the face and other parts of the skin, commonly in women who take birth control pills with the hormone estrogen, Davis said.

Moreover, some UV rays can penetrate the second layer of skin, which contains the tissue responsible for the skin’s elasticity, Davis said. To see this elasticity at work, pull up the skin on the back of your hand and watch it snap back into place. As your skin ages, it will take longer to return to its original shape, and sagging and wrinkles will appear. UV damage from tanning or burning accelerates the aging process of elastic tissue.

Davis said it is important to head off damaging sunlight at the pass with a few simple preventive measures.

Sunscreen technology is constantly improving, although Davis cautioned that sunscreens still don’t provide complete protection. Most sunscreens on store shelves now claim to be "broad spectrum," meaning they contain chemicals that absorb both UVA and UVB, the two types of UV radiation that reach the earth’s surface.

For those who complain about sunscreen’s greasy feel, new alcohol-based brands rub on and dry out quickly. Davis said he advises purchasing broad-spectrum sunscreens rated at a skin protection factor (SPF) of 30.
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Skin protected with properly applied SPF 30 sunscreen will take 30 times longer to burn than unprotected skin.

Even the best sunscreens are only as good as the person applying them. Full coverage of the average-sized person requires an ounce of sunscreen, according to the AAD, roughly equivalent to what you could fit into a shot glass. Sunscreens should be applied when the skin is cool and dry, Davis said, because sweat and water will carry away its active ingredients.

Like sunscreen, clothing is no guarantee of skin protection. According to the Harvard School of Medicine, a typical white T-shirt has an SPF of only five — even less when it is wet. Davis said a simple laundry additive such as SunGuard adds an SPF of 30 to most clothing and lasts about 20 washes. He added that UV-filtering sunglasses are essential, no matter what you are wearing.

The safest strategy is to limit the amount of time spent in the sun, especially in the middle of the day when the sun's rays are fiercest. Most UV radiation will penetrate cloud cover, so overcast days are no guarantee of safety.

Inevitably, a few spring break revelers will suffer a severe sunburn — the kind of sunburn that makes a person shriek with pain if a friend so much as pretends to pat them on the back. Anti-inflammatory drugs such as aspirin and ibuprofen can soothe the pain of sunburn, Davis said, but the most immediate relief may come from the application of a refrigerated aloe-containing lotion.

Article 8-2: A Profile

"Nora Volkow: New Head of Drug Institute Is Wired for Action"

Jocelyn Kaiser
Science, July 4, 2003

Note: This article, which in various ways exemplifies a well-prepared profile, appeared in Science magazine. Because Science goes mainly to scientists and physicians, the content of this article is somewhat more technical than that for a newspaper or popular magazine. Nevertheless, the article is readable written. Reprinted with permission from Science 301:39-40 (2003). Copyright 2003 AAAS.

Bethesda, Maryland—Nora Volkow knows precisely what makes her happy. "I love music. I love the high of running. I love intellectual concepts." An
afternoon nap, a few glasses of wine, and a sedative are not on the list. "I don't like to be too relaxed or too calm. It's aversive for me."

Such preferences, Volkow believes, are hardwired into the parts of our brains involved in pleasure and reward. And they help explain why some people become addicted to drugs and others don't. For 20 years, Volkow, a psychiatrist born in Mexico, has used brain-imaging techniques to study addictive behaviors, finding common threads among an addict's craving for cocaine and an obese person's desire for food. Now these findings are guiding her as she takes the helm of the National Institute on Drug Abuse (NIDA), the $962 million agency of the National Institutes of Health (NIH) that leads the nation's research on addiction.

Volkow is a dynamo who churned out papers—more than 275, at last count—and built a top brain-imaging research group at Brookhaven National Laboratory on Long Island before coming to NIH. "You really have to be in the field to appreciate how productive she's been," says psychiatrist Charles O'Brien of the University of Pennsylvania in Philadelphia. Colleagues also praise Volkow's people skills and her charm. "It is a major coup that we now have her as the head of NIDA," says neuroscientist Hans Breiter of Massachusetts General Hospital in Boston.

After 2 months at NIDA, Volkow met with Science last week in her office, where African statues and Mexican painted cows brighten bookshelves and abstract paintings wait to be hung. She is still adjusting to the new job. Its many demands mean that her time is now broken into "30-minute chunks" instead of hours. But she says that using NIDA's resources to bring addiction research to the public is "very rewarding."

Volkow, 47, is the great-granddaughter of exiled Russian revolutionary Leon Trotsky, who found asylum in Mexico and was assassinated there in 1940. She grew up in Trotsky's house in Mexico City, although the main rooms were only for studying because her father wanted to keep "everything as it was." It eventually became a museum. At the medical school of the National Autonomous University of Mexico, she did her first animal experiment, showing that a water-deprived monkey would push a lever far more insistently for a sip of water than it would for drugs. One weekend, she broke down and gave the despondent animal water. She says she realized then that because she is so compelled to help any living thing "in distress," she cannot work directly with animals.

While in medical school, Volkow read an article in Scientific American on early positron emission tomography (PET) scan brain-imaging experiments at Brookhaven. The notion that PET could peer into the living brain
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"blew my mind," she says. En route to a Ph.D. program at the Massachusetts Institute of Technology in Cambridge, she "got diverted" by 6 months of research at New York University (NYU), which had a joint program with the Brookhaven imaging group. Fascinated by the work, she opted for a residency in psychiatry at NYU instead. In those early days of PET, Volkow used the technique to probe the brain activity patterns of schizophrenia. In the later stage of the disease, when patients are no longer hallucinogenic but instead apathetic, activity is reduced in the orbitofrontal cortex, the part of the brain just above the eyes. Her team suggested that the neuroleptic drugs given to patients led to this erosion of activity by blocking signaling of dopamine, the neurotransmitter that triggers feelings of motivation and pleasure.

Next Volkow turned to another kind of patient: people addicted to cocaine. As an assistant professor at the University of Texas, Austin, in 1985, she saw tiny hemorrhages where the blood supply was cut off in the brains of these addicts, indicating that the drug was triggering strokes. "This was a shock. Most people believed that cocaine was a safe drug," she says. Volkow quickly moved on to a new line of inquiry, looking for commonalities among addictions, whether to drugs, alcohol, or even food. By then she was back at Brookhaven, where her team found that addicts have fewer dopamine receptors in their brain and that these decreases are linked to less activity in the orbitofrontal cortex than in normal people. This reduced activity may help explain why addicts turn to dopamine-simulating substances to achieve a sense of well-being. And obese people have fewer dopamine receptors as well (Science, 2 November 2001, p. 980). Although heavy drug use erodes dopamine receptors, some people are probably primed to become addicts because they start with lower levels, Volkow says. This research has helped shape a consensus articulated by Volkow’s predecessor as NIDA director, Alan Lesher—now CEO of the American Association for the Advancement of Science and executive publisher of Science—that addiction is a brain disease.

Now the question in Volkow’s mind is: If many addictions involve a lack of dopamine receptors, why don’t all addicts crave the same thing? She and Brookhaven co-worker Gene-Jack Wang have found a few clues. Obese people have higher-than-normal activity in parts of the brain that process the taste and feel of food. Alcoholics, they’ve found, hate being given a stimulant, just as people addicted to stimulants can’t stand drugs that slow them down. Volkow has produced this work with a Brookhaven team that she and chemist Joanna Fowler built into “one of the best PET centers in the
country for studies of addiction and other psychiatric disorders,” says Eric Nestler of the University of Texas Southwestern Medical Center in Dallas. She also moved up the management ladder there, despite obstacles; at one point, she says, her all-male peers recommended against her chairing the medical department at Brookhaven. Four years ago, she was named associate director for life sciences, one of the four science divisions at the lab.

Her leadership in addiction research, both clinical and basic, made her an obvious choice for the NIDA directorship, she and others say. But taking the job was “by far the hardest decision I’ve ever made in my life,” because it meant devoting less time to her research, she says.

She inherits an institute in good shape, observers say; Leshner moved it from an outdated focus on drugs to a molecular approach and also created a clinical network to help move new treatments into practice. Volkow's priorities include expanding research on prevention and treatment, such as the neurobiology of why some young brains are more vulnerable to addiction and social science research on strategies to nudge children and young adults away from drugs.

The just-completed 5-year doubling of NIH’s budget has put the field of addiction research in good stead, she says. Slower-growing budgets may put a crimp on new areas, but the key now, Volkow says, is to forge collaborations with other institutions within NIH to bring together researchers interested in brain development, for instance.

Volkow expects to keep her own research going; she will have a lab at the National Institute on Alcohol Abuse and Alcoholism that will collaborate with her Brookhaven team, and she will fly up to Long Island one weekend a month. Colleagues expect her to go at both jobs with her trademark verve. She’s a workaholic, she admits, but that’s just the way she is—her brain is wired that way.

Article 8-3: A Local Newspaper Column—and an Interview with the Columnist

“Mediterranean Diet—A Model for Healthy Eating”

Eris Weaver

Argus-Courier, July 9, 2003

Note: Eris Weaver, the medical librarian at a consumer health library, writes the weekly column “To Your Health” for the Petaluma (California) Argus-Courier.
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One of her columns appears below, reproduced with permission. An interview with her follows.


I see these headlines all the time, touting the latest miracle food or nutrient. I also get questions here in the library about individual foods—should I eat flax seeds? Is margarine really that bad for you? Do tomatoes prevent cancer?

The reality is that there is no one food that will either cause or cure all health problems. What is more important than any individual food item is the overall pattern of your diet. A study recently published in the New England Journal of Medicine bears this out.

You may have heard of the Mediterranean diet, which has been promoted as a model for healthy eating. The Mediterranean diet is high in fruit, vegetables, nuts, grains, fish, and olive oil; low in meat and poultry; and includes moderate alcohol consumption with meals. There had been several small studies on this diet’s health benefits, but this is the largest and longest one that has ever been done.

A team of Greek and American researchers looked at the diets of over 20,000 healthy adults from all over Greece. They gave them a score based on how closely they adhered to each of 14 components of the Mediterranean diet. They also asked them about their exercise, smoking, and other health habits; participants were weighed and measured. They were followed for an average of three-and-a-half years.

Those who adhered most closely to the diet had the lowest mortality rates for cancer, for heart disease, and for all causes of death. This continued to be true after controlling for things like smoking, age, and exercise. What is particularly interesting is that when the researchers tried to compare any ONE of the food categories with mortality they found NO correlation—it was the overall pattern that was important, not any one individual food group.

It was also interesting to me that on the day that the study came out I could find no media coverage of it whatsoever—frequently the more “glamorous” studies are out on the wires and in the papers even before I receive the original journal.

Ironically, while we’re looking toward them as a model to change our diets, people in Greece and other Mediterranean countries are starting to eat more like Americans do—with the expected increase in rates of obesity, diabetes and heart disease.
An Interview with Columnist Eris Weaver

How did you come to do this column?
I approached the assistant managing editor at the Argus-Courier, with whom I had a good working relationship, with a proposal and a couple of sample columns. My motivation was two-fold: part of my job is providing health information to the community, and this seemed like a good way to do it; and I thought I could prepare a better column than the one in a competing local paper. I expected to have to sell it harder; Katie just said, "Yes, that's a great idea! Let me talk to Chris (the managing editor.)" Then, Ann Landers died, freeing up a space in the paper. So it was really easy! (Of course, I don't get paid, so they got a deal!)

How do you identify topics?
Since I am a medical librarian, I get questions about various health topics every day. Many of those turn into columns. Whatever pet project I'm working on at the time will usually get worked into a column; sometimes I write on an issue about which we have a program or event coming up. For about half of the time I've been writing I was in graduate school (UC Berkeley School of Public Health), and whatever paper I was working on at the time finagled its way into the column as well. Sometimes something I see in the news, or an article I read in a medical journal that DOESN'T make the news, inspires me. Sometimes I write directly out of a recent personal experience. Occasionally a reader will e-mail or call me and suggest a topic that is of interest to them, or tell me about a community service that they think other people should know about. Periodically I peruse a list of upcoming "national whatever weeks" and some of those issues will spark an idea.

I've been doing the column about two years now and have never lacked for topics! The questions that come into the library are so varied and not usually things I would ever think up on my own, so I don't worry about somehow running dry.

About how long does it generally take you to prepare a column?
Oh, that's a hard one! I tend to do a lot of thinking and organizing and sort of "pre-writing" in my head before I ever sit down at the computer; so the hour or so I spend typing is really the tip of the iceberg. I'm pretty thorough about my background research—I keep a huge file so that if anybody ever asks where I got a number, I can whip it out immediately! Also, if a column comes out of a question I answered for somebody, I've already done the research so it's a matter of turning it into something readable. I also tend to go in spurts; sometimes I'll sit down and crank out two or three in a row, then I get a little breather.
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Did anything about doing a column surprise you?
Not really; I guess I thought I might get more feedback from readers than I actually do.

What are some of the challenges of doing such a column?
Meeting a weekly deadline!

What are some of the satisfactions?
When someone calls or e-mails or I run into them on the street and they tell me how a column has affected them, it just makes my day! So far, one man has told me that he decided to quit smoking after reading my column about my mother’s tobacco-related death; a recent column on the Mediterranean diet led to a few folks asking for help in changing their own diet to match; and one reader, after I mentioned how I use gold stars and other stickers as little rewards for sticking to my eating and exercise plan, mailed me a whole envelope full of fruit and vegetable stickers!

Writing a column is FUN! Compared to many other kinds of writing, you really get to put yourself into it. I don’t have an editor assigning me stories or topics like I would as a reporter; I don’t have to stick to the impersonal, third-person mode of scholarly writing; I can just write about whatever interests me and go ahead and throw my opinions in there if I want (always identifying them as such!). It’s the freest kind of writing I do.

What main advice would you have for someone thinking of doing such a column?
Be sure you have the discipline to make a weekly deadline. Choose topics that you are passionate about, or at least interested in—if you don’t really care, it will show! Keep a tickler file of ideas as you come across them. Find your niche. Above all, have fun with it!

Article 8-4: Some Pieces from a Magazine Health Column

Health, Etc.

Amy Givler, MD
Homelife Magazine

Note: The pieces that follow come from columns that Amy Givler, MD, a family practitioner and health writer, published in the magazine Homelife.
8. Genres of Health Writing

“I originally wanted a column because I knew it would help motivate me to write regularly,” Dr. Givler recalled. “I went to the Florida Christian Writers Conference and sat at dinner with the editor of HomeLife. I proposed a health article to him—I didn’t think of asking him about writing for the column because someone else was already doing that.

“But mid-meal he mentioned that their current health columnist wasn’t going to write for them any longer. ‘I can do it,’ I said. I showed him writing samples and wrote a sample column and a few months later HomeLife signed me up.”

Givler noted that HomeLife, a Christian-oriented family magazine, asked her to include at least five topics in each 800-word “Health, Etc.” column. “I usually have one main subject at around 250 to 300 words, and the rest much shorter,” she said. “What surprised me is how long it takes to fully develop each piece. I am meticulous about accuracy, so I always look at the original article.”

For her column, Givler decided to focus largely on common health issues, with the goal of improving readers’ health. “To be able to help people understand their medical problems so they can help themselves,” she said, “is, for me, sheer joy.”


July 2002: National Blueberry Month

In 1999 the Secretary of Agriculture declared July to be National Blueberry Month. Why should we celebrate the blueberry? A one-cup serving has five grams of fiber, for one thing. And blueberries are packed with antioxidants, which are thought to help protect the body against the damaging effects of free radicals. I never have trouble eating the recommended five servings of fruits and vegetables daily when blueberries are in season.

What a loving God we serve, who gives us such a scrumptious way to eat healthy foods. For more blueberry facts and some great recipes, see these Web sites:

www.blueberry.org
www.cyber-kitchen.com/blueberry
II. Preparing the Piece

You can find lots of other great sites by searching for the key word “blueberries.”

November 2002: Your Opinion About Smoking Matters

Do you think your children and teens don’t listen to you and that the influence of their peers is all-important? Think again. Your opinion matters.

A study of fourth through eleventh graders found that students who thought both parents would strongly disapprove of their smoking were less likely to start. In fact, they were less than half as likely to begin smoking as the students with only one or no disapproving parent.

So this is something both Mom and Dad need to agree on, and then communicate: “We’ll be very upset if you start smoking and we will tell you to stop.”

And for those parents who are still struggling to kick the smoking habit themselves, this appears to be one of the few times when “Do as I say, not as I do” might work. In this study, the children of parents who smoked were just as likely to refrain from smoking as the children of non-smokers if they thought their parents would strongly disapprove.

April 2003: Are 15-Passenger Vans Safe?

Large passenger vans are popular with churches. But according to the National Highway Traffic Safety Administration (NHTSA), 15-passenger vans tend to roll over in crashes. A simple church outing can quickly turn deadly.

What causes the rollover? The center of gravity in these vans is higher than in other passenger cars, which by contrast have only a one-in-ten chance of rolling over in a wreck. The rollover risk increases as the van carries more passengers. With 10 or more passengers, the rollover risk is three times higher than the risk with five or fewer. So how do you stay safe?

NEVER

- Seat more than 15 people in the van. The risk of rollover in a crash becomes 70 percent with 16 or more passengers.
- Drive while sleepy. Drivers should also become experienced with handling the van before carrying passengers (it has a longer braking time and decreased maneuverability).
- Add baggage to the roof. Doing so makes the center of gravity and the rollover risk even higher.
8. Genres of Health Writing

ALWAYS

- Wear seat belts. Passengers wearing belts are 75 percent less likely to be killed than those who aren’t.
- Sit toward the front. Keeping the weight ahead of the rear axle makes the van easier to control.
- Make sure the tires are in good shape and are properly inflated. A van with worn tires will slide sideways in slippery conditions. Tires with worn down treads can blow out and cause a crash.


Article 8-5: A Book Review

Review of Timebomb: The Global Epidemic of Multi-Drug Resistant Tuberculosis

Jessica Ancker
The AMWA Journal, 2002, 17(4): 50-1

Note: This review appeared in the periodical of the American Medical Writers Association (AMWA), from which it is reproduced with permission. The author, Jessica Ancker, chaired the committee that selected Timebomb to receive an AMWA book award.

When asked how she went about preparing this review, Ancker replied:

As always, it was difficult to come up with a good lead, so I started by typing out rough paragraphs on some ideas that I wanted to discuss, rather than by trying to start at the beginning. One of the points in my list of ideas was the authors’ comparison of the impact of tuberculosis with the impact of HIV. The comparison resonated with me because of my public health training and my long-time interest in the history of science. The idea of illustrating that comparison by referring to the opera La Bohème and the musical Rent came from my training in classical music. Once I had that image, I knew I had a good start for my review. At that point, I was able to write a first draft fairly quickly. After I had a first draft, I switched to “editor” mode and revised the piece over and over again (at least 10 times) before I felt comfortable sending it to the journal. Most of the revisions were aimed at shortening and simplifying my prose.

Ancker observes that “writing a good review is a balancing act.” She explains:
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You have to serve the reader by providing a strong impression of the book (without giving away all the good parts!), but you also have to give some sense of yourself and your opinions to keep things interesting. First, readers want to know what the book is about, and then they want to know whether you think it’s any good, and why. It’s a difficult mix: you have to write in your own voice without hogging the spotlight, which should remain on the book.

“I think it’s important to be fair and balanced when you are pointing out shortcomings,” Ancker adds. “Years of research and work went into the book that it took you a few days to read. Draw attention to flaws, but avoid gratuitous cruelty.”


In the 1890s, when Giacomo Puccini was writing the opera La Bohème, he wanted his heroine, Mimi, to die elegantly and tragically. He chose to have her fade quietly from tuberculosis.

A century later, when Jonathan Larson modernized Puccini’s plot, music, and characters to create his hit musical Rent, he selected AIDS, not tuberculosis, to ravage his show’s bohemian community. By the 1990s, tuberculosis was far too marginal and old-fashioned to play a starring role.

Or so it seemed to many Americans. Timebomb: The Global Epidemic of Multi-Drug Resistant Tuberculosis, by Lee B. Reichman with Janice Hopkins Tanne, convinces us that nothing could be farther from the truth.

New York in the 1990s was the center of a tuberculosis epidemic that erupted after cuts to the public health infrastructure, the authors argue. The city exerted an expensive effort that brought the epidemic under control, but elsewhere tuberculosis remains one of the world’s leading killers. The bacilli of this easily transmitted, airborne disease lie dormant in a stunning one third of the world’s population.

In this well-written and detailed book, the authors point out that tuberculosis can evolve rapidly in the body in response to drug therapy. Patients who take medications at inadequate doses or for insufficient periods of time may feel healthier for a while but will end up developing multi-drug resistant tuberculosis.

Successes in New York and other regions are largely due to a labor-intensive strategy called the directly observed therapy short course (DOTS), in which public health workers bring antibiotics to patients and
watch them swallow their pills every day for months or years. In America and Europe, laboratories can even screen the patient’s strain of tuberculosis to identify the most effective drug combinations.

Unfortunately, few nations have the resources to implement DOTS, and some countries actively oppose it. A primary focus of Timebomb is Russia’s health policy, which emphasizes the poorly effective bacille Calmette-Guérin vaccine, lengthy hospitalizations, lung-removal surgery, and haphazard drug combinations that promote the evolution of multi-drug resistant disease.

Relying on DOTS and careful public health reporting, American authorities have contained most outbreaks of these multi-drug resistant strains as they enter the country with immigrants and visitors, but they are unlikely to be able to do so forever. No new anti-TB drugs or vaccines are in the “pipeline” of drug production, so preventing such resistant strains from developing is critical for every country.

Reichman, the executive director of the New Jersey Medical School National Tuberculosis Center, has spent his career combating tuberculosis in America and around the world. He brings deep understanding of the disease to the book, and he also enlivens it with his observations about physicians, political figures, and billionaire philanthropists who have played roles in the fighting the epidemic. Sometimes, he tells stories of patients, such as a frail Haitian child who died in an American hospital’s isolation room, and the medical student who caught the disease while playing with her. The skills of Reichman’s co-author, science writer Janice Hopkins Tanne, probably contributed to the book’s meticulous detail, excellent pacing, and clear language. The result of their collaboration is a very readable book that discusses the disease at many levels: genetic, microbiological, medical, social, economic, and political.

This is not an optimistic book, but it is fascinating and important. It will force readers to recognize that tuberculosis is barely under control—even in America—and that in a mobile and interdependent world, we cannot complacently develop public health policy that stops at our own national borders.
Medical Reporting for the Electronic Media

By Tom Linden, MD

Medical reporting in the electronic media can come in many forms: short television readers, 1- to 3-minute taped reports, 15- to 20-minute news magazine stories, and one-hour or longer documentary reports. A similar array of options exists for radio. In addition, new forms of storytelling are emerging on the Web.

This chapter begins with a history of medical television reporting and then focuses on putting together the most common broadcast medical news report, called a “package.”

Major focus is on the scripting of medical television and radio reports. Unlike the print medium, television stories require moving pictures, typically video. Audio is also a crucial element in both radio and television, as great sound can turn an average story into a memorable one. The guidelines for writing medical pieces for the Web depend on the mode of presentation. Good Web writing is a hybrid of print and broadcast writing, with Web reporters increasingly moving to a more broadcast-oriented style of storytelling.

History of Medical Television News Reporting

The dawn of science and medical television broadcasting took place in 1948, not long after the emergence of the then major television networks CBS, NBC, and Dumont. The Johns Hopkins Science Review began as an

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experimental program on Baltimore's WMAR-TV in March 1948 (De Pasquale 1995) with eight weeks of live telecasts. Lynn Poole, the university's first director of public relations, conceived, produced, and hosted the program. Sue De Pasquale, editor of the *Johns Hopkins Magazine*, writes, "...the visually minded Poole had one cardinal rule: If you can't show it, don't talk about it."; a rule that would have served him well in television in the 21st century.

De Pasquale writes that on December 17, 1948, the *Science Review* had its network premiere on CBS as the program aired along the East Coast from Boston to Richmond. In October 1950 the series moved to the Dumont network, where it stayed until 1955, when the network ceased operations. The ABC network then picked up the program and changed its name to *Tomorrow* and then in September 1955 to *Tomorrow's Careers* (Sabol 2004). In 1956 the program name was changed yet again to Johns Hopkins *File 7* for the final 141 broadcasts (Figure 9.1) before the final episode aired on May 29, 1960 (Sabol 2004). Producers of the *Johns Hopkins Science Review* and its spin-offs created 425 original episodes of which kinescope recordings (film of the actual live broadcast on a television monitor) survive for 334, according to Cathy Sabol, project archivist for the Milton S. Eisenhower Library at The Johns Hopkins University (Sabol 2004). Some of those kinescope recordings have appeared on the ResearchChannel, a

Figure 9-1: Lynn Poole, two models, and two skeletons in "206 Bones," the April 28, 1957, episode of Johns Hopkins *File 7*.

Courtesy of the Ferdinand Hamburger Archives, The Johns Hopkins University.
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cable outlet that describes itself as the “C-SPAN of scientific and medical research” (ResearchChannel 2004).

Medical topics on the show included the first live birth on television, and in 1953, a female breast self-exam. The Johns Hopkins Science Review won The Peabody Award twice, in 1950 and 1952, for its educational science programs.

For many other American baby boomers, their first glimpse of science on television came from Donald Herbert, the creator and host of Watch Mr. Wizard. A former general science and English major, Herbert first appeared on WNBQ (now WMAQ), the NBC affiliate in Chicago, in March 1951 (Sternberg, www.museum.tv/archives/etv/W/htmlW/watchmrwiz/watchmrwiz.htm). Watch Mr. Wizard initially was targeted at pre-teenagers. Joel Sternberg writes that by 1954 Watch Mr. Wizard was airing live on 14 stations and via kinescope on 77 more. In 1955 Herbert moved the show to New York. Despite winning several broadcasting awards and becoming a fixture on television, Watch Mr. Wizard was cancelled in 1965. In 1971 NBC tried to revive the series, but the show went off the air again the following year. Herbert and his wife, Norma, continued to produce a number of programs for network and cable distribution throughout the 1970s, 1980s and 1990s. Some of his early shows are now available on DVD.

In 1974 WGBH in Boston produced the first Nova episode (WGBH 2004). The Public Broadcasting Service (PBS) series used documentary storytelling to explore science and medical topics. In 2004 the producers of Nova claimed that the program was broadcast in more than 100 countries and was “the most watched science television series in the world.” (PBS 2004)

While educational science and medical programs introduced American viewers to the wonders of the laboratory, CBS News tackled the social issues that underlay many of America’s health problems. CBS Reports’ Harvest of Shame, broadcast in 1960 on the day after Thanksgiving, documented the abysmal working and sanitary conditions of the country’s migrant farm laborers (Friendly 1960). The program’s host and narrator, Edward R. Murrow, made an impassioned plea for the government and public to attend to the workers’ plight. Many believe that this program provided a major impetus for migrant farm worker reform in the 1960s and 1970s. The documentary’s producer was David Lowe. Executive producer was Fred. W. Friendly, who later became president of CBS News. Murrow and Friendly together created the first American television documentary series, See It Now, in 1951, which itself was a television adaptation of a
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record album series called *I Can Hear It Now*, which the duo developed in the late 1940s (Simon 1997).

The CBS Reports' tradition of socially relevant journalism continued in 1968 with *Hunger in America*, which documented the shortcomings of government food programs. Executive producer was Don Hewitt, creator of CBS' newsmagazine *60 Minutes*, which premiered later that year.

Also in the early 1960s in the wake of the 1957 Soviet *Sputnik*, America's television networks covered the American space program and the race to the moon. Jules Bergman became the first network news science editor in 1961, a position he held until his death in 1987. Besides space stories, Bergman covered science and medicine. In many ways he pioneered later network medical news coverage.

The first physician journalist to become a network medical news editor also got his television start in the 1960s. Dr. Timothy Johnson, ABC News Medical Editor, graduated from Albany (New York) Medical College in 1969, did a one-year rotating internship at Albany Medical Center, and was working in an emergency room in the area when he began making live question-and-answer appearances on WRGB from 1969 to 1970 (Johnson 2004a). At that time WRGB was an NBC affiliate owned by General Electric. The station was notable for having telecast in 1961 an hour-long documentary about a 7-year-old girl's open heart surgery at Albany Medical Center (WRGB 2004).

Johnson writes that he "enjoyed the ER work so much I decided to stay with it." In 1971 he responded to an advertisement in the *New England Journal of Medicine* and became director of emergency services at Union Hospital in Lynn, Massachusetts. (Johnson 2004b) He also became a fellow in continuing education at the Massachusetts General Hospital and Harvard Medical School. There he made contacts which led him to WCVB-TV.

I accidentally hooked up with the local ABC station (WCVB), hosting a half-hour call-in program on various medical topics in the early morning and then going off to my hospital job (ER) for the rest of the day. When *Good Morning America* started in 1975, I was asked by ABC to join the program . . . and I have been with them ever since. (Johnson 2004a)

The news event that Johnson most remembers was his first appearance on *World News Tonight* with Peter Jennings in the fall of 1984.

I was in New York during my first week full time when President Reagan and Walter Mondale engaged in the first of the presidential debates of that fall cam-
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paign. Because Reagan faltered badly in that first debate, his age became an issue in all the newspapers and evening news programs the next day. And I found myself on the set with Peter (after an opening report by Jim Wooten) answering questions about whether Reagan was too old to be president! (Johnson 2004a)

Johnson (and President Reagan) survived that episode, and Johnson has continued to provide on-air analysis of medical news for World News Tonight, Nightline, and 20/20.

I have spent most of my time in the TV business (and, as you well know, it is surely a business) trying to help viewers sort out the mountains (avalanche would be a better word) of medical information that overwhelm them: What is important, what should they ignore, what does it mean for their own health choices, etc. I would say that I have spent more time keeping "news" off the air than getting it on. That task becomes harder each year as the flow of information gets exponentially larger and the resources to evaluate it become smaller. (Johnson 2004a)

The same year, 1975, that Johnson started on Good Morning America, Dr. Art Ulene made his first television appearance in Los Angeles on the KNBC 5 p.m. newscast. Ulene hosted a weight-loss series that ran about five minutes daily for 20 days.

At the time, it was considered quite revolutionary ... no series ever had run longer than a week. I was told that viewers would tune out after a week; our audience grew steadily throughout the month—reaching a 25-plus share by the end. (Of course, in those days, cable didn't exist, but a 25 share was still considered huge.) (Ulene 2004b)

Ulene had recruited an overweight couple to lose weight in real time. He also invited the audience to join the weight-loss program.

I guaranteed an 8-pound weight loss for anyone who earned 32 points a day on my program. (You earned points by exercising; cutting portion sizes; substituting one food for another; cutting fat. I never told anyone that one point equaled 30 calories.) The anchor joined in (and lost a lot of weight) and 250,000 people wrote in for a brochure I developed for the program. We had a great time, the Heart Association estimated that we took a quarter million pounds off Los Angelenos, but—most important—the ratings went up 25 percent. That was the "public" start of my television career. (Ulene 2004a)

In 1975 Ulene also made his first appearance on NBC's Today Show as "Today's Family Doctor," although, in fact, Ulene was an obstetrician/
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gynecologist. "Kinda funny, when you think about that . . . Today was a news program, but never got my title right," he writes (Ulene 2004c). After more than 20 years on the Today Show, Ulene made his final network appearance there in May 1998. He also had appeared in more than 1,500 syndicated reports that aired on local news stations throughout the country.

In addition to reporting on the Today Show, Ulene and Jeffrey Reiss, the former chief executive officer of Showtime, co-founded the Cable Health Network (CHN) with capital provided by Viacom (Ulene 2004d). CHN debuted in June 1982 as a 24-hour service offering programs on personal and family health, fitness, science, and medicine (www.lifetimevitv.com/about).

My HUGE contribution to that part of the venture was to convince the FDA that it was proper to allow us to run TV commercials for prescription drugs aimed at doctors, when we (and the FDA) knew full well that laypersons would be watching in far larger numbers than doctors. I hate to say it, but that was the forerunner to prescription drug advertising directly to consumers. (Ulene 2004d)

Nearly two years later CHN, operated by Viacom, merged with Daytime, operated by Hearst/ABC Video Services, to form Lifetime (www.lifetimevitv.com/about). Then in November 1983 Lifetime carved out its Sunday programming schedule for Lifetime Medical Television (LMT), which broadcast physician-targeted programming until LMT went off the air in July 1993. LMT was supported by pharmaceutical advertising and offered an array of physician-oriented programming including Physicians' Journal Update and various medical specialty programs. Other failed medical television efforts included Chris Whittle's Medical News Network, which offered medical programming downlinked from satellites to doctors' offices, and American Medical Television (AMT), launched in 1989 by the American Medical Association in partnership with NBC Cable. AMT was dissolved in 1994 (Modern Healthcare 1995).

Starting in the 1980s and continuing to the present, local television news operations have run a mix of medical news, health tips, and other features from a variety of sources, including locally based medical reporters, physician reporters, guest doctors, and syndicated medical reports, many of which are voiced over by local anchors and reporters. Also, network news operations have provided their local affiliates via satellite with a steady stream of medical reports distributed by affiliate news services (such as NBC News Channel and CBS Newspath). Local news sta-
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ations also have used to varying degrees video reports from syndicated medical news services (such as Ivanhoe Broadcast News and Medstar Television) and video news releases ("VNRs") provided by pharmaceutical and medical device companies, non-profit organizations, and the American Medical Association (with its weekly JAMA Report VNR). The quality of these medical television news products varies tremendously.

One of the first organizations to represent medical broadcast reporters was the National Association of Physician Broadcasters, formed in 1982. The organization changed its name to the National Association of Medical Communicators (www.namc.info) in November 1997 to reflect its intention to increase its membership beyond physicians and dentists to include other health professionals, as well as medical and health reporters (NAMC 1998). NAMC convenes its annual meeting in conjunction with the American Medical Association's Medical Communications and Health Reporting Conference, which has met every year since 1981. The Association of Health Care Journalists (AHCJ) (www.ahcj.umn.edu) represents a mix of print, broadcast, and online journalists who report for both general news media and trade publications. AHCJ reports that about 10 percent of its members are full-time broadcasters.

Elements of a Medical Television Script

All of the rules of responsible print reporting apply to television reporting and need not be repeated here. The major difference between print and television reporting is that television has sound and moving pictures while print obviously does not. The writing of a television script requires attention to both audio (the sounds and words of a story noted on the right side of the script; see Figure 9-2) and video, including graphics and animation (noted on the left side of the script). Because a typical 90-second television story ("package") will contain fewer words than a moderate-length print story, the reporter must write clearly and simply. The reporter's narration ("track") weaves the various story elements together.

Audio elements include the following:

1. track
2. sound bites (the television analogue of quotes)
3. natural sound (either ambient sound, called "nat sound," or snatches of conversation that are too brief to be considered bites)
4. reporter stand-ups in which the reporter talks directly to the camera
**Figure 9-2: Actual Television Script**

The following is a script for a story that appeared on KTTV Fox 11 News in Los Angeles on July 21, 1994. The news director of Fox 11 at the time, Jose Rios, had suggested to Dr. Tom Linden, the medical editor, that he do a story about how older people can keep mentally active. Linden looked for a local hook and came up with this story for the 10 p.m. newscast. Please note that the volunteer's last name in the following script was omitted to ensure his anonymity. The script is courtesy of KTTV Fox 11.

***Anchor on cam***

---<Anchor Intro>---
Most of us want to stay physically and mentally fit as long as we can.
We know exercising can keep our bodies healthy, but what about our brains? 
Medical editor Doctor Tom Linden is here with a prescription for keeping the brain in shape, something many of us don't even think about... Tom.

Toss to Dr. Tom

---<Dr. Tom Intro>---
(ad lib to anchor: "A lot of us don't, but this is really a painless prescription.")
The good news is we each have more than one hundred billion brain cells.
The bad news is brain activity peaks at age eighteen... In a sense it's all downhill from there... unless we do something about it.
---<stop>---

Take package
Total Running time = 2:48

MS of computer map

<natural sound of neurologist: "There's really a little bit of activation..." >
<track>This is a computer map of a brain of a sixty* year old. Notice the area behind the left and right ears... It's *yellow* indicating low level brain activity.
But with just a little *memory* training, this *same* individual's brain lights up *red*, especially behind the right ear... A sign the brain is working... like someone *much* younger.
Figure 9-2: <continued>

Super: Andrew Leuchter, MD
UCLA Brain Researcher

<Leuchter bite>
“...What our thinking is is that by giving people certain strategies to help them activate their brains more during memory tasks that we can enhance memory function.”

MS of lab technician

<natural sound of lab technician: “I'd like you to apply a strategy that we hope will improve your memory...”>
<track>
The *key* is a process called visualization.

Dissolve to establishing shot of technician and Chuck T. with electrodes and wires attached to head

Research volunteer 57-year-old Chuck T. is trying to remember these thirty-six words which flash across the screen.

By associating *each* word with a mental image or story, Chuck T. improves his recall...kind of like providing *food* for the brain.

Take the word “twilight.” Chuck remembered that word more than 15 minutes after it briefly appeared on the screen.

<nat sound>
CT: “And I pictured myself physically on Ocean Avenue in Santa Monica watching the sunset.”

Linden: “And you remembered that word.”

CT: “I still do.”

Super: Chuck T.
Research Volunteer

WS of Chuck T. in bed circling words on clipboard which pans right to show computer diagram of brain

<track>
But exercising your brain can do more than just improve memory.

It can keep you *sharp* and *mentally fit.*

<natural sound of dripping fluid as Dr. Scheibel explains: “Well this is the brain of an individual who...”>
<track>
Brain researcher Doctor Arnold Scheibel calls it the “use it or lose it” principle.

(continues)
Figure 9.2: (continued)

| Dissolve to MS of Scheibel talking with brain in jar in focus on right side of screen | *Scheibel bite* |
| Super: Arnold Scheibel, MD
UCLA Brain Researcher |
| "We can truthfully say that throughout life your brain is capable of changing if you continue to put interesting things into it." |

| MS of one-foot wide plastic model of brain cells hanging from ceiling pans to show dendrites connecting the brain cells | *track* |
| "Stretching your mind causes your brain cells to sprout web-like extensions called dendrites... which connect one brain cell to the next. |

| Camera starts with MS on Linden and then tilts up to reveal brain cells hanging from ceiling as Linden points to them with pen (No super since the establishing shot doesn't leave enough time for super to remain on screen before camera tilts up to reveal brain cells.) | *Linden stand-up* |
| "Studies have shown that the more you use your brain later in life, the more these brain cell connections will continue to grow and stay active." |

| WS of Leuchter & Linden looking at images of brain scans | <track> |
| Researchers now say maintaining lots of brain connections throughout life can help you retain function after a stroke or ward off—at least for a few years—the effects of Alzheimer's. |

| TS of brain scans | <Leuchter bite> |
| "The brain works in large part on the basis of connections between areas. It's not just the number of cells that you have in the brain, it's actually how rich the interconnections are." |

| Leuchter on cam | <track> |
| But these connections will shrink if your mind is idle. This is true in an area of the brain called the temporal lobe... responsible for memory... as well as other areas which control speech and muscle activity. |

| Pan right to left of brain cell plastic model with dendrites | <track> |
| Dissolve to TS of Scheibel circling with his gloved hand the temporal lobe of brain which he's holding |
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**Figure 9-2: (continued)**

Dissolve to MS of Dobkin

BD: "And so it's kind of a Darwinian thing, the more you do it, the better they survive, and the better they function."

Linden: "The more you use your brain the better it becomes."

BD: "In many ways that's probably very true."

***Dr. Tom on set***

And here are a couple tips for keeping your brain *young*.

First, learn how to play a musical instrument or master a foreign language or do crosswords.

The *key* here is to constantly *push your mind* into areas you haven't gone before.

If you stay healthy—avoiding major illnesses like heart disease or cancer—your brain can remain sharp until the age of 100 or beyond.

Script Courtesy of KTTV Fox 11.

(5) music, only if the music is organic to the story (for example, the playing of a violinist profiled in a story). Don't use music from compact disks (CDs) or from the Web. First, it's stealing. Second, it's cheesy.

**Video elements include the following:**

(1) B-roll (video that underlies the track)
(2) Sound bites (video of sources talking)
(3) Graphics or animation
(4) Supers or fonts (superimposed words that identify the speakers in sound bites)
(5) Reporter stand-ups

Strong television writing demands active voice. Passive voice will slow your piece and rob it of power. Simple sentences and short words are better.
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than complex sentences and long words. This principle is especially true for medical and health stories. The reporter should speak in plain conversational English but avoid clichés. Use of scientific jargon will kill your story. Find common words for medical conditions. Don’t say “myocardial infarction.” Say “heart attack.” Remember a “cerebrovascular accident” is a “stroke,” and “meniscus” is “cartilage.” Because your expert wears a white coat or has an MD doesn’t mean that she can spout jargon either. Make sure you caution your experts to speak in plain English. Avoid interviewees who only can speak in jargon.

Remember television is a visual and audio medium. Think visually, but write for the ear. Many viewers will not see your piece. They may be cooking dinner or reading a magazine while listening to your story. Keep your story simple. Aim to hold the attention and interest of a smart sixth-grade science student. That does not mean condescending to the viewer. Instead, build one concept on another. Make sure to define each term. As veteran science writer and editor Boyce Rensberger writes, “Never try to explain something that you don’t understand.” (Rensberger 1997) Learn the basics of the science behind your story before interviewing your experts. A television interview is not a fishing expedition.

How to Start

As in print, you need to select a story that can capture the attention of viewers by providing new information or a novel twist on an old topic. For feature stories the main requirement is that the story be compelling. No matter what the topic, the television medical reporter must find a storyline. Unlike print, television stories usually depend on a person—whom I call a “face”—to make the underlying medical or health issue come alive.

“If a story does not involve a human face, then it probably will not be aired,” writes Ira Flatow, executive producer and host of NPR’s Science Friday (Flatow 2004). “However, the good news is that just about any medical story, because it IS about medicine, can be crafted to involve a human interest story.”

But relying too often on faces can present problems. “The face often steals the story! The face is often the star of the story that eats up air time that could be spent describing the science behind a drug, side effects and other important information,” writes Helen Chickering, medical reporter for NBC News Channel (Chickering 2004). “In addition, the face may not represent the majority. For example, a patient who was ‘cured’ by the
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experimental drug may give viewers false hope when in reality, only a small percentage of patients will respond to the medicine."

Once you find a compelling story, you need to craft the message. Distill your story into six words. Take the script about the brain in Figure 9-2. (That story ran on KTTV Fox 11 News in Los Angeles in 1994.) What do you think the message is? How about: Keep brain young by constant learning? Six words.

Knowing your message will help you maintain the sharp focus required of medical television pieces. Unlike the inverted pyramid structure of a print story, the television story usually starts with the key message, introduces a cast of characters who reinforce that message, and then ends with dramatic video or audio that drives the point home. As the old television saw goes, "Here's what we're going to tell you, here's what we're telling you, and here's what we just told you."

This formula works for most television news and feature stories. The one twist in television is that the reporter often needs to teach a scientific concept so the viewer can understand the implications of the story. That requires a "science lesson," which often can become the core of the package.

"Like a general news story, a medical news story covers the who, what, when, where and why—but adds another element—how!" notes medical reporter Chickering. "A good medical news piece will tell the audience about the new drug that helps stop cancer from spreading and it will also explain how the drug stops cancer cells from dividing."

For a 90-second story, the science lesson should take no more than 20–25 seconds. The visual for the science lesson can be an illuminating graphic or animation, or it can be a reporter show-and-tell, otherwise known as a "stand-up." In the brain story in Figure 9-2, here's the core of the science lesson: "Studies have shown that the more you use your brain later in life, the more these brain cell connections will continue to grow and stay active." As in all television writing, what you see is what you hear. It's called writing to video. So when the reporter refers to "these brain cell connections," the viewer sees a larger than life plastic model of neurons and synapses. What you see is what you hear. Say "brain." See "brain." Say "connection." See "connection."

Putting Together the Package

After you've determined the general focus of your story, the first step is to make telephone or e-mail contact with your sources. If you're working with
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a medical center, contact the public affairs office. Public affairs personnel will help you get in touch with health-care providers. If you need a patient for your story, work with a doctor and a hospital public affairs representative to find a patient willing to appear on camera. Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules do not prohibit doctors from asking patients for their permission to appear on camera. The choice to participate in a television report belongs to the patient, but you often need the doctor’s initial cooperation to find the patient. Also when pre-interviewing your sources (doctors and patients), be very clear that your intention is for them to appear on camera. Better to clarify your request early to avoid miscommunication later. You don’t need an adult’s written permission for him or her to appear on camera. Doctors or hospitals may want written releases, but that is their responsibility, not yours. Of course, working with minor children is a different issue. In that case obtain written permission from the parent and/or the parent’s consent on camera. If you have any questions, consult with your news director or your station’s legal department. You can also review a useful frequently asked questions (FAQ) resource provided by the legal counsel to the Radio-Television News Directors Association at www.rtnda.org/loi/hipaafaq.shtml (RTNDA 2004).

The purpose of the on-camera interview is to get a sound bite or two. Limit your interviews to 10 minutes. You should get background information either beforehand during a telephone or e-mail pre-interview or during the time the videographer is setting up the camera and lighting. For each source develop a list of five questions to ask during the interview. Keep the questions face down during the interview. Consult them only after you’ve completed the interview. That will force you to listen to the interviewee’s responses and follow the flow of the conversation. Avoid verbal acknowledgements like “uh huh” and “I see” during your interviewee’s responses. Your utterances will destroy your interviewee’s sound bites. Nod your head if you need to establish contact. Wait for a second or two after each response. Your source may want to add an additional comment, which could be the bite you really need. Before finishing the interview, ask your source, “Is there anything you’d like to add?” or “Is there any question which I should have asked you?” Often that final question will provoke the interview’s best sound bite. Also at the end of the interview, if after consulting your list of questions, you find that you’ve missed an important point, be sure to follow up with a final question.

Usually reporters on tight deadlines don’t have much time to review
what their videographers have shot. Veteran reporters also get a sixth sense of the audio and video captured on the shoot. However, if you have time, it's always good practice to review the video and log the tape. That means writing down all potentially useable sound bites and noting the B-roll. I recommend a logging system in which you grade each sound bite on a scale from one to five, with five being the most compelling bite. I like to use asterisks (*****) as a shorthand method for grading bites. Again, if you have time, log sound bites that aren't ready for prime time but do have useful information that you can incorporate into the track. For B-roll, note whether the video is a close-up (CU), medium shot (MS), wide shot (WS), tilt up or down, pan left or right or a rack focus (a shift of focus from near to distant object). If either the audio or video has technical problems, don't log that bite or B-roll since you don't want to fool yourself later into thinking that you have useable video when, in fact, you don't.

After you've logged the tape, create your six-word message to focus your story. The next step is to write the anchor lead-in (“anchor intro”). Once you've set up the package with the anchor intro, you can then write the lead to your package. Don't begin your story with a sound bite since the speaker in the bite won't be identifiable unless you set him up in the anchor intro. Also, don't start with a stand-up. Remember you're not the star of the piece. The star is the person profiled or the medical innovation described. The story isn't about you.

Do start with natural sound, which provides both an audio context for the video report and a pad in case the package runs for a second or two on the playback machine before the show's director takes it on screen. With no video pad and a late “take” by the director of the package, viewers will miss the first second or two of audio and video (referred to as an “upcut”). If an upcut had occurred in the story in Figure 9-2, because there was no natural sound pad, the first words the viewer might have heard could have been “... is a computer map of a brain of a *sixty* year old.” Not a pretty way to start a package.

In deciding on the opening shot, pick the most dramatic video that fits into the flow of the story. Make sure you write to the video. Within 10 to 15 seconds, cut to your first bite. The usual medical television formula is to start with the patient, but as Helen Chickering noted above, in some cases there may be good reasons not to start with the patient. Whomever you choose for that first bite, make sure that the bite is pithy and speaks to the message of the story. If the first bite comes from an expert, make sure she's speaking plain English. For expert bites you want emotion or affect, not
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just scientific explanations. You’re the one who translates the medical science for the lay viewer. Do what’s counterintuitive and let your experts express emotion. Surprise the viewer.

Since you can use supers to identify speakers, you don’t always have to identify the speakers in the track leading up to their bites. Still, if you have time in the package, it’s more elegant to verbally introduce the speakers. When you do introduce them, “tee up” their names (Bliss and Hoyt 1994). Instead of saying “Dr. James Smith, orthopedic surgeon” say “orthopedic surgeon Dr. James Smith.” Think of the title “orthopedic surgeon” as the tee on which the ball “Dr. James Smith” is placed. This convention has everything to do with the ear. If you can put people in context first, then the viewer is more likely to remember their names. Unlike print, viewers can’t go back and reread passages to find speakers’ affiliations or titles.

If your first bite is from an expert, you’ll want to bring the patient, or volunteer subject in this case, into the story as soon as possible. Check the script in Figure 9-2 again. We see the research subject hooked up to an electroencephalogram and watching words flash across a screen. The reporter writes to the video. When the reporter says the word, “twilight,” we see the word “twilight” flash across the screen.

The ensuing sound bite is brief, a short exchange between volunteer (CT) and reporter (Linden):

CT: “And I pictured myself physically on Ocean Avenue in Santa Monica watching the sunset.”
Linden: “And you remembered that word.”
CT: “I still do.”

That reporter/source dialogue helps to pull the viewer into the story and sets up the science lesson. That lesson is then conveyed through a combination of Dr. Arnold Scheibel’s sound bite, reporter track, reporter stand-up, and finally Dr. Andrew Leuchter’s second sound bite: “The brain works in large part on the basis of connections between areas. It’s not just the number of cells that you have in the brain, it’s actually how rich the interconnections are.” One more piece of track and a final bite from another scientist, Dr. Bruce Dobkin, reinforces the message. That’s the “here’s what we just told you” part of the story. End of taped package.

The segment concludes with the reporter’s tag (in this case on set with the anchors). If the reporter were not on set, he would sign off within the package, followed by an on-set anchor tag.
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Take a look again at the script in Figure 9-2. Notice the frequent use of natural sound breaks (found in the right-hand audio column). As noted above, natural sound at the top of the story provides an audio pad. Within the body of the piece, natural sound alerts the viewer to changes in locale and provides sound surprises to keep the story from dragging. Take my word for it that people pay attention when they hear the sound of dripping fluid as a neuroscientist takes a preserved brain out of a laboratory jar.

In addition to unexpected sounds, visual surprises also can improve your package. Take a look at the brain story again, but this time check the left-hand (video) column. What are some visual surprises? You would probably agree that two visually compelling images include the volunteer wired with electrodes connected to an electroencephalogram and the neuroscientist holding a brain in his gloved hand.

Avoid the use of shocking images for their own sake, but be on the lookout for compelling pictures that further your storyline. Also, learn the expectations of your news director. Many news directors justifiably prohibit pictures that show gore (even in an operative setting), intravenous (IV) injections, or blood drawing. My general rule is to avoid pictures of needles piercing skin or blood running down IV lines. Viewers fainting during meal time won’t help your station’s ratings.

Other Television Formats

In local and network television news, medical journalists also prepare three other story formats, called a reader, voiceover (VO), and sound on tape (SOT).

A reader is just what the name implies, a story read by the anchor without pictures or sound. The only visual might be an over-the-shoulder (OTS) graphic behind the anchor.

A VO is a story in which the anchor reads a script while video accompanied with natural sound runs on the screen. A SOT is usually a taped sound bite, although it can also be B-roll with natural sound up full. A VO/SOT is a voiceover followed by sound on tape.

Packages (like the one in Figure 9-2) usually run from 90 seconds to as long as five minutes for special reports. A popular feature in local television is the so-called medical minute, which really is a minute-long VO, often sandwiched between commercial messages from one or more advertisers.

The medical television documentary typically runs 60 to 120 minutes. A good example of the medical or science documentary is Nova, produced
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by WGBH in Boston and broadcast on PBS. In addition, a number of cable television networks (including Discovery, Discovery Health, Learning Channel, and the ResearchChannel, among others) have embraced the medical documentary as a programming staple.

Radio Formats

The most obvious difference between television and radio medical reporting is that the latter has no pictures, so radio reporters must create mental images with sound. Radio reporters rely on natural sound, sound bites (called “actualities”), and descriptive narration to make their stories come alive. You may have experienced the power of radio in your car when you reached your destination and then sat in your car for several minutes until the end of an especially gripping radio story.

One radio format is a wraparound, which “wraps” narration around one or more sound bites. Veteran broadcaster and journalism professor Ted White writes,

This technique, as the name suggests, uses the voice of the newscaster or reporter at the beginning and end of a story or report and the voice of the newsmaker in the middle. You might want to think of a wraparound in terms of a sandwich. There can be more than one thing between the two slices of bread. Wraparounds often have more than one sound bite in the middle. (White 2002)

Longer radio reports (like packages on television) can run several minutes or more. You will find excellent examples of medical radio reports on National Public Radio news programs (www.npr.org), as well as longer documentary-style reports on This American Life (www.thislife.org), hosted and produced by Ira Glass and broadcast by Public Radio International.

Radio medical reporters face the same challenges of accuracy and context as television medical reporters. Ira Flatow, who has reported for both radio and television, writes that broadcast reporters make three common mistakes:

1. They use incorrect grammar, which is true of non-medical news reporters.
2. They fail to put the story in perspective, in context, with the state of current knowledge. This is difficult to do, especially if one is given only 40 seconds of air time.
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(3) They fail to check out or question the claims made by the source of the story, and, under pressure of a deadline, they accept them at face value. In doing so they become just a public relations arm of the source. (Fiatow 2004)

A Few Words about Production

The focus of this chapter is on writing for the electronic media, especially television and radio. You can write a wonderful script for television or radio, but your final product is only as good as your sound and/or pictures. For both media, make sure you have clean audio. That means no pops, crackles, over- or under-amplification. A bite with poor audio is not usable. Poor audio on the track will destroy your piece.

For television, poor video will also doom your report. Video should be well lit, in focus, and not shaky. The five most common visual mistakes inexperienced videographers make are the following:

(1) poor or no lighting for interior shots
(2) shaky camera work because of lack of a tripod
(3) too much camera movement with an excess of tilts, pans, and zooms
(4) out of focus shots
(5) lack of depth of field with interviewees shot against walls or other background

The most common audio mistakes made by television and radio field technicians are the following:

(1) over-amplified audio
(2) under-amplified audio
(3) distracting background noise
(4) not putting a microphone on interview subjects
(5) intermittent audio because of a weak battery or loose connection

Finally, do not try to learn your audio or video skills during a field production. Make sure you understand your equipment before you go in the field. Make your mistakes during practice sessions, not during the actual interview. Don’t forget to bring extra batteries. Remember Murphy’s Law: If anything can go wrong, it will.
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And Some Words about Voicing

Possibly the hardest broadcasting skill to learn is voicing or tracking your story. Few broadcast veterans are expert in this area, and fewer still claim that they are satisfied with their voicing skills. The best broadcast reporters spend their careers fine tuning this very difficult art.

Still, there are some tricks that will help jump start your voicing efforts. Consult Figure 9-2. Notice that words that are inflected have asterisks around them. Reporters use many variations of this device to help them highlight the "correct" words. You can CAPITALIZE words, underline them, italicize them, or mark them with a highlighter. The most important single rule is to read your script aloud as you write and edit it. Listen to your words. When you hear a natural inflection in a word or phrase, note that on the script. When you enter the audio booth to track your piece, bring that highlighted script with you. There's no rule for which words or phrases to inflect, but you often emphasize words that convey action (verbs) and numbers (both ordinal and cardinal). Also, be sure to use common contractions as you would in conversational speech. If you have a regional dialect, lose it unless you want to limit the geographical areas for future work. If English isn't your native tongue or if you have minor speech impediments, consult a speech coach. Finally, listen to your completed voiced packages and seek feedback from teachers and peers. Hearing criticism about your voicing is especially difficult since it's often hard to separate your ego from your voice.

Medical Reporting on the Web

Writing for the Web combines elements of both print and broadcast journalism. Web reporters generally write in the inverted pyramid print style, with the most important facts at the top of the story and items of increasingly lesser interest as you scroll down the Web page. The assumption is that Web readers have a limited attention span. To keep the reader from surfing to another story or site, the reporter must write in a simple, conversational broadcast style. The use of Macromedia Flash and other multimedia programs allows Web producers to create compelling stories and sidebars, which, for medical stories, can help explain difficult concepts. Also, streaming audio and video enable the Web medical producer to let the patient or doctor speak in his or her own words. The Web reporter also can use hyperlinks to connect the reader directly with source material or additional resources.
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A relatively new journalistic vehicle on the Web is self-publishing in weblogs (blogs). Shareware and freeware programs to help aspiring journalists set up blogging systems are widely available on the Web. Clearly, the quality of blogs varies with the professionalism of the blogger who is editing the site.

Final Word about Health Policy Reporting

Most health and medical reporters will devote most of their time and efforts covering stories that relate to clinical conditions. An often neglected area in broadcast (and print) journalism is health policy reporting, which is really an amalgam of the medical, business, and political beats. Local television reporting does an especially poor job in this regard. With the American health-care system in disarray and with widespread health-care inequities, health policy reporting is one of the most important beats you can find. Be forewarned that this beat is demanding and requires diligence and creativity to make your stories accurate and interesting at the same time.

Dr. Tim Johnson, medical editor for ABC News, describes the problems.

I agree that health policy issues are minimally covered by TV, especially at the local level. There are many possible reasons for this but a few that come quickly to mind:

—By definition, such issues are usually complicated, non-visual, and therefore "boring."
—The decision makers in the media, both electronic and print, are usually well covered by employer health insurance and therefore not yet personally affected by these issues, though that is slowly changing.
—The various oppositions to health care reform have done an effective job of politicizing the issues with red flag words like socialism, government medicine, Canadian medicine, etc. (Johnson 2004a)

Johnson adds that, as a medical journalist, he is most proud of a week-long series on health-care reform, "Critical Condition: HealthCare in America," which ran on ABC News in October 2003. In all, ABC News produced 19 reports on topics ranging from the uninsured in the United States to a program of national health care in Taiwan. To read about the series and view some of the programs, go to abcnews.go.com/sections/living/WorldNewsTonight/health_care_subindex.html.

Roger Sergel, managing editor for medical coverage for ABC News, says
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that in preparing for the series, ABC News used their own e-mail network of 150 health-policy experts (Sergel 2004). Communication over the e-mail network provided ideas for stories and contacts for interviews. Sergel says that he has identified two areas of weakness in health policy coverage, “One is the importance of primary care . . . (with) not enough coverage by the press of a primary care perspective.” The second area of poor coverage is the business of health care.

Exercises

1. Find a recent article from the New England Journal of Medicine or the Journal of the American Medical Association that you think is newsworthy and of interest to your viewing audience. Your job is to localize the story for broadcast on your local television newscast. For purposes of this assignment, assume the story will air the day the assignment is due.

   Pursue an original angle to the story, especially since the article will be at least a week old by the time you start researching it. In other words, don’t just rehash the NEJM or JAMA article.

   Use the standard script format discussed in this chapter and follow these ground rules:

   1) To collect your sound bites and additional information, you will need to do original interviews either in person or on the phone. (Phone rather than in-person interviews with experts are recommended since their time will be limited.) If this is a classroom assignment in which all students are pursuing the same story, arrange for pool interviews of your experts in order to not inundate local sources. In a pool interview, you pool your questions with other members of the class. Then one student reporter conducts the interview and shares the bites or quotes with all members of the pool. (If you do a telephone interview, you may want to record the interview but will need to ask for permission from the interviewee in advance of the actual recording.)

   2) Using your imagination, you can create B-roll or video. Be specific about what the viewer is seeing and hearing.

   3) If you want, you can create one still graphic and/or one short 10- to 15-second animation sequence to support the story. Be very specific about what the viewer will be seeing in the graphic and/or animation. Remember to write to the video (both for graphics and B-roll).
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4) Include supers of anyone who gives a sound bite, including name and title.
5) Include a stand-up, either a stand-up bridge or a stand-up close.
6) Remember to use the active voice whenever possible.
7) Time your story and make sure the package does not exceed 90 seconds.
8) If your story is part of a class assignment, read each story aloud in class and critique it.

2. For one week monitor the evening newscast of one of the major networks. Note each medical news package that runs. Figure out the six-word message that best describes each story. For each package, decide whether the reporter stayed on message. Also note whether the reporter offered viewers a "science lesson" as described in this chapter. Lastly, decide whether the lesson reinforced the message in the story.

3. Go to www.mayo clinic.org/patientstories/index.html and read one or more patient profiles. Then do the following:
   1) Find a story that uses broadcast writing style as described in this chapter. Identify three characteristics of broadcast writing in the Web profile.
   2) In this section of the Web site, find three examples of more print-oriented writing techniques found in earlier chapters.
   3) Either in this section or another section of the Mayo Web site, give three examples of how Web journalists have used distinctive capabilities of the World Wide Web. Are there multimedia techniques that the site could use to make its presentations more compelling or make the underlying science lessons more understandable?
Chapter 10

Sensitivity and Style

You have gathered your information and organized it. You know how to present it clearly and engagingly. But as you write, concerns arise. How can you refer to people with disabilities or diseases sensitively and without offense? Are you using health-related terms correctly? What about other matters of usage?

The current chapter addresses such questions. First it provides guidance in writing about people with disabilities or diseases. Then it focuses on some basic matters of medical usage. Finally, it deals with some general items of usage that often arise in health writing.

When additional questions arise, consulting general and medical style manuals can be helpful. A standard style manual for newspaper writing, and also a good resource for writing for other media, is the Associated Press Stylebook and Briefing on Media Law (Goldstein 2003). Among the many entries in this alphabetically organized manual are some relating specifically to medicine or health. For medical writing, a basic resource is the American Medical Association Manual of Style (Iverson et al. 1998). Although this manual is geared mainly to writing for medical journals, much of its material on usage and related subjects also applies to popular medical writing. Consider keeping such manuals at your desk.

Writing about People with Disabilities or Diseases

Some years ago an older colleague mentioned having trained at a facility called the Hospital for the Ruptured and Crippled. Today, such insensitive phrasing is rare. But how to write most suitably about people with disabilities or diseases remains partially unresolved.

Guidelines continue to evolve, and preferences sometimes differ among groups or individuals. However, the following suggestions, drawn from one or more sources (American Psychological Association 2001, Disabilities Committee of the American Society of Newspaper Editors 1990, Knatterud 1991, Maggio 1991, National Easter Seal Society n.d., Research and Training Center on Independent Living 2001, Schwartz et al. 1995), can at least provide a useful starting point.
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(1) Check preferences of people being portrayed. Different people prefer different terms for their conditions. For example, some people with dwarfism wish to be called "people of short stature"; others favor "little people." Find out what terminology people prefer, and if possible use it in your story.

(2) Obtain guidance from relevant associations and from editors. Associations dealing with particular diseases or conditions often devote considerable attention to identifying acceptable terminology. Check with these associations, or see what wording they use in their publications. Likewise check with editors for whom you are preparing pieces; the publications or institutions for which they work may have guidelines regarding which terms to use.

(3) Avoid labels that negate individuality. People are individuals, regardless of whether they have a disability or disease in common. Thus, avoid terms such as "the disabled," "the retarded," "a diabetic," or "an arthritic." Such terms tend to obliterate individuality and may promote the development or perpetuation of stereotypes. In short, they are dehumanizing.

(4) Emphasize "people"; try to put "people" first. Instead of terms such as those above, choose wordings that include "people" or the like. And if possible put "people" or the equivalent first, especially on initial mention. For example, speak of "people with disabilities" or "a woman with diabetes." For conciseness and crispness in later mentions, condensed versions such as "blind people" or "stroke survivors" may be acceptable.

(5) Do not confuse "disability" and "handicap." A disability is a condition that interferes with one or more major life activities, such as walking, hearing, breathing, or learning. In contrast, a handicap is something that is a barrier to a person with a disability. For example, a man whose legs are paralyzed has a disability, not a handicap. However, stairs may be a handicap to him, as may the attitudes of some employers.

(6) Do not refer to people merely as "disabled." People may have one or more disabilities, but no one is totally disabled. Rather than calling a person disabled, write that the person has a disability (or disabilities). Probably better, indicate the nature of the condition.

(7) Avoid melodramatic wording. Do not use language such as "afflicted with," "crippled by," "stricken with," "suffering from,"
or “victim of.” Simply say that the person has AIDS or multiple sclerosis or lung cancer; if relevant, show how the condition has affected the person’s life. Doing so will convey the needed information without over-dramatizing the situation, implying passivity, or inadvertently diminishing the person’s dignity.

(8) Present wheelchairs and other aids as enabling, not confining. Such aids help free people from limitations associated with their disabilities, rather than serving as constraints. Thus, do not use language such as “confined to a wheelchair” or “wheelchair-bound.” Rather, say that a person “uses a wheelchair.”

(9) Call people “patients” only in the context of medical treatment. “Patient” is not synonymous with a person who has a disability or disease. Call people “patients” only when discussing their medical care.

(10) Beware of referring to people as “dying of.” Reserve such wording for those close to the time of death. Do not say that people are dying of AIDS or cancer or emphysema when in fact they are living with the condition.

(11) Avoid referring to people without a given disability or disease as “normal” or “able-bodied.” People without a given condition are not necessarily functioning well and healthy in all regards. Nor does having a disability, as most of us eventually do to some extent, render someone outside the norm. Here, as elsewhere, be precise. For example, say “people with normal heart function” or “people without hearing impairments.” Likewise, rather than saying that one child in a family has arthritis but the other is normal, say that the one child has arthritis but the other does not.

(12) Consider whether you would be comfortable with the writing if you had the condition being discussed. If the content or language makes you uneasy, think again. Reflect on what seems insensitive and how it might be remedied. If in doubt, return to the beginning of this list and request outside guidance.

Additional guidance is available in the brief but substantive brochure “Guidelines for Reporting and Writing about People with Disabilities” (2001), now in its sixth edition. This brochure has been posted online at www.isi.ku.edu/isi/ternal/guidelines.html. Printed copies can be obtained from the Research and Training Center on Independent Living, 1000 Sunnyside Avenue, Room 4089 Dole, University of Kansas, Lawrence,
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Kansas 66045, telephone (785) 864-4095, fax (785) 864-5063. Other resources include the National Center on Disability and Journalism Style Guide (National Center on Disability and Journalism 2002) and Talking About People: A Guide to Fair and Accurate Language (Maggio 1997).

Some Matters of Medical Usage

Is it better to say that someone is “a woman” or “a female”? Should names of medications be capitalized? And are life span and life expectancy the same? Health writers often face such questions. Here are answers regarding some matters of medical usage.

Acute and Chronic; Serious and Severe

An acute condition is one of sudden onset and limited duration; a chronic condition is one that lasts a long time. Calling a condition “acute” says nothing about its seriousness. A heart attack can be acute, but so can indigestion.

And speaking of seriousness, “serious” and “severe” do not mean the same thing. A condition can be severe, that is, have especially powerful manifestations, without being particularly serious. Think about a severe cold.

Age and Gender

How old can one be and still be called a “girl” or “boy”? What age range does “youth” encompass? At what age should one be termed an “older person”? Authorities disagree on such matters. And even if they agreed, members of the public would interpret the terms differently. The solution is to specify the age group. Say that subjects ranged in age from 18 to 24 years, or that side effects were more common in patients above age 80. Also, beware of referring to age when something more specific is meant; if you mean frail, say frail, not old.

As for gender, when possible, refer to people as “men” or “women,” “boys” or “girls.” Try to avoid the terms “males” and “females,” which tend to be dehumanizing and generally should be reserved for lab rats. Use these terms for people only when no other wording is feasible, such as when a population consists of people of both genders and unknown age.
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Attribution to a Journal

People sometimes write, “The New England Journal of Medicine says . . .” or “JAMA reported . . .” But except perhaps in editorials, journals themselves do not make statements. Rather, as noted earlier in this book, they publish researchers’ articles that the editors view as having sufficient merit. Such publication means that the editors consider the work sufficiently strong and important, but it is not an endorsement of the conclusions as true. Given the preliminary or otherwise limited nature of much research, such endorsement often cannot be validly given. More accurate wordings include, “An article in the New England Journal of Medicine says . . ." and “Authors of a study published in JAMA reported . . .”

Breakthroughs

In general, avoid using the word “breakthrough,” which suggests that progress in medical research occurs in sudden large leaps. Major advances in medicine typically reflect long, slow progress. Unless an advance is one of the rare exceptions, do not term it a “breakthrough.” Instead, use words such as “advance” or “development.” Also, if possible, portray the work that led to the discovery or innovation.

Capitalization of Disease Names

A common error is to capitalize disease names, to write of Multiple Sclerosis or Lupus or Mononucleosis. Only those parts of disease names that are derived from proper nouns, such as names of people or places, should be capitalized. Thus, “Down syndrome” (or, in some renderings, “Down’s syndrome”), named after English physician John Down; and “Lyme disease,” named after Lyme, Connecticut. Speaking of disease names, make sure they are properly spelled. Do not be like the young journalist who wrote of “Lyme’s disease” or the editor who failed to check whether this name was correct.

Case versus Patient

Use “patient,” not “case,” which is dehumanizing, to refer to a person receiving medical attention. A patient is a person; a case is an instance (for example, of a disease). Thus, use “case” only where “instance” could also
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be used. You can say that in 12 cases (instances), a side effect developed. However, you must say that 12 patients (not cases, as you are referring to people) developed the side effect.

Degrees and Titles

Health professionals and researchers have a wide variety of academic degrees. If you write for a publication that lists degrees, be sure to state each person’s degree, or degrees, correctly. Do not assume that a medical doctor necessarily has an MD degree. Some medical doctors have DO (doctor of osteopathy) degrees; doctors educated in countries where medical education begins immediately after high school sometimes have MB (bachelor of medicine) or other degrees.

Publications differ in their policies on use of the title “Dr.” Some use it for people with all types of doctorates: PhD, MD, and others. Others restrict it to medical doctors. Find out the policy of the publication for which you are writing, double-check the degrees of the people, and proceed accordingly.

Some publications use people’s degrees on first mention and their titles thereafter. For example, they may introduce a doctor as “Naomi F. Singer, MD” and refer to her later as “Dr. Singer.” Avoid redundant wording such as “Dr. Singer, MD.”

Eponyms

Many a title of a disease contains a person’s name and thus is termed an eponym, which means “named after.” Alzheimer’s disease, Bright’s disease, Cushing’s disease, Down’s syndrome . . . one can easily continue through the alphabet. As noted earlier, the person’s name should be capitalized but not the rest of the disease name. Preference varies regarding whether to use the possessive form of the person’s name, for example, whether to say “Parkinson’s disease” or “Parkinson disease”; more and more publications seem to favor the latter. If in doubt, check with your editor about which form to use or, more broadly, which dictionary or style manual to consult.

Fever versus Temperature

Write that someone “had a temperature,” and readers probably will understand what you mean. However, such wording is imprecise, as everyone has
a temperature, be it high or low or in between. If someone’s temperature was elevated, be precise: Write that the person had a fever. If relevant, indicate what the person’s temperature was.

Generic and Brand Names

Drugs that are commercially available typically have at least two names. Each drug has a generic, or nonproprietary, name, that is, the basic name of the drug, not protected by a trademark. In addition, drugs typically have one or more brand names, or trade names, supplied by their manufacturers. The drug with the generic name diazepam has the brand name Valium;
that with the generic name diphenhydramine hydrochloride has the
brand name Benadryl; and that with the generic name ibuprofen has the
brand names Advil, Motrin, and Nuprin. Generic names of drugs are not
capitalized, but brand names of drugs (like those of other products) are.

In health writing, which of the two types of names should you use? The answer depends in part on the purpose of the writing. Often, for
greatest clarity, both names should be mentioned early in a piece. In gen-
eral, the generic name should be used thereafter, as the purpose is to
inform the audience, not to promote a brand of drug. One exception is
when a purpose is indeed to promote the brand, for example, in a publica-
tion by its manufacturer. Another is when distinguishing brands from
each other is important, for example, if a problem has arisen with one
brand of the drug.
Incidence and Prevalence

As discussed earlier, the terms “incidence” and “prevalence” are often confused. Here’s a reminder: “Incidence” refers to new cases, “prevalence” to existing cases. (To remember the difference, contrast the meanings of “incident” and “prevail.”) The incidence rate is the number of new cases of a disease occurring in a population over a given period, divided by the size of the population. In contrast, the prevalence rate is the proportion of population members having the disease at a given time.

Life Expectancy versus Life Span

Also commonly confused are the terms “life expectancy” and “life span.” Life span is the longest that members of a species can live; for example, humans have a greater life span than dogs. Life expectancy, in contrast, is how long—or how much longer—individuals under given circumstances are predicted, on average, to live. One can say that life expectancy at birth has increased in the last century; that cigarette smokers have a reduced life expectancy; or that people at a given stage of a certain disease have a typical life expectancy of two years.

Medicine and Physician

The terms “medicine” and “physician” can be ambiguous, for each has broad and narrow meanings. For example, virtually every school of medicine contains a department of medicine; yet clearly a single department is not the whole school. In the case of the school, “medicine” is meant broadly to include the entire field concerned with diagnosis, treatment, and prevention of disease. In the case of the department, however, “medicine” has its narrower meaning of internal medicine, the specialty concerned with nonsurgical care of adults.

“Physician” poses an analogous situation. In its broad sense, “physician” means simply medical doctor. In its narrow sense, however, “physician” means “internist,” that is, a medical doctor specializing in internal medicine. Thus, the American College of Physicians is an organization of internists, and the medical school at Columbia University is called the College of Physicians and Surgeons. Of course, “internist” should not be confused with “intern,” a term sometimes used for a physician in the first year of residency training after graduation from medical school.
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How to deal with these broad and narrow meanings? In your information-gathering, be clear in what sense these terms are being used. And of course be clear in your own writing, for example, by saying “medical doctor” or “internist” if “physician” could be ambiguous.

Names of Institutions

A common error is to omit the final “s” from “institutes” in the title National Institutes of Health. NIH contains multiple institutes; hence the name is plural. Similarly, the correct name for CDC is the Centers (not Center) for Disease Control and Prevention. And if you write about, say, a medical exhibit at the Smithsonian, note that the correct name is the Smithsonian Institution, not the Smithsonian Institute.

Although Centers for Disease Control and Prevention is plural in form, it is singular in meaning and takes a singular verb (Schwedel 2003). To avoid, however, what might seem like a mismatch, consider recasting the passage in question. When using only the initials, say just “CDC,” not “the CDC” (Schwedel 2003).

In short, check that you have used the correct names for institutions you mention. Be aware that such names sometimes change; for instance, in earlier years CDC stood for Communicable Disease Center and then Center (singular) for Disease Control. Make sure that the designation you use is up to date.

Ophthalmologist, Optometrist, and Optician

An ophthalmologist (watch that spelling!) is a physician specializing in the eye; ophthalmologists do eye surgery as well as provide nonsurgical care. Optometrists, who have doctor of optometry degrees, are nonphysician health professionals providing mainly vision care. An optician is someone who makes and dispenses eyeglasses.

Preventive and Preventative

One sometimes hears “preventative,” as in “preventative measures” or “preventative medicine.” The preferred term, however, is “preventive.” As noted by a former director of manuscript editing at the New England Journal of Medicine (Loviglio 2000), the extra letters add nothing and should not be included.

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Psychiatrist and Psychologist

Another widespread error is to refer to “doctors and psychiatrists,” as if psychiatrists were not doctors. Psychiatrists are indeed medical doctors, those who after medical school specialized in mental health and illness. To be accurate, “doctors and psychiatrists” should be changed to other wording, such as “doctors, including psychiatrists” or “psychiatrists and other doctors.”

Also, psychiatrists and psychologists should not be confused with each other. Psychiatrists are specialists in the branch of science dealing with the mind and mental processes; commonly they have PhD degrees. Some psychologists work in clinical settings; others, however, focus solely on other pursuits, such as research and teaching.

Signs and Symptoms

When gathering information for health writing, you may come across references to “signs and symptoms.” This phrase may seem redundant, for in everyday language “signs” and “symptoms” often mean the same thing. In medical language, however, a distinction exists: Signs are disease manifestations that can be objectively observed and often measured; examples include fever, swelling, and increased heart rate. Symptoms, however, are those manifestations subjectively experienced by the person with the disease, for instance, pain or itching or nausea.

In popular health writing, rarely will it be necessary to use the terms so precisely. Nevertheless, the distinction can be worth keeping in mind and the concept worth conveying. One reason: Even in this age of sophisticated diagnostic techniques, the history presented by the patient remains a prime source of information.

Times as/Times More

Let’s say that condition Z occurs in 5 percent of women and 20 percent of men. The condition thus is 4 times as common in men as in women. Yet many people would write that it is “4 times more common” in men. The latter wording can be ambiguous—for does it mean simply “4 times the other figure,” or does it mean “the other figure plus 4 times that figure”? In the latter case, if condition Z occurred in 5 percent of women, the wording would mean it occurred in 25 percent of men. To avoid such ambiguity, try to stick with “times as” rather than using “times more.”
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*Traditionalism in Usage*

Medical English, like other English, keeps evolving. Often, rules become less strict to accommodate common usage. For example, at one time a more definite distinction was drawn between “nauseous,” which meant causing nausea, and “nauseated,” which meant experiencing nausea. Today, however, in keeping with common usage, some authorities find it acceptable to use “nauseous” to mean experiencing nausea. Likewise, whereas previously “died of” seemed to be preferred, currently “died from” also seems accepted.

In health writing, it usually appears best to stick to more established usage. Doing so generally allows you to be more precise. It also helps keep you from annoying readers who follow traditional usage and thus avoids distracting them from what you are saying. For some readerships, however, newer usage may be clearer and so should be followed. When in doubt, check recent dictionaries, consult your editor, define terms, and, as always, consider your audience.

*Additional Items of Usage*

As well as following proper medical usage, health writing must conform to good general usage. Here are some items of the latter that arise particularly often in health writing.

*Affect and Effect*

Health writing often deals with effects. In general, “effect” is the noun, “affect” the verb: for example, “The drug had a rapid effect on blood pressure” and “The drug affected blood pressure rapidly.”

There are some exceptions, however: “Affect” as a noun refers to the external expression of emotion. You may read, for instance, that a patient had a “flat affect.” This technical wording should rarely be used in popular health writing. Also, “effect” as a verb means to cause, as in “The new medical director hopes to effect many changes.”

*Compare to and Compare With*

Health writers often present comparisons. When entities of like category are being compared, “compare with” should be used. For example: “The
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results of the new operation were compared with those of the traditional one.” The wording “compare to” should be used only when parallels are being drawn rather than actual comparisons made: thus, “She compared the disease to a wolf” or “He compared his medical school professor to the near-legendary Sir William Osler.”

*Comprise*

“Comprise” means encompass. Thus, one may correctly say, for example, “The clinic staff comprises doctors, nurses, and dietitians.” It is incorrect to say that the staff “is comprised of” these three groups, just as it is incorrect to say that it “is encompassed of” them. Rather, one would say “composed of.”

In general, “comprise” is best avoided. Even if you use it right, it often sounds wrong. “Consist of” or “composed of” can convey the needed meaning without the awkwardness of “comprise.”

*Continual and Continuous*

“Continual” means repeated, “continuous” uninterrupted. For example, hiccuping that does not cease is continual. But pain that does not cease is continuous.

*Criterion, Criteria; Phenomenon, Phenomena*

“Criterion” and “phenomenon” are singular, “criteria” and “phenomena” plural. Thus, “The main criterion was effectiveness of the treatment regimen; other criteria were cost and convenience.” Or, “Yawning is a puzzling phenomenon. Phenomena that seem better understood include blinking, sneezing, and coughing.”

*Different From*

The correct wording is “different from,” not “different than.” (To remember this, think of “differs from.”) For instance, “The curriculum at this dental school is different from that at most others.”

Often, substituting “differs from” for “is different from” makes a sentence more concise: “The curriculum at this dental school differs from that at most others.” Likewise, substituting “resembles” for “is similar to” can yield a crisper result.
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Fewer versus Less

“Fewer” should be used for items that can be counted, “less” for those that cannot: for example, “People who had received the treatment missed fewer days of work and made fewer visits to the clinic. They also took less medication and reported less discomfort.”

Follow Up versus Follow-up

“Follow up” is a verb, “follow-up” a noun or adjective. Here are some examples: The researchers plan to follow up on these intriguing results. Careful follow-up is important in patients receiving this drug. This follow-up study will begin next month.

Gender-Neutral Wording

Health writing should, of course, use gender-neutral wording. Indeed, such wording is becoming so much the norm that examples of sexist wording are becoming difficult to find.

One aspect of using gender-neutral wording consists of avoiding sexist terms, such as “medical men” for “doctors.” Another consists of avoiding irrelevant references to gender, as in “lady surgeon” or “male nurse.” Another consists of not using “he” or “his” when reference to people of both genders is meant.

One approach to correcting the last problem is to convert the singular to the plural: Instead of saying “The biomedical researcher who works at a university must obtain grants to support his work,” say “Biomedical researchers who work at universities must obtain grants to support their work.” Another approach that sometimes works is to rephrase the sentence without a pronoun or to use the second person: Instead of “After he drafts a piece, the health writer should check all names and statistics,” say “After drafting a piece, the health writer should check all names and statistics” or “After drafting a piece, check all names and statistics.”

Further guidance in writing gender neutrally may be obtained from various books on the subject, such as The Dictionary of Bias-Free Usage (Maggio 1991), Guidelines for Bias-Free Writing (Schwartz et al. 1995), and Talking about People: A Guide to Fair and Accurate Language (Maggio 1997). Many writing textbooks and style manuals also offer guidance in this regard.
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Hopefully

"Hopefully" means "in a hopeful manner," not "it is hoped." It is correct to say, "The patient thought hopefully about rehabilitation," but incorrect to say, "Hopefully, a cure for this disease will be developed soon." To express the latter thought, sometimes an alternative to using such correct but awkward wording as "it is to be hoped" is to quote someone expressing the hope.

Nobel Prize

Health writing often refers to work that has won a Nobel Prize in physiology or medicine. Remember that the spelling is "Nobel" (after Alfred Nobel), not "Noble."

Sexual Orientation

Health writing often entails reference to sexual orientation. Preferred terminology has been changing, and different publications sometimes have different guidelines. If in doubt, consulting one's editor can be worthwhile.

It seems generally accepted, though, that the term "sexual orientation" should be used rather than "sexual preference." The former is more accurate, given that sexuality is rarely, if ever, simply a matter of choice. Also, in general, the terms "lesbians" and "gay men" seem to be preferred for referring to these respective groups.

When referring to sexual orientation, beware of "heterosexism." For example, do not say that AIDS is an issue "not only for gay men but also for the general population." Everyone, regardless of sexual orientation or other characteristics, is part of the general population. A more accurate, and less marginalizing, wording would be "not only for gay men but also for the rest of the population."

Significant

In health writing, "significant" can mean either "important" or "large," or it can mean "statistically significant." (For a discussion of statistical significance, see Chapter 6.) In contexts where ambiguity may exist, avoid the word "significant." Rather, use a less ambiguous term or phrase.
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*That and Who*

Use “who” not “that” to refer to people. For example, write “the physician assistant who performed the examination,” not “the physician assistant that . . .”

*Under Way*

Health writers sometimes note that further studies are under way. Remember that when used as an adverb, “under way” is two words, not one.

*Unique*

“Unique” means “one of a kind.” Thus, something cannot be “fairly unique” or “very unique.” In general, avoid the overused and often inaccurate word “unique.” If a condition is rare or unusual, term it such; if a clinic has distinctive services, say that and explain what is distinctive about them. Do not be like the advertiser who said that “Many of our products are unique or even one of a kind.”

To the beginning health writer, crafting material sensitively and following conventions of medical and general style may seem to entail undue effort. However, they are important to writing well about health. When you write, devote the time and thought that these items require. With experience, they will become almost automatic.

*Exercises*

1. In each of the following sentences, indicate which option is preferable. Briefly explain each of your choices.
   (a) The report was issued by the (National Institute of Health, National Institutes of Health).
   (b) “We should (follow-up, follow up) on these results,” the nurse said.
   (c) Over the weekend, the doctor treated many (patients, cases) who were dehydrated.
   (d) Because of the injury, he (uses a wheelchair, is confined to a wheelchair, is wheelchair-bound).
   (e) Such conditions include (rheumatoid arthritis, Rheumatoid Arthritis).
   (f) The generic name for Viagra is (Sildenafil, sildenafil).
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(g) Age-related osteoporosis is not limited to (women, females).
(h) The authors compared the new drug (to, with) the old one.
(i) For several weeks she had (continual, continuous) vomiting.
(j) This research may benefit (epileptics, people with epilepsy).

2. Access the Web site of the National Center on Disability and Journalism (www.ncdj.org). Tour this site, and then read the style guide posted. List five potentially useful items you learned from the style guide.

3. Write an essay that incorporates proper use of at least three terms discussed in the section “Some Matters of Medical Usage” in this chapter. The essay should address a health-related topic and should run about 250 words (one double-spaced page).

Answer Key—Exercise 1

(a) National Institutes of Health
(b) follow up
(c) patients
(d) uses a wheelchair
(e) rheumatoid arthritis
(f) sildenafil
(g) women
(h) with
(i) continual
(j) people with epilepsy
Chapter 11

Award Winners and Awards

Although not the goal of health writing, awards can serve health writers well in at least two ways. First, award-winning writing can serve as models to help health writers refine their skills. Second, by providing recognition and resources, awards can help health writers pursue their work.

This chapter therefore presents suggestions for learning from award-winning pieces of health writing. To aid in finding such models, the chapter includes a table of health writing winning major awards, and it is followed by two prize-winning stories, one of which has annotations by the author. The chapter also discusses participating in writing contests and includes a table of awards.

Using Award-Winning Work as Models

Often, major awards go largely to blockbuster pieces of health writing—lengthy stories or series requiring huge amounts of time to prepare and, in some cases, substantial budgets for travel. Those of us with modest projects and meager resources may feel that such writing has little relation to what we do. Almost all health writers, however, can learn from work that those judging contests have deemed masterful. And almost all can apply some of the lessons, even if currently they must do so on a modest scope.

How does one find award-winning health writing to look at? This chapter provides a start. Table 11-1 lists nearly 50 pieces of health writing in various media that have won Pulitzer Prizes, Sigma Delta Chi Awards (from the Society of Professional Journalists), American Association for the Advancement of Science Journalism Awards, or National Association of Science Writers Science in Society Awards. Many of these pieces are posted on the World Wide Web or otherwise can easily be obtained. Also, two prize-winning health stories—the now-classic “Mrs. Kelly’s Monster” (Article 11-1) and the more recent “Growing Up Too Fat: Kids Suffer Adult Ailments as More Become Dangerously Obese” (Article 11-2)—appear at the end of this chapter. The former story is followed by annotations by the
Table 11-1: Examples of Health Writing Winning Major Awards

These pieces of health writing have won general journalism awards or awards for science writing as a whole. Some of the pieces can be accessed through the Web site associated with the award, the Web site of the venue where the piece appeared, or both.

<table>
<thead>
<tr>
<th>Award</th>
<th>Category</th>
<th>Year</th>
<th>Topic or Title/Author(s)/Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulitzer Prize (<a href="http://www.pulitzer.org">www.pulitzer.org</a>)</td>
<td>Explanatory Reporting</td>
<td>2000</td>
<td>Alcohol abuse and problems it creates in the community/Eric Newhouse/Great Falls (Montana) Tribune</td>
</tr>
<tr>
<td></td>
<td>Investigative Reporting</td>
<td>2001</td>
<td>Seven unsafe prescription drugs approved by FDA/David Willman/Los Angeles Times</td>
</tr>
<tr>
<td>International Reporting</td>
<td></td>
<td>2000</td>
<td>AIDS in Africa/Mark Schoofs/Village Voice</td>
</tr>
<tr>
<td>Feature Writing</td>
<td></td>
<td>2001</td>
<td>Profile of disfigured boy who undergoes surgery/Tom Hallman, Jr./The Oregonian</td>
</tr>
<tr>
<td>Beat Reporting</td>
<td></td>
<td>2003</td>
<td>Stories illuminating medical issues through lives of people/Diana K. Sugg/Baltimore Sun</td>
</tr>
<tr>
<td></td>
<td>Newspaper Non-Deadline Reporting</td>
<td>2000</td>
<td>“AIDS in the Priesthood”/Judy L. Thomas/Kansas City (Missouri Star)</td>
</tr>
<tr>
<td></td>
<td>Newspaper Investigative Reporting</td>
<td>2000</td>
<td>“The Body Hunters” (risky American medical experiments in Third World countries)/Joe A. Stephens and others/Washington Post</td>
</tr>
<tr>
<td>Category</td>
<td>Year</td>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
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<td>-----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Newspaper Feature Reporting</td>
<td>2000</td>
<td>&quot;The Boy Behind the Mask&quot; (profile of disfigured boy who undergoes surgery)/Tom Hallman, Jr./Oregonian</td>
<td></td>
</tr>
<tr>
<td>Newspaper Public Service</td>
<td>2000</td>
<td>&quot;Body Brokers&quot; (series on tissue donation)/Mark Katches and others/Orange County (California) Register</td>
<td></td>
</tr>
<tr>
<td>Magazine Public Service</td>
<td>2000</td>
<td>&quot;Poisoned Package&quot; (institutional causes of food poisoning outbreaks)/Peter Perl/Washington Post Magazine</td>
<td></td>
</tr>
<tr>
<td>Television Feature Reporting</td>
<td>2000</td>
<td>&quot;A Miracle for Alex&quot; (family helping 3-year-old daughter who has seizures)/Claudine Wong and Don Schoenfeld/WNDU-TV, South Bend, Indiana</td>
<td></td>
</tr>
<tr>
<td>Television Documentaries</td>
<td>2000</td>
<td>&quot;ABC News Special: Hopkins 24/7&quot; (life at Johns Hopkins Hospital)/ABC News staff members</td>
<td></td>
</tr>
<tr>
<td>Newspaper Feature Writing</td>
<td>2001</td>
<td>&quot;This Is How We Live&quot; (family struggling with autism)/Julie Sullivan/The Oregonian</td>
<td></td>
</tr>
<tr>
<td>Newspaper Editorial Writing</td>
<td>2001</td>
<td>&quot;Helping People Off the Street&quot; (issues of mentally ill people living on the streets)/Alex Raksin and Bob Sipchen/Los Angeles Times</td>
<td></td>
</tr>
<tr>
<td>Television Investigative Reporting</td>
<td>2001</td>
<td>&quot;The Secret Report&quot; (why doctors were leaving Cincinnati)/Hagit Limor and others/WCPO-TV, Cincinnati</td>
<td></td>
</tr>
<tr>
<td>Public Service in Television Journalism</td>
<td>2001</td>
<td>&quot;Baby on Board&quot; (use of child-protection devices in vehicles)/Chris Koeberl and others/KWCH 12 Eyewitness News, Wichita, Kansas</td>
<td></td>
</tr>
</tbody>
</table>

(continues)
II. Preparing the Piece

Graphics such as diagrams and flowcharts also can aid considerably in showing how things work. Including them may especially aid those audience members who are more attuned to pictures than to words. Even if you are mainly a "word person," look for suitable types of graphics during your information search and think how your material might be presented visually; perhaps develop some sketches. Then share this material with the art staff if you write for a site that has one. Whether developing graphics yourself, choosing from those available, or working with others who prepare them, strive for simple graphics that present key elements without clutter that can distract. Your efforts can produce an explanation that is clearer and more appealing than otherwise and reaches a broader audience.

Countering Misconceptions

Not surprisingly, given the importance of health to people's lives but the many gaps that have existed in medical understanding, there are many misconceptions relating to health. Often the health writer's task of explaining includes countering these misconceptions, which often seem plausible but can lead to behaviors (or lack thereof) detrimental to health.

Drawing on research in science education, communication scholar Katherine E. Rowan (1990, 1999) has suggested a strategy for countering such misconceptions and providing more scientifically accepted explanations in their place. Rowan recommends beginning by stating people's common, often intuitive, view and acknowledging its apparent plausibility. Only then, she advises, should one demonstrate the inadequacy of this view, state what is more scientifically founded, and show its greater adequacy.

As an example of such a "transformative explanation," Rowan (1990) offers the following passage written by a student:

New parents sometimes object to constant use of child-restraint seats [in automobiles], thinking that their newborns must be just as safe in adult laps and firmly wrapped arms as they would be in restraint seats. The idea seems reasonable at first since babies weigh so little.

But what it fails to account for is the car's speed. In a collision at 30 mph both parent and child continue to travel at 30 mph after impact. A mother could no more hold on to her child in the car than she could if she were falling out of a three-story building—on top of the child! The force of the impact in both cases would be essentially the same.
By assessing—and respecting—the audience, health writers can develop such explanations well geared to counter misconceptions.

Providing Orientation

When encountering explanations or other materials that are technical or otherwise unfamiliar, audience members can easily become lost. You can help orient them by indicating the direction in which your piece is heading.

As noted earlier, the lead or nut graf should provide initial orientation. One useful orientation device shown in some of the passages above is the use of transitional words and phrases (some further examples: “also,” “therefore,” “next,” “in contrast,” “for instance,” “finally”). Another such device is the use of headings to let readers know what is coming and help them find material again. And an additional device is the presentation of overviews before details, say, telling readers that a process has three steps before presenting the steps or presenting the essence of an analogy before describing the details.

Health writers often intuitively provide orientation through such devices. Nevertheless, some explicit attention can be in order. If you sense that a passage may be confusing, check whether you seem to be providing sufficient orientation.

Providing Points of Entry

Readers are attracted to a piece in different ways. Some are drawn by the headline or title or by headings within the piece. Others are captured by the lead or by quotations drawn from the story and set in larger type. Still others are enticed by a photograph or drawing. And some are drawn in by other elements, such as brief related articles, or “sidebars,” accompanying the main piece.

Health writing offers many chances to provide such “points of entry.” Given the widespread interest in health, titles and headlines that attract readers can be readily crafted. And given the human and scientific elements in health care and medical research, there are many opportunities for photographs and other graphics. Depending on the type of piece, opportunities also may exist for sidebars: sets of tips, brief profiles of researchers or patients, deeper explanations for readers wanting further detail, or lists of sources of further information or help.
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Whether you write pieces about health or edit them, keep in mind opportunities for such points of entry. Doing so can help you engage your readers and thus get your message across.

Including Human Interest

A strong way to engage the audience is through human interest. Fortunately, opportunity for human interest abounds in writing about health. There are patients, health professionals, researchers, and other players. And of course various health topics relate to many of us as individuals and to others important in our lives.

Still or moving photographs of people involved add human interest; and in depicting signs of a disease, they can be worth at least a good fraction of the oft-mentioned 1,000 words. Anecdotes, say, of how a health condition affected a given patient’s life, also add human interest, as well as serving as examples to help convey concepts. One caution, though: Do not abuse the human element. Although depictions of the bizarre and extreme, or pitiful tales of patients’ woes, may initially draw audience members to a piece, they are the stuff of supermarket tabloids, not of good health writing.

Quotations from patients, scientists, and others also can add human interest and enliven a piece. However, they should be used sparingly lest they lose their impact. Typically, they should not be used to convey routine information such as definitions or statistics; you generally can present such information most clearly and concisely, as well as most suitably for your audience, yourself.

Three items for which quotations can indeed be useful in health writing are adding color through speakers’ lively wording, conveying experts’ views, and showing how people feel. Two examples of quotes providing liveliness and authority come from an article on keeping one’s kitchen clean in order to prevent foodborne disease:

“Bacteria are all in business for themselves, and the business is making more bacteria,” says George Chang, a professor of food microbiology at the University of California at Berkeley. “We’re inviting the bad ones to make us sick when we don’t clean properly.”

and

How to beat germs? “The biggest word in kitchen cleaning is ‘now,’” says Don Aslett, author of 25 books on cleaning. (Janis 1996)
7. Health-Writing Technique

Other examples of a quote providing authority comes from an award-winning article on epilepsy research:

"In the past, cure has been seen as a distant objective," says [epilepsy researcher Daniel H.] Lowenstein. "We are finally making some real headway."

and

"There's an almost palpable excitement about the growing opportunities to treat epilepsy," says Timothy A. Pedley of Columbia-Presbyterian Medical Center in New York. "We're working to make the science fiction of today the reality of tomorrow." (Christensen 2000)

Here are three examples of using quotations to show feelings. One is from an individual describing her first migraine headache:

"It was like someone stabbing my head with an ice pick. ... It was terrifying." (Sachs 1996)

Another is from a person with arthritis:

"I was frustrated. ... Arthritis made my fingers, knees and ankles so stiff that it was difficult to move them. It became harder to do the things I liked most, especially biking." (Christiano 1995)

And a third is from someone who stutters:

"It's like I'm trapped in a glass capsule." (Sobel 2001)

Quotations, like photographs and anecdotes, can provide human interest and otherwise enhance health writing. Aspiring health writers inexperienced in their use can obtain further guidance from basic journalism books widely available in libraries and general and college bookstores.

Presenting Numbers and Sizes Effectively

Health writing often entails presenting numbers and sizes. One suggestion regarding numbers is to avoid presenting many such pieces of hard-to-process information at once. Rather than doing so, intersperse supporting material such as examples and quotations.

Comparisons can help in presenting large numbers meaningfully. A
II. Preparing the Piece

story on hepatitis C indicates that in the United States the virus for this disease, which 3 to 4 million people harbor, “is now four times as widespread as HIV.” (Cowley et al. 2002) An article on tuberculosis notes that, worldwide, “TB kills 1.5 million to 2 million people per year—almost as many as AIDS.” (Okie 1999)

Similarly, comparison with familiar objects often helps in describing sizes. This example is from an article on asthma: A basic inhaler used to administer medication is described as “barely larger than a lipstick,” whereas a more powerful device known as a nebulizer is “about twice the size of your average lunchbox.” (Waldron 1993)

Presenting sizes effectively can entail converting quantities into units more familiar to the audience. Tables and other aids for converting metric to other quantities are readily available in reference books and online. Health writers may find it useful to recall that a centimeter is about 0.394 inches, a meter 39.4 inches, a gram 0.04 ounce, a kilogram 2.2 pounds, and a liter 1.06 quart. Also, comparison with familiar objects can aid in presenting metric quantities. The “Metric Style Guide for the News Media” (1997), available online at ts.nist.gov/ts/htdocs/200/202/metrsty3.htm, notes that a centimeter is about the width of a paper clip; a millimeter, the thickness of a dime; a gram, the weight of a paper clip; and a milliliter, one-fifth teaspoon.

In short, in presenting numbers and sizes, as in presenting other technical information, try to pace yourself, and try to link the unfamiliar with the familiar. The result will be more effective health writing.

Ending Strongly

Just as the beginning of a piece can merit particular effort, so can the end. Granted, this is not always so. For example, news articles on health, like those on other topics, do not typically have formal endings; rather, they dwindle into increasingly fine detail, thus allowing material to be cut from the end if space is limited. (For more on the structure of news stories, see Chapter 8.)

Feature articles on health, however, often do—and should—have endings providing closure. This example is from the article noted earlier on dwarfism and its management at Johns Hopkins:

Young people like Eboni White and Kevin Leitzell personify a feeling of pride and self-worth common among today’s generation of little people. (Note: “Little
people" is a term that members of this population themselves use, not condescending wording by the article’s authors. They have had their way paved by increasing activism and antidiscrimination efforts by the Little People of America, by blunt-speaking role models like Dee Miller ("whatever you do," Miller says, sensing that a new acquaintance is not sure how to treat her, "don’t pat me on the head") and, not least, by medical advances for which Johns Hopkins has been at the forefront. Step by step, those advances are allowing short-statured men and women to live longer, healthier, and more productive lives than ever before. (Henderson and Centofanti 1995)

This ending ties together various themes and people in the piece and leaves the take-home message resounding in readers’ heads. If you write feature articles on health, consider striving for such a conclusion.

Providing Access to Further Information

One function of much health writing is to serve as a gateway for seeking further information. Consider whether this function is among those of your piece. If so, identify sources to mention, and present them in a way easy to find and consult.

During the research for your piece, quite likely you encountered information sources to consider mentioning to your audience. Possibilities often include government agencies such as components of the National Institutes of Health, local or national offices of health-related organizations such as the American Heart Association or American Cancer Society, and written materials. If appropriate, also mention resources such as clinics or courses. Take care, however, not to list one such resource in your vicinity while ignoring another.

“If you want to give the address or phone number of a small organization or facility in a story to be widely distributed, consider asking their permission or at least alerting them that they may soon be flooded with requests,” a health writer advises. “I’ve gotten into trouble for not doing this!”

If toll-free numbers are available, provide them. Ditto for addresses of relevant sites on the World Wide Web. Given the varied quality of material on the Web, however, take care in recommending sites. If in doubt, mention only those that are associated with organizations known to be reputable.

Depending on your medium and format, you can present the sources in various ways for easy accessibility. Often, sources of further information are listed at the end of a feature article or broadcast segment. A resource list
II. Preparing the Piece

also can work well as a sidebar alongside the main article. In online articles, 
links may be presented within the text or at the end, depending on their 
function.

Finally, be sure to check the listings for accuracy and currency. Clearly, 
if they are incorrect or out-of-date they will frustrate rather than help.

Checking for Accuracy

Not only resource lists but also other content should be checked for accu-
rracy. Check that you have the details right, and also make sure that you 
have accurately conveyed the big picture. In doing so, draw on your notes, 
and check reference sources. Do not hesitate to ask experts if you are 
unsure. Also consider having them review parts or all of your piece for 
technical accuracy.

In some instances, incorrect details can be harmful to readers’ health. In 
others, they at least undermine the writer’s credibility—and perhaps the 
writer’s prospects for further health-writing assignments. Consider the fol-
lowing errors: One newspaper article referred to “this month’s issue of the 
Journal of the American Medical Association” when this journal is published 
four times a month. Another placed the Mayo Clinic in Rochester, New 
York, rather than Rochester, Minnesota. In a single sentence, another 
spoke of a patient’s facial tics (should be “tics”) and irritated bowel syn-
drome (should be “irritable bowel syndrome”). A health-related posting on 
the World Wide Web repeatedly said “nitrous oxide” when “nitric oxide” 
was meant. And the headline of a news release misspelled “laparoscopy” as 
“laporoscopy.” Oops. Oops. Oops. By checking details you can avoid such 
problems.

But checking for accuracy goes beyond making sure that the details are 
correct. Also back away from the details and make sure that the big picture 
is right. If you have written about a new development, make sure you have 
provided sufficient context to correctly show its significance. If you have 
discussed an area of health where controversy exists, make sure that all 
sides are fairly represented. It is also very important to indicate where the 
bulk of expert opinion lies. Whatever the nature of your article, make sure 
to indicate where important uncertainties exist.

If questions arise as you check your work, do not hesitate to contact 
sources consulted while gathering information. Technologies such as elec-
tronic mail and fax machines greatly facilitate doing so. Most sources 
would rather spend the time helping you check a fact than have an inaccu-
7. Health-Writing Technique

racy appear. Indeed, such evidence of your attention to detail may increase their willingness to work with you in the future.

Journalists traditionally have been wary about showing their drafts or parts thereof to sources for review. But views seem to have shifted over the years (Shepard 1996). And such review has long been accepted in technical areas, including health. Passages of concern often can readily be checked by telephone, e-mail, or fax. When seeking feedback on items such as balance, a draft of an entire piece may be shown to an expert in the field. Make it clear, however, that you are only seeking technically expert feedback, not ceding to others control over your work. You remain the health writer, and the writing remains your domain.

Checking with the Audience

This chapter began with the audience. And so shall it end. Once you have drafted your piece, consider showing it to others, especially members of
II. Preparing the Piece

the intended audience or people much like them. What do people find interesting about the piece? What other information would they like to have seen? What, if anything, do they find unclear or misinterpret?

“You have to understand what people think a word means,” says Houston medical writer Ruth SoRele. After SoRele wrote that genital herpes was “incurable,” a man called and asked her how much longer he had to live. On talking with him, SoRele realized that the man had confused “incurable” and “terminal.” Finding out how typical readers interpret a draft can aid in revising your work to avoid such confusion.

Typically, such feedback has been obtained by showing people a draft and then asking for comments. Another approach is to obtain running comments from people while they read your draft; readers can either provide the comments directly or dictate them into a tape recorder. Yet another approach is to have a group of people read your draft and discuss it.

Serving as a representative of your audience, your editor can also provide helpful feedback. And with growing experience as a health writer, you will likely develop an “internal editor” that helps you anticipate your audience’s interests and needs and check whether you have fulfilled them. If you have followed advice in this chapter, quite likely the word from readers, editors, and yourself is that you have done your job well.

A final note—to help hone your craft, read good writing. A list of master health writers and a sample publication for each appears in Figure 7-1.
<table>
<thead>
<tr>
<th>Award Description</th>
<th>Contact Information</th>
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<tr>
<td>American Psychoanalytic Association Award for Excellence in Journalism</td>
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<td>The American Psychoanalytic Association</td>
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<tr>
<td>Award for Excellence in Journalism</td>
<td></td>
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<tr>
<td>C/O Stuart Taylor, MD</td>
<td></td>
</tr>
<tr>
<td>115 Central Park West, Suite 15</td>
<td></td>
</tr>
<tr>
<td>New York, New York 10023</td>
<td></td>
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<tr>
<td>phone: (202) 875-1235</td>
<td></td>
</tr>
<tr>
<td>e-mail: <a href="mailto:swt1@columbia.edu">swt1@columbia.edu</a></td>
<td></td>
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<tr>
<td><a href="http://www.apsa.org">www.apsa.org</a></td>
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<tr>
<td>Communications Department</td>
<td></td>
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<tr>
<td>American Society of Anesthesiologists</td>
<td></td>
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<tr>
<td>520 North Northwest Highway</td>
<td></td>
</tr>
<tr>
<td>Park Ridge, Illinois 60068</td>
<td></td>
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<tr>
<td>phone: (847) 825-4486</td>
<td></td>
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<tr>
<td>e-mail: <a href="mailto:communications@ASAhq.org">communications@ASAhq.org</a></td>
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<td><a href="http://www.asahq.org">www.asahq.org</a></td>
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<td>1752 N Street, NW</td>
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<tr>
<td>Washington, DC 20036</td>
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<tr>
<td>phone: (202) 737-3600</td>
<td></td>
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<tr>
<td>e-mail: <a href="mailto:cpatterson@asmusa.org">cpatterson@asmusa.org</a></td>
<td></td>
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<tr>
<td><a href="http://www.asm.org">www.asm.org</a></td>
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<td>ASPS Public Relations Department</td>
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<tr>
<td>Attn: Media Relations Coordinator</td>
<td></td>
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<tr>
<td>American Society of Plastic Surgeons</td>
<td></td>
</tr>
<tr>
<td>444 East Algonquin Road</td>
<td></td>
</tr>
<tr>
<td>Arlington Heights, Illinois 60005</td>
<td></td>
</tr>
<tr>
<td>phone: (847) 228-9900, Ext. 414</td>
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<tr>
<td><a href="http://www.plasticsurgery.org">www.plasticsurgery.org</a></td>
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<tr>
<td>4351 Garden City Drive</td>
<td></td>
</tr>
<tr>
<td>Landover, Maryland 20785</td>
<td></td>
</tr>
<tr>
<td>phone: (800) 332-1000</td>
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<tr>
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<td>Excellence in Women's Health Research</td>
<td>Washington, DC 20035</td>
</tr>
<tr>
<td>Excellence in Women's Health Research</td>
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<td><a href="http://www.researchamerica.org">www.researchamerica.org</a></td>
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<tr>
<td>on the Problems of Geriatrics</td>
<td>npc.press.org/programs/npcawards.shtml#Ryle</td>
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<td>health outcomes information)</td>
<td>Falls Church, Virginia 22046</td>
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<tr>
<td>Kanter Awards (for reporting relating to</td>
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<td>Mental Health Media Awards</td>
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</table>
| **Neurosurgical Media Awards** | Director of Communications  
American Association of Neurological Surgeons  
5550 Meadowbrook Drive  
Rolling Meadows, Illinois 60008  
phone: (847) 378-0500  
[www.aans.org](http://www.aans.org) |
| **NIHCM Foundation Health Care Journalism Awards (for reporting and writing on the financing and delivery of health care and the impact of health care policy)** | National Institute for Health Care Management Research and Educational Foundation  
1225 19th Street, NW, Suite 710  
Washington, DC 20036  
phone: (202) 296-4426  
e-mail: nihcm@nihcm.org  
[www.nihcm.org](http://www.nihcm.org) |
| **Pan American Public Health Reporting Awards** | Pan American Health Organization  
525 23rd Street, NW  
Washington, DC 20037  
phone: (202) 974-3458  
e-mail: maysonia@paho.org  
[www.paho.org/news](http://www.paho.org/news) |
| **Planned Parenthood Federation of America Maggie Awards Program** | Planned Parenthood Federation of America  
810 Seventh Avenue  
New York, New York 10019  
phone: (212) 261-4650 |
| **Russell L. Cecil Awards (for journalism educating the public about arthritis)** | Public Relations Coordinator  
Arthritis Foundation  
1330 West Peachtree Street, Suite 100  
Atlanta, Georgia 30309  
phone: (404) 965-7635  
[www.arthritis.org](http://www.arthritis.org) |
| **Samter Journalism Award (for reporting on allergy, asthma, and immunology)** | American Academy of Allergy, Asthma and Immunology  
611 East Wells Street  
Milwaukee, Wisconsin 53202  
phone: (414) 272-6071  
e-mail: media@aaaai.org  
[www.aaaai.org/media/samter_journalism_award](http://www.aaaai.org/media/samter_journalism_award) |

(continues)
tions for health writers and science writers contain information on writing competitions. Also, sponsors of contests sometimes draw on the mailing lists of such associations.

If you are seeking information on awards, online resources include the Newswise Guide to Journalism Awards, posted at www.newswise.com/resources/j_awards. Also, the magazine Editor & Publisher publishes a directory of awards and fellowships as a special section the end of each year. To obtain the directory separately, see www.editorandpublisher.com/eandp/resources/awards.jsp.

Awards can have a variety of benefits. The availability of awards may help spur health writers to do their best. Receiving an award can encourage a writer to continue striving for high standards. In part by validating one’s work to supervisors, receipt of awards can aid in obtaining the opportunities and support needed to accomplish most as a health writer. Awards can help qualify health writers for fellowships, and they can lead to promotions or aid in moving to better jobs. They can lead to speaking engagements and to use of one’s work as an example in teaching.

The pursuit of awards should not, however, influence a writer’s professional judgment. Choosing to pursue a story because an award exists for writing about the topic, or gearing a story’s content or style to what one thinks judges will like, can conflict with doing what one deems best. Choose to write about what you consider worthwhile, and present the topic as you see fit. If your work happens to qualify for an award competition, do apply if you like. If you win, excellent, so long as the recognition does not bias your future coverage. But better to do writing that meets your values and standards and never win a contest than to compromise your judgment in the successful pursuit of awards. For integrity in choice of
topics and content—the first ethical issue the next chapter discusses—is essential to being a health writer who not only does well but does good.

Exercises

1. Read “Mrs. Kelly’s Monster” and the accompanying annotations (see Article 11-1). From the annotations, identify at least five points that you can apply to your own work. If possible, say how you expect to apply them.

2. Read the award-winning story “Growing Up Too Fat” (see Article 11-2), or read, listen to, or view an award-winning item listed in Table 11-1. Drawing on material earlier in this book, identify aspects of the content and crafting that you think helped qualify the item for the award. In doing this exercise, you may find it useful to consult the bulleted list on page 209.

3. Imagine that an award is established for news stories that report exceptionally well on research presented in journal articles. And imagine that you are one of the judges. List 5–10 criteria that candidate stories should meet to be considered as finalists for the award. Your list should include some criteria relating to content and some relating to crafting.

Examples

Article 11-1: “The Annotated Monster”

Note: The first Pulitzer Prize for feature writing went to the medical narrative “Mrs. Kelly’s Monster.” This masterfully crafted story appears below. It is followed by annotations that the author, Jon Franklin, prepared in conjunction with a talk to students. Franklin says he thought the annotations “might illustrate just how devilishly technical writing really was. More like math than like the usual vision of the writer’s process.”

“Mrs. Kelly’s Monster”

by Jon Franklin

The Baltimore Sun, December 12, 1978

In the cold hours of a winter morning Dr. Thomas Barbee Ducker, chief brain surgeon at the University of Maryland Hospital, rises before
II. Preparing the Piece

dawn. His wife serves him waffles but no coffee. Coffee makes his hands shake.

In downtown Baltimore, on the 12th floor of University Hospital, Edna Kelly's husband tells her goodbye. For 57 years Mrs. Kelly shared her skull with the monster. No more. Today she is frightened but determined.

It is 6:30 a.m.

"I'm not afraid to die," she said as this day approached. "I've lost part of my eyesight. I've gone through all the hemorrhages. A couple of years ago I lost my sense of smell, my taste. I started having seizures. I smell a strange odor and then I start strangling. It started affecting my legs, and I'm partially paralyzed.

"Three years ago a doctor told me all I had to look forward to was blindness, paralysis and a remote chance of death. Now I have aneurysms; this monster is causing that. I'm scared to death . . . but there isn't a day that goes by that I'm not in pain, and I'm tired of it. I can't bear the pain. I wouldn't want to live like this much longer."

As Dr. Ducker leaves for work, Mrs. Ducker hands him a paper bag containing a peanut butter sandwich, a banana and two Fig Newtons.

Downtown, in Mrs. Kelly's brain, a sedative takes effect.

Mrs. Kelly was born with a tangled knot of abnormal blood vessels in the back of her brain. The malformation began small, but in time the vessels ballooned inside the confines of the skull, crowding the healthy brain tissue.

Finally, in 1942, the malformation announced its presence when one of the abnormal arteries, stretched beyond capacity, burst. Mrs. Kelly grabbed her head and collapsed. After that the agony never stopped.

Mrs. Kelly, at the time of her first intracranial bleed, was carrying her second child. Despite the pain, she raised her children and cared for her husband. The malformation continued to grow.

She began calling it "the monster."

Now, at 7:15 a.m. in operating room eleven, a technician checks the brain surgery microscope and the circulating nurse lays out bandages and instruments. Mrs. Kelly lies still on a stainless steel table.

A small sensor has been threaded through her veins and now hangs in the antechamber of her heart. The anesthesiologist connects the sensor to a 7-foot-high bank of electronic instruments. Oscilloscope waveforms begin to build and break. Dials swing. Lights flash. With each heartbeat a loudspeaker produces an audible popping sound. The steady pop, pop, popping isn't loud, but it dominates the operating room.
11. Award Winners and Awards

Dr. Ducker enters the O.R. and pauses before the x-ray films that hang on a lighted panel. He carried those brain images to Europe, Canada and Florida in search of advice, and he knows them by heart. Still, he studies them again, eyes focused on the two fragile aneurysms that swell above the major arteries. Either may burst on contact.

The one directly behind Mrs. Kelly's eyes is the most likely to burst, but also the easiest to reach. That's first.

The surgeon-in-training who will assist Dr. Ducker places Mrs. Kelly's head in a clamp and shaves her hair. Dr. Ducker checks to make certain the three steel pins of the vice have pierced the skin and press directly against Mrs. Kelly's skull. "We can't have a millimeter slip," he says.

Mrs. Kelly, except for a six-inch crescent of scalp, is draped with green sheets. A rubber-gloved palm goes out and Doris Schwabland, the scrub nurse, lays a scalpel in it. Hemostats snap over the arteries of the scalp. Blood spatters onto Dr. Ducker's sterile paper booties.

It is 8:25 a.m. The heartbeat goes pop, pop, pop, 70 beats a minute, steady.

Today Dr. Ducker intends to remove the two aneurysms, which comprise the most immediate threat to Mrs. Kelly's life. Later, he will move directly on the monster.

It's a risky operation, designed to take him to the hazardous frontiers of neurosurgery. Several experts told him he shouldn't do it at all, that he should let Mrs. Kelly die. But the consensus was that he had no choice. The choice was Mrs. Kelly's.

"There's one chance out of three that we'll end up with a hell of a mess or a dead patient," Dr. Ducker says. "I reviewed it in my own heart and with other people, and I thought about the patient. You weigh what happens if you do it against what happens if you don't do it. I convinced myself it should be done."

Mrs. Kelly said yes. Now Dr. Ducker pulls back Mrs. Kelly's scalp to reveal the dull ivory of living bone. The chatter of the half-inch drill fills the room, drowning the rhythmic pop, pop, pop of the heart monitor. It is 9 o'clock when Dr. Ducker hands the two-by-four-inch triangle of skull to the scrub nurse.

The tough, rubbery covering of the brain is cut free, revealing the soft gray convolutions of the forebrain.

"There it is," says the circulating nurse in a hushed voice. "That's what keeps you working."
II. Preparing the Piece

It is 9:20.39

Eventually Dr. Ducker steps back, holding his gloved hands high to avoid contamination. While others move the microscope into place over the glistening brain the neurosurgeon communes40 once more with the x-ray films. The heart beats strong, 70 beats a minute, 70 beats a minute.41

"We're going to have a hard time today," the surgeon says to the x-rays.42

Dr. Ducker presses his face against the microscope. His hands go out for an electrified, tweezer-like instrument. The assistant moves in close, taking his position above the secondary eyepieces.43

Dr. Ducker's view is shared by a video camera. Across the room a color television crackles,44 displaying a highly-magnified landscape45 of the brain. The polished tips of the tweezers move into view.

It is Dr. Ducker's intent46 to place tiny, spring-loaded alligator clips across the base of each aneurysm. But first he must navigate47 a tortured path from his incision, above Mrs. Kelly's right eye, to the deeply-buried Circle of Willis.

The journey will be immense. Under magnification, the landscape of the mind48 expands to the size of a room. Dr. Ducker's tiny, blunt-tipped instrument49 travels in millimeter leaps.

His strategy is to push between the forebrain, where conscious thought occurs, and the thumb-like projection of the brain, called the temporal lobe, that extends beneath the temples.50

Carefully, Dr. Ducker pulls these two structures apart to form a deep channel. The journey begins at the bottom of this crevasse.51 The time is 9:36 a.m.

The grey convolutions of the brain, wet with secretions, sparkle beneath the powerful operating theater spotlights. The microscopic landscape heaves and subsides in time to the pop, pop, pop of the heart monitor.

Gently, gently, the blunt probe teases apart the minute structures of gray matter, spreading a tiny tunnel, millimeter52 by gentle millimeter, into the glistening gray.53

"We're having trouble just getting in," Dr. Ducker tells the operating room team.54

As the neurosurgeon works, he refers to Mrs. Kelly's monster as "the A.V.M.," or arterio-venous malformation.55 Normally, he says,56 arteries force high-pressure blood into muscle or organ tissue. After the living cells suck out the oxygen and nourishment the blood drains into low-pressure veins, which carry it back to the heart and lungs.

But in the back of Mrs. Kelly's brain one set of arteries pumps directly
into veins, bypassing the tissue. The unnatural junction was not designed for such a rapid flow of blood and in 57 years it slowly swelled to the size of a fist. Periodically it leaked drops of blood and torrents of agony. Now the structures of the brain are welded together by scar tissue and, to make his tunnel, Dr. Ducker must tease them apart again. But the brain is delicate.

The screen of the television monitor fills with red.

Dr. Ducker responds quickly, snatching the broken end of the tiny artery with the tweezers. There is an electrical bzzzzzt as he burns the bleeder closed. Progress stops while the blood is suctioned out.

"It's nothing to worry about," he says. "It's not much, but when you're looking at one square centimeter, two ounces is a damned lake."

Carefully, gently, Dr. Ducker continues to make his way into the brain. Far down the tiny tunnel the white trunk of the optic nerve can be seen. It is 9:54.

Slowly, using the optic nerve as a guidepost, Dr. Ducker probes deeper and deeper into the gray. The heart monitor continues to pop, pop, pop, 70 beats a minute, 70 beats a minute.

The neurosurgeon guides the tweezers directly to the pulsing carotid artery, one of the three main blood channels into the brain. The carotid twists and dances to the electronic pop, pop, popping. Gently, ever gently, nudging aside the scarred brain tissue, Dr. Ducker moves along the carotid toward the Circle of Willis, near the floor of the skull.

This loop of vessels is the staging area from which blood is distributed throughout the brain. Three major arteries feed it from below, one in the rear and the two carotids in the front.

The first aneurysm lies ahead, still buried in grey matter, where the carotid meets the Circle. The second aneurysm is deeper yet in the brain, where the hindmost artery rises along the spine and joins the circle.

Eyes pressed against the microscope, Dr. Ducker makes his tedious way along the carotid.

"She's so scarred I can't identify anything," he complains through the mask.

It is 10:01 a.m. The heart monitor pop, pop, pops with reassuring regularity.

The probing tweezers are gentle, firm, deliberate, probing, probing, probing, slower than the hands of the clock. Repeatedly, vessels bleed and Dr. Ducker cauterizes them. The blood loss is mounting, and now the anesthesiologist hangs a transfusion bag above Mrs. Kelly's shrouded form.
II. Preparing the Piece

Ten minutes pass. Twenty. Blood flows, the tweezers buzz, the suction hose hisses. The tunnel is small, almost filled by the shank of the instrument.

The aneurysm finally appears at the end of the tunnel, throbbing, visibly thin, a lumpy, overstretched bag, the color of rich cream,\(^6\) swelling out from the once-strong arterial wall, a tire about to blow out, a balloon ready to burst, a time-bomb the size of a pea.\(^6\)

The aneurysm isn’t the monster itself, only the work of the monster, which, growing malevolently, has disrupted the pressures and weakened arterial walls throughout the brain. But the monster itself, the x-rays say, lies far away.\(^6\)

The probe nudges the aneurysm, hesitantly, gently.

“Sometimes you touch one,” a nurse says, “and blooey, the wolf’s at the door.”

Patiently, Dr. Ducker separates the aneurysm from the surrounding brain tissue. The tension is electric. No surgeon would dare go after the monster itself until this swelling killer is defused.

Now.\(^6\)

A nurse hands Dr. Ducker a long, delicate pair of pliers. A little stainless steel clip, its jaws open wide, is positioned on the pliers’ end. Presently the magnified clip moves into the field of view, light glinting from its polished surface.

It is 10:40.

For eleven minutes\(^6\) Dr. Ducker repeatedly attempts to work the clip over the neck of the balloon, but the device is too small. He calls for one with longer jaws. Soon that clip moves into the microscopic tunnel. With infinite slowness, Dr. Ducker maneuvers it over the neck of the aneurysm.

Then, in an instant, the jaws close and the balloon collapses.

“That’s clipped,” Dr. Ducker calls out. Smile wrinkles appear above his mask.\(^6\) The heart monitor goes pop, pop, pop, steady. It is 10:58.

Dr. Ducker now begins following the Circle of Willis back into the brain, toward the second, and more difficult, aneurysm that swells\(^7\) at the very rear of the Circle, tight against the most sensitive and primitive structure in the head, the brainstem. The brainstem controls vital processes, including breathing and heartbeat.

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"I don't recognize anything," the surgeon says. He pushes further and quickly finds a landmark.

Then, exhausted, Dr. Ducker\textsuperscript{71} disengages himself, backs away, sits down on a stool and stares straight ahead for a long moment. The brainstem is close, close.\textsuperscript{72}

"This is a frightening place to be," whispers\textsuperscript{73} the doctor.

In the background the heart monitor goes pop, pop, pop, 70 beats a minute, steady. The smell of ozone and burnt flesh hangs thick in the air.\textsuperscript{74}
It is 11:05 a.m., the day of the monster.

The operating room door opens and Dr. Michael Salcman,\textsuperscript{75} the assistant chief neurosurgeon, enters. He confers with Dr. Ducker, who then returns to the microscope. Dr. Saleman moves to the front of the television monitor.

As he watches Dr. Ducker work, Dr. Salcman compares an aneurysm to a bump on a tire. The weakened wall of the artery balloons outward under the relentless pressure of the heartbeat and, eventually, it bursts. That's death.

So the fragile aneurysms must be removed before Dr. Ducker can tackle the AVM itself. Dr. Saleman crosses his arms and fixes his eyes on the television screen, preparing himself to relieve Dr. Ducker if he tires. One aneurysm down, one to go.

The second, however, is the toughest. It pulses dangerously deep, hard against the bulb of nerves that sits atop the spinal cord.

"Technically, the brainstem," says Dr. Salcman. "I call it the 'pilot light.' That's because if it goes out... that's it."

On the television screen the tweezer instrument presses on, following the artery toward the brainstem. Gently, gently, gently, gently it pushes aside the gray coils. For a moment the optic nerve appears in the background, then vanishes.\textsuperscript{76}

The going is even slower now. Dr. Ducker is reaching all the way into the center of the brain and his instruments are the length of chopsticks. The danger mounts because, here, many of the vessels feed the pilot light.\textsuperscript{77}

The heartbeat goes pop, pop, pop, 70 beats a minute.\textsuperscript{78}

The instrument moves across a topography of torture, scars everywhere, remnants of pain past, of agonies Mrs. Kelly would rather die than further endure.\textsuperscript{79} Dr. Ducker is lost again.

Dr. Saleman joins him at the microscope, peering through the assistant's eyepieces. They debate the options in low tones and technical terms.\textsuperscript{80} A decision is made and again the polished tweezerers probe along the vessel.
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Back on course, Dr. Ducker works his tunnel ever deeper, gentle, gentle, gentle as the touch of sterile cotton. Finally the grey matter parts.

The neurosurgeon freezes.81

Dead ahead82 the field is crossed by many huge, distended, ropelike veins.

The neurosurgeon stares intently at the veins, surprised, chagrined, betrayed by the x-rays.

The monster

The monster, by microscopic standards, lies far away, above and back, in the rear of the head. Dr. Ducker was to face the monster itself on another day, not now. Not here.

But clearly these tangled veins, absent on the x-ray films but very real in Mrs. Kelly's brain, are tentacles of the monster.

Gingerly, the tweezers attempt to push around them.

Pop, pop, pop . . . pop . . . pop . . . . pop . . . . pop.83

"It's slowing!" warns the anesthesiologist, alarmed.

The tweezers pull away like fingers touching fire.

. . . . pop . . . pop . . . pop . pop, pop, pop.

"It's coming back" says the anesthesiologist.

The vessels control bloodflow to the brain stem, the pilot light.

Dr. Ducker tries to go around them a different way.

Pop, pop, pop . . . pop . . . pop . . . pop . . . .

And withdraws.

Dr. Salcman stands before the television monitor, arms crossed, frowning.

"She can't take much of that," the anesthesiologist says.84 "The heart will go into arrhythmia and that'll lead to a . . . call it a heart attack."

Dr. Ducker tries a still different route, pulling clear of the area and returning at a new angle. Eventually, at the end of a long, throbbing tunnel of brain tissue, the sought-after aneurysm appears.

Pop, pop, pop . . . pop . . . pop . . .

The instruments retract.

"Damn," says the neurosurgeon. "I can only work here for a few minutes without the bottom falling out."

The clock says 12:29.

Already the gray tissue swells visibly from the repeated attempts to burrow past the tentacles.

Again the tweezers move forward in a different approach and the
aneurysm reappears. Dr. Ducker tries to reach it by inserting the aneurysm clip through a long, narrow tunnel. But the pliers that hold the clip obscure the view.

Pop, pop . pop ... pop ... pop ...
The pliers retract.

"We're on it and we know where we are," complains the neurosurgeon, frustration adding a metallic edge to his voice. "But we're going to have an awful time getting a clip in there. We're so close, but ..."

A resident who has been assisting Dr. Ducker collapses on a stool. He stares straight ahead, eyes unfocused, glazed.85

"Michael, scrub," Dr. Ducker says to Dr. Salzman. "See what you can do. I'm too cramped."

While the circulating nurse massages Dr. Ducker's shoulders, Dr. Salzman attempts to reach the aneurysm with the clip.

Pop, pop, pop . pop ... pop ... pop ...
The clip withdraws.

"That should be the aneurysm right there," says Dr. Ducker, taking his place at the microscope again. "Why the hell can't we get to it? We've tried, ten times."

At 12:53, another approach.

Pop, pop, pop . pop ... pop ... pop ...

Again.

It is 1:06. And again, and again, and again.

Pop ... pop ... pop, pop, pop ... pop ... pop-pop-pop ...
The anesthesiologist's hands move rapidly across a panel of switches. A nurse catches her breath and holds it.

"Damn, damn, damn."

Dr. Ducker backs away from the microscope, his gloved hands held before him. For a full minute, he's silent.

"There's an old dictum in medicine," he finally says. "If you can't help, don't do any harm. Let nature take its course. We may have already hurt her. We've slowed down her heart. Too many times." The words carry defeat, exhaustion, anger.86

Dr. Ducker stands again before the x-rays. His eyes focus on the rear aneurysm, the second one, the one that thwarted him. He examines the film for signs, unseen before, of the monster's descending tentacles. He finds no such indications.

Pop, pop, pop, goes the monitor, steady now, 70 beats a minute.

"Mother nature," a resident growls, "is a mother."
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The retreat begins. Under Dr. Salzman’s command, the team prepares to wire the chunk of skull back into place and close the incision.

It ends quickly, without ceremony. Dr. Ducker’s gloves snap sharply as a nurse pulls them off. It is 1:30.

Dr. Ducker walks, alone, down the hall, brown paper bag in his hand. In the lounge he sits on the edge of a hard orange couch and unwraps the peanut butter sandwich. His eyes focus on the opposite wall.

Back in the operating room the anesthesiologist shines a light into each of Mrs. Kelly’s eyes. The right pupil, the one under the incision, is dilated and does not respond to the probing beam. It is a grim omen.

If Mrs. Kelly recovers, says Dr. Ducker, he’ll go ahead and try to deal with the monster itself, despite the remaining aneurysm. He’ll try to block the arteries to it, maybe even take it out. That would be a tough operation, he says without enthusiasm.

“And it’s providing that she’s in good shape after this.”

If she survives. If. If.

“I’m not afraid to die,” Mrs. Kelly had said. “I’m scared to death. . . . but . . . I can’t bear the pain. I wouldn’t want to live like this much longer.”

Her brain was too scarred. The operation, tolerable in a younger person, was too much. Already, where the monster’s tentacles hang before the brainstem, the tissue swells, pinching off the source of oxygen.

Mrs. Kelly is dying.

The clock on the wall, near where Dr. Ducker sits, says 1:40.

“It’s hard to tell what to do. We’ve been thinking about it for six weeks. But, you know, there are certain things. . . . that’s just as far as you can go. I just don’t know . . . .”

He lays the sandwich, the banana and the Fig Newtons on the table before him, neatly, the way the scrub nurse laid out the instruments.

“It was triple jeopardy,” he says finally, staring at his peanut butter sandwich the same way he stared at the x-rays. “It was triple jeopardy.”

It is 1:43, and it’s over.

Dr. Ducker bites, grimly, into the sandwich.

The monster won.

Annotations: Mrs. Kelly’s Monster
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1. Published in The Evening Sun, December 1978. Received Pulitzer prize in feature writing in May of 1979.
2. You must set the mood early in the story. Dr. Ducker also rose to a warm house and a bright future, but those facts are not relevant to the story being told.

3. It is no accident that the first verb in this story is an action verb.

4. The use of present tense tends to make the story more immediate, but it increases the pressure on the writer, who must supply an endless stream of detail to make the immediate nature of the story seem real. Because of the increased technical problems with present tense, the technique must never be used lightly. Also, present tense is usually unsuitable for longer pieces.

5. This provides sense of time. Sense of place is implied, here: It’s in Dr. Ducker’s house, in Baltimore.

6. Be specific with symbolism. Also note how the food imagery here dovetails with the food imagery in the ending. Food is a life process. In the morning the food is warm, and served lovingly. In the end, the food is dry, cold, and packed in an anonymous paper bag.

7. Straight news technique requires the writer to sum up the story in the first paragraph. Feature style often requires that it be implied. The implication here is that it is very important that Dr. Ducker’s hands don’t shake.

8. Place transition.

9. Be specific . . . but only when it doesn’t interfere with the story you’re telling. You need a good literary reason for the inclusion of each fact. In this case, it was rhythm.

10. This implies danger, building on the implications of the “shaking hands” line above.

11. Note the perception that Mrs. Kelly is her brain. Such a unity, once established, must be carried out throughout the piece.

12. This perception was Mrs. Kelly’s, not the author’s nor the surgeon’s. Your subject will do most of your head work for you, if you’ll be observant.

13. Pacing. Pacing must begin before the need for it becomes apparent. This story picks up a definite beat later. It begins here, with the stipulation of an exact time. To make it an odd number, such as 6:32, would have been enameling the lily, and would have lost the effect when the story shifts to specific time later, as the pace increases.

14. Flashback to material gleaned in an early interview.

15. This sentence marks the transition from the opening, or lead, into the complication.
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16. And we're back to present tense.
17. The reader must clearly understand the motivations of your characters. In this case, Mrs. Kelly has decided to go for broke because the disease had made her life not worth living.
18. Foreshadowing is the magic of the dramatic feature writer. In this part of the story, the lunch helps get Dr. Ducker out of the house and shifts the reader's attention toward his work. (This information does double duty, another hallmark of good dramatic writing.)
19. Flashbacks provide supportive, background, and character information.
20. This personifies the malfunction. Personification of objects is a tricky, tricky business and should be done only with the greatest care—and only with the principal forces in the story. It would not do, for instance, to personify the peanut-butter sandwich.
21. The story does not say how Mrs. Kelly felt. Rather it implies and shows it. Action (grabbing one's head and falling) tells much more than attempts to describe her feelings. The first rule of feature writing is "Show, don't tell."
22. She is never said, specifically, to be courageous. Rather, by her actions, she is shown to be.
23. Today I would hesitate to use "began." I would say, instead, "She called it 'the monster.'" Words like "begin, began, commenced" and "started" are usually unnecessary and tend to give the sentence in which they reside a distant and passive cast.
24. Fifteen minutes past the hour is more specific than thirty minutes past. A minor point, but the tempo is building.
25. Always use action. If you want to tell the reader that the operating room is ready, then show the crew getting it ready.
26. This word is unnecessary.
27. The value of sound as a pacing and descriptive device is widely overlooked. Clocks tick. Babies cry in the background. Pencils tap restively on tables. Rain clatters on a tin roof. Notice these things, and use them.
28. This serves to emphasize the danger.
29. By using the eyes, what's going on in the brain can be illustrated.
30. If you're taking your reader into unfamiliar territory, it's necessary to step back periodically and tell the reader, in brief and nontechnical terms, what's going on. Otherwise, certain readers will become disoriented and quit reading.
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31. The word “millimeter” is rather unfamiliar to the reader. It is necessary to run it through the reader’s mind once, in a relatively slow-paced situation, so that it will seem more familiar later when it’s used under more dramatic tension. The rule is never to use an unfamiliar word for the first time in a fast-paced part of your story, because it’ll slow the narrative down. (It is, incidentally, not relevant here exactly how large a millimeter is. It is sufficient that the reader know it’s small.)

32. Here, you’ll note, she’s draped. Later, the image is “shrouded.”

33. Gore, like sex, is sometimes more effective when it occurs off camera.

34. This is another orientation paragraph. Note that it is used also as a pacing device, to keep the action from getting too fast here. We want the action to build.

35. Says to whom? The reporter, of course. But imagine how awful it’d sound to say, “said to this reporter.” Keep yourself out of the copy and let your subject talk directly through you to your reader. Remember, as a feature writer who puts himself into the action, you are a surrogate for your reader, and your existence on the scene is totally unimportant.

36. Were I to write this today, I’d use “her,” instead of “Mrs. Kelly’s.”

37. Pacing devices must be heavily foreshadowed. The pops are going to be critical later, so they have to be firmly embedded in the front of the story.

38. Greek choruses are very useful. Watch for the opportunity to use them.

39. The times are getting more specific.

40. The difference between the right word and the almost-right word, Mark Twain said, is the difference between lightning and the lightning bug.

41. Repetition can add dramatic tension and emphasize building tensions in the story. Most professional writers understand that events and ideas must be foreshadowed, but few apply the principle to gimmicks, like repetition, as well.

42. Actually, of course, he doesn’t expect the x-rays to hear him. The words are directed to the occupants of the operating room—or to the readers, in the persona of a reporter, who is standing beside him. Here is another example of physical action (the voice is aimed at the x-rays) being used to keep the story concrete while implying moods and tensions.

43. This is the pause before the battle. A romantic novel uses the same technique when the writer describes the knights settling into their stirrups just before the heroic charge. Some things never change.

44. Sounds, like smells, are extremely effective in putting the reader into your story. The senses of hearing and smell are ancient, and are more
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closely connected to the emotional brain than is the sense of sight. That's a good anatomical fact for a professional writer to know.

45. This is the hardest-won word in the piece. I wanted something that implied a bigness. The word "landscape" is commonly applied to continents and planets, and so carries an aura of great spaces. Few people realize how big a drop of water becomes under a microscope, and how the viewer can actually get lost and disoriented in it. Getting disoriented and lost is one of the most important dangers of neurosurgery.

46. Any time you start talking about something that happens in the subject's head, you almost automatically slow the narrative and move into background discussion. So, when you do that, make sure you're doing it at a place you can afford to slow down.

Also, this does double duty as another orientation paragraph.

47. "Navigate" is something you do over a landscape, or seascape. See the footnote on "landscape," above.

48. Now, the perception of "landscape" fully established, we can make the story's most important metaphysical leap, from the brain to the mind. When I wrote this piece I was beginning an unusually technical series on the brain, focusing on the brain-mind connection. I decided to do this story as the lead piece because I thought it would embed that point firmly in the reader's brain/mind.

49. As the instrument and its movement become the focus of the reader's attention, it becomes a surrogate for Dr. Ducker. Thus the instruments get a very specific personification.

50. More orientation. Note the regularity of orientation paragraphs, and how they fall off as the pace picks up.

51. This paragraph should have read, "... Dr. Ducker pulls these two structures apart to form a deep crevasse. The journey begins at the bottom. The time is 9:36 a.m." Some heat-of-the-moment awkwardness is, sigh, unavoidable in the newspaper feature writing business.

52. Never use an awkward word for the first time in a poetic passage. It takes the reader's brain longer to process it the first time, and that will throw off the rhythm you're trying so hard to establish. Foreshadow!

53. Count the number of "m" sounds in this paragraph. Then count the number of "g" sounds. That is a very, very tricky gimmick and can be used only with care. Very much of it, and an otherwise elegant piece turns saccharine.

54. Here, action is used to foreshadow.

55. Shift here to background.
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56. This attribution is unnecessary and slows down the flow.

57. Parallel construction tugs compellingly at the mind. It makes things seem related that aren’t, and makes for slick stream-of-consciousness transitions. The concepts “drops of blood” and “torrents of agony” come from separate universes . . . or do they?

This piece was written specifically to make the reader ask that question.

58. This statement brings us back to story action.

59. A good feature writer learns to observe noises and, when possible, bring them to his reader. Sometimes this can be tricky. I’ve got an hour invested in “ka-Glup, ka-Glup, ka-Glup,” used to describe a heart-sounds amplifier in a recent book.

60. Driving home the idea, again, that the microscope magnifies everything, including the problems.

61. Verbs are everything.

62. This implies that irregularity is not reassuring, and foreshadows trouble ahead. When the heart slows, the reader will know instantly something is wrong. He won’t have to have an explanation, which would slow him down.

63. Note the switch from “covered” to “shrouded.” This kind of foreshadowing operates on the reader’s mind at a subconscious level. With such subliminal devices, the reader never knows what hits him. But hit him it does.

64. When you’ve taken the reader to an alien and frightening place, it’s necessary to use as many familiar images as possible. But they have to be very apt. If it’s the almost-right word, you end up looking like an idiot.

65. Relate sizes to something the reader knows.

66. This should have been foreshadowed, first, very early in the piece. Another example of deadline-related awkwardness.

67. A paragraph is, most of all, a unit of thought. If the thought is elegant, the paragraph is short.

68. When you’ve got rapid action, keep writing down times in your notebook. Later, you can select what you need for pacing.

69. Action can sometimes be heightened by hinting at it. The alternative would have been, “He smiled behind his mask.” That’s a more direct statement of fact, but has less dramatic impact. Both statements are accurate.

70. Word choice can be used to bolster imagery. In this case, the word tends to remind the reader of the nature of the aneurysm.
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71. It should have been "he."

72. Again, repetition emphasizes. If you're interested in rhythmic techniques, by the way, read Edgar Allan Poe's poetry. Bells bells bells bells bells bells bells bells. And not one single bell more.

73. "Whispers" is a word that amplifies the nature of the frightening place in which Dr. Ducker finds himself. Reserve this category of attribution trick for dramatic passages only. Usually, the word "said" will suffice. Repetition of the word "said" is rarely a serious problem.

74. Pacing images are used to put the reader into the scene while also serving to slow the story action down. This implies that you've got to have enough action that you can afford some slow passages. If you don't have enough action to withstand the imagery slowdowns, you've probably got a boring story.

75. Minor characters do not have to be introduced at the top of a story but, if not, they must be foreshadowed. In this case that was easy, since Dr. Salcman came in and hung around for a while before he started taking important (structural) action.

76. A glance at something he's met before, in this case the optic nerve, gives the reader the sense that he understands where he is. That is strictly smoke and mirrors, of course, but it puts his mind at rest and he can read on. After all, the reader isn't here to learn brain anatomy. He's here to find out what happens, and how the story comes out. The moral of the story is don't explain any more than the reader needs to understand the story. Explanations beyond that are flab.

77. In a less rushed world, this would have been better foreshadowed.

78. And the beat, now in a separate paragraph, begins to take on a life of its own.

79. And a tip of the hat to Abe Lincoln. Immature poets, some guru said, create. Mature poets steal. When possible, steal from the masters. Steal from romance novels and other trash at your peril.

80. Going too deeply into the technical would only confuse the reader, and is not necessary to the action. Deciding what to leave out is one of the writer's most important functions. The iron rule is that if you don't need it to make the climax work, then you don't need it at all. Some of the best stories are written backwards. This one was, sort of, and at times.

81. When your action is being carried along by active, fine-scale description, then action is defined not as motion but as change. Thus freezing in the face of danger is, in this story, a very active thing for Dr. Ducker to do.
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82. Symbolism can be layered on top of symbolism. The word “dead” is symbolic in its own right, and the phrase “dead ahead” is a term used for navigating across topography.

83. Consider the foreshadowing that led up to this.

84. Note the absence of the phrase “told this reporter.” Unless you’re writing about yourself, stay out of your story.

85. This makes Dr. Ducker’s fatigue more real.

86. It is better to let action carry emotion, even if the action is no more than inflection on words.

87. This punctuates the end of the action. It is a specific, active, concrete, sensual (sound is used) symbol.

88. This paragraph and the two short paragraphs that follow are worse than unnecessary. They bring up images that are irrelevant (Mrs. Kelly is going to die and Dr. Ducker knows it), and distract the reader. Some readers were left uncertain as to whether or not Mrs. Kelly died. These paragraphs are the culprit. Together, they constitute the worst structural failing of the story, and if the rest of it hadn’t worked well enough to offset the problem . . . the piece as a whole would have failed.

89. Flashbacks late in the story provide dramatic perspective. It is time that the reader remembers that Mrs. Kelly went into this with her eyes open. Otherwise, our hero becomes tarnished by failure. One of the points of the piece is that he is not tarnished, because he tried.

90. Foreshadowed, this becomes a very dramatic, human action.

91. He must go on. Food symbolizes life.

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Article 11-2

“Growing Up Too Fat: Kids suffer adult ailments as more become dangerously obese”

Kim Severson and Meredith May
San Francisco Chronicle, May 12, 2002

Note: Not all award-winning health writing is by health writers. And health writing can receive awards other than those for health writing or general journalism. Case in point: “Growing Up Too Fat” was a collaborative effort of Kim Severson, a food writer for the San Francisco Chronicle, and Meredith May, who was covering the
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Oakland, California, schools for the metro desk of the paper. Their article, reproduced here with permission of the Chronicle, won a Casey Medal for Meritorious Journalism, which recognizes distinguished coverage of children and families in the United States. (Permission conveyed through the Copyright Clearance Center, Inc.)

Shirliesa Rogers is 10 years old and weighs more than 200 pounds. Every morning, she slips a needle full of insulin into the fat on the back of her right arm. At lunch, she finds a spot on her left arm. Before she goes to bed, she pumps the syringe into her stomach.

The San Leandro girl has a kind of diabetes once so rare in children that doctors call it “adult-onset.” A decade ago, the pediatricians treating Shirliesa would have been surprised to see such a case in a child. Now, they see two to five youngsters a day with it.

California public health experts say children like Shirliesa are allling canaries in a coal mine—the early signs of a deeper problem. The state’s kids are the fattest they have ever been.

Specialists at Children’s Hospital Oakland, where severely obese Northern California children go for treatment, see teenage boys whose hip bones have popped from their sockets. They treat girls whose hormones have gone so haywire they’re growing beards. They prescribe high blood pressure pills for 12-year-olds and worry that high school patients might have heart attacks or strokes.

“I’m looking 9-year-olds in the eye and talking to them about their bodies as if they are 50- or 60-year-olds,” said Barbara King-Hooper, a nurse educator at the children’s hospital.

More than a quarter of the state’s children ages 9 to 17 are overweight, some by only 10 or 20 pounds, some by 100 pounds or more. Certain groups, such as African Americans, Latinos and poor whites, are even heavier. And the fattest kids are getting fatter.

After decades of holding steady, the number of severely overweight children in the United States has doubled since 1980. The situation is so bad, the surgeon general in January declared childhood obesity a national epidemic.

Health experts and government leaders are only beginning to coordinate a plan of attack for the problem and to calculate the long-term costs. Earlier this month, the Centers for Disease Control and Prevention reported that national hospital costs related to childhood obesity had more than tripled in the past 20 years to $127 million.

So what’s going on?
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-The state cut physical education classes about the time children began spending record time in front of television and computer screens.
-More than half of California high schools look like food courts, selling lunch from chains like Taco Bell and Pizza Hut.
-Children simply don't play outside as much, sometimes because parents don't trust the neighborhood or can't afford sports fees or equipment.
-Families have less time to cook and eat together. As a result, fast-food suppers have replaced the home-cooked meal.

In other words, almost everything about modern life contributes to childhood obesity.

"We're looking at the diseases of a civilization imploding on itself," says Dr. Catherine Egli, who is treating Shirleisa.

On the Bench

When senior Rachel Willis thinks back on her career at Oakland's Fremont High School, gym time won't be among her memories. That's because like most California high school students, she didn't have much of it.

"I did P.E. when I was a freshman, and the only thing they made us do was run a mile," she said. "Other than that, it was like free time. They gave us some basketballs and footballs to play with, but about 20 percent just hung out on the benches and talked."

The state has required just two years of high school P.E. since the late '70s. Today, many high schools offer even less than what's required, or allow students to replace P.E. with cheerleading or marching band. In some cases, a student can get out of P.E. if a parent sends a note that states the child works out at a gym.

Most elementary kids in California get only about 15 minutes of organized exercise a week, even though the state requires 100 minutes a week for children in first through sixth grade and 200 minutes for seventh- through 10th-graders.

"Most schools have cut P.E. programs to save money, so regular teachers now have to lead P.E. and many don't know what to do. So they count recess as P.E.," explained Ron Wilkins, head of the YMCA of the East Bay.

Every year kids take the California Physical Fitness Test. The exam, given in March, sends 1.2 million fifth-, seventh- and ninth-graders through a host of aerobic, strength and body fat tests.

This school year, 77 percent flunked.
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Sitting and Eating

Krystina Garcia, 16, of Hayward is hooked. Sending instant computer messages to her friends after school is a four-hour-a-day habit.

She doesn’t take P.E. at Tennyson High School. Her mother works two jobs and comes home exhausted between 8 and 9 p.m., with just enough energy to swing by the drive-through on her way home.

An adult with a body mass index of 30 or more is considered obese. Krystina’s is 51.

Her health landed her in the office of Children’s Hospital clinical dietitian Kathy Love. She was lucky to get in. Pediatricians refer overweight children so regularly that patients now wait six months for an appointment.

The diagnosis? A case of Type 2, or adult-onset, diabetes and high blood pressure.

“It’s good that I found out, so I can do something about it rather than sitting here getting bigger and bigger,” Krystina said.

With Love’s help, she spends more time dancing in her room and walking her Chinese Foo dog, Precious. She’s cutting her Internet time in half and helping her mother out with dinner.

“Last night,” Krystina said, “I made chicken Parmesan.”

The key to Krystina’s success is curbing what doctors now call “screen time.” The average American child between the ages of 8 and 18 spends more than three hours daily watching television and another three or four hours with the Internet and video games, according to a Nielsen Media Research report. The American Academy of Pediatrics recommends limiting children to no more than two hours a day of TV.

Generation Flab

If we are what we eat, California kids are microwave burritos, super-size fries and 52-ounce Extreme Gulps. That’s in part because almost half of all food is eaten out, according to U.S. Department of Labor statistics. Another federal study shows that teenage boys eat 70 percent of their meals away from home.

This spring, a reporter asked a class of 23 media students at Oakland’s Fremont High School how many sat down with any family member the night before to have dinner. Only two raised a hand.

Money and time are the reasons, the students said. Either one or both
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parents was working, the student was working or no one was around. "We are all on different schedules and we are hungry at different times," said Tharey Sen, 17.

Today's teenagers were raised on Happy Meals, introduced by McDonald's in 1979—just one year before childhood obesity rates began to climb. Today, about 90 percent of America's children between 3 and 9 visit a McDonald's every month, reports Eric Schlosser in *Fast Food Nation* (Houghton Mifflin, 2001).

Nutritionists point out that as young people's appetites for fast food have increased, so has portion size.

The original McDonald's order of fries weighed in at about two ounces and provided 200 calories. In 1972, the large order of fries was introduced, which had 320 calories. In the '80s, that size was renamed medium. A decade later, the term "super-size" was coined and the size of an order grew to 540 calories and 25 grams of fat, according to the Center for Science in the Public Interest.

In 1998, McDonald's spent just over $1 billion on advertising. Fast food and candy advertising is tightly woven into movie and TV promotions, sporting events—and even education. Reese's Pieces offers a promotional book that encourages children to use pieces of candy to learn to count.

"It's really hard to resist fast food, especially when your kids really like it," said Lucille Beltran of San Leandro, whose whole family is on a diet, including the littlest boy, who came home from elementary school one day asking her who Jenny Craig was.

Last fall, her 16-year-old daughter, Shante, discovered during a frightening four-day hospital stay that she, like half of her family, has Type 2 diabetes.

Shante cut back on fast food. She started going to the gym every other night and joined a softball team.

"It's hard sometimes for me, like I have meetings with my friends who are planning a quinceanera and they all decide to go to McDonald's together," Shante said. "I stay behind."

**School Food Loaded with Fat**

Don't think there's refuge inside the school cafeteria. The lunch lady serving a government-approved hot lunch is but a dusty icon.

The most popular school lunch is a small pepperoni pizza, nachos, a peanut butter cookie and a diet soda—all items sold in California school cafeterias without having to meet federal nutrition standards. Such a la
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carte items make up 70 percent of lunch sales in California high schools, according to a 2000 survey of 345 California high school cafeterias.

That particular lunch is a dietary bomb, containing 1,116 calories and 51 grams of fat. By comparison, a federally regulated school meal can't be more than 825 calories and 28 grams of fat.

School food has become so unhealthy that Love counsels her obese patients at Children's Hospital to avoid the cafeteria.

Some lawmakers and state experts say the fight against childhood obesity has to start in the schools. A pioneering bill introduced last year by state Sen. Martha Escutia (D-Montebello) called for a statewide school ban on junk foods.

It's a much tougher task than it seems. Nationally, school districts reap $750 million a year from vending machine sales. And PTAs and athletic groups regularly sell pizza and candy on campus to raise money. Escutia's bill was watered down after a strong lobbying effort from companies like Pepsi and Hershey Foods, as well as from vending companies and school officials who rely on the money from junk-food sales.

In the end, the new law bans certain junk foods only in elementary schools and restricts their sale in middle schools. High schools are virtually untouched.

Oakland is ahead of the pack. In February, the district became the first in California, and possibly the nation, to ban candy and soda in vending machines.

And other, smaller efforts are happening. At several Berkeley schools, for example, gardens called "edible schoolyards" are being built. Last year, Berkeley High School dumped its standard-issue cafeteria food for organic fare, which five local restaurants deliver to campus daily.

But not all educators think schools are the place to fight the obesity battle.

"If you only serve what you want them to eat with no choices, then the child won't eat," said Bill Caldwell, who was the first food service director in California to welcome fast food into a school cafeteria and now helps manage school menus for the California Department of Education.

In the early '90s, he opened a food court with Taco Bell, Kentucky Fried Chicken and Pizza Hut at Capistrano Unified. Caldwell limited the menu to the healthiest items that the fast food chains offered, like a bean-and-cheese burrito without sour cream.

"If there is an obesity problem," Caldwell says, "it happens before they come to the school cafeteria."
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Fat Like Me

Although medical experts worry that a generation of obese children could cost millions in future health costs, others don’t see being overweight as such a big deal—including some teenagers.

Certainly, the pressure to be thin is still acute, especially for certain groups of teenage girls. But for a growing number of kids, “the large are in charge.”

“It’s not embarrassing to be fat, especially with the boys. They love to be big and get praised for it at school,” said Rachel Willis of Fremont High School.

“Maybe it’s because of the people we see in the media, like Jill Scott and Missy Elliott and Biggie Smalls. There are a lot of big kids at school, so most people say it’s what’s on the inside that matters,” she said.

Race, Class Play Role

Joanne Ikeda, co-director of the Center for Weight and Health at UC Berkeley, cautions that the issue is about health and not size. And, she says, race and class are factors. Including teenagers, a full third of the state's African American and Latino children are overweight, according to recent research from the University of California.

For white children, research shows, the poorer a child is, the more likely he or she will be overweight, Ikeda said. Class has less to do with whether kids from other races are overweight.

So far, California offers only a handful of programs aimed at fighting childhood obesity. Much hope is pinned on the California Department of Health's Obesity Prevention Initiative. Funded in part with money from the Centers for Disease Control, health officials are two years into a three-year effort to evaluate the problem and make suggestions on what might work.

“This is not a problem that one agency, one organization, one entity can own and do something about. We’re trying to get all the agencies, all of the community groups on board,” Ikeda says.

“This is calling for a revolution in the way people live. They can’t spend four hours in front of the television and eat at fast food every night and expect this to go away.”

Hope for the Future

Shirleisa, the diabetic 10-year-old, first came to Egli’s attention last summer, after an unquenchable thirst led the girl to drink 12 sodas on the
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Fourth of July. A few days later, she was nearly in a diabetic coma. Her sugar levels, which should be under 200, were topping 800. She spent nine days in the hospital.

The reasons for her poor health are complex. People on both sides of her family have diabetes. And her mother, Elwanda Rogers, is heavy. Half of the children who are obese after the age of 6 will remain that way their entire lives, the New England Journal of Medicine has reported.

Obese teenagers have it even worse. They have only a 20 percent to 30 percent chance of slimming down.

Then there are emotional factors. Just before Shirleisa was diagnosed, a series of relatives died. Her father lost his job, forcing the family to move from Hayward to the two-bedroom apartment Shirleisa now shares with her parents, two brothers and her great-grandmother.

The doctors think Shirleisa was depressed.

"I think that's probably right," says her mom. "She took to eating in secret."

Mom would come home and find loaves of bread gone, or Shirleisa's room filled with food wrappers. And Rogers admits that her own home-style cooking, including fried chicken and big portions, didn't help her daughter.

So the pair started working with nutritionist Love and Barbara King-Hooper, the registered nurse at the diabetes clinic. They helped Shirleisa and her mother change some of the family eating habits. Portions are smaller. Crystal Light has replaced fruit juice.

Shirleisa counts the carbohydrates she eats and tests her own blood sugar. She gave up some of her TV time to do more dancing. And she rides her bike.

On her April visit to the clinic, she got news that her blood sugar had stabilized. Egli was willing to let her stop the insulin shots for a while, Shirleisa ran to the waiting room to find her little brother, her arms raised over her head in victory.

"Guess what? I don't have to take my shots anymore," she said.

But the long-term prognosis for today's obese children is murky. Doctors haven't had enough time to study the impact all that extra weight will have on a generation of young bodies. Often, adults with type 2 diabetes face heart disease, stroke, blindness and possible amputation of one or both feet. Does that mean children diagnosed at 10 or 15 will be blind by the time they are 25? What happens to high school boys with clogged arteries? What are the effects of a whole generation of girls hitting puberty in elementary school?

Doctors just don't know. It's too new.
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"The bottom line on these kids," says Egli, "is that no one has really seen them into adulthood."

Health Resources

-The Center for Weight and Health at the University of California at Berkeley is a clearinghouse for research and programs. It offers packages for neighborhoods and for health professionals who want to address childhood obesity through community action. Contact (510) 642-1599 or visit www.cnr.berkeley.edu/cwh/.

-Project LEAN (Leaders Encouraging Activity and Nutrition) is a state effort to get Californians to eat healthier. Among the programs is Food on the Run, which educates high school students about healthy eating and helps them push for healthy food and more physical activity at school. Visit www.californiaprojectlean.org/.

-The California Adolescent Nutrition and Fitness state-run program focuses on Latinos, African American, Asian/Pacific Islander and American Indian children and features a weight-loss and health program for black youth called Promoting Physical Activities Together, or PHAT. The first PHAT hip-hop event is June 1 in Oakland. Call (510) 644-1533 or visit www.canfit.org.


-The U.S. Surgeon General has declared obesity a national epidemic. For research and information about childhood obesity, visit www.surgeongeneral.gov/topics/obesity/.

Complications from Childhood Obesity

-Emotional problems

Teens with weight problems tend to have much lower self-esteem and be less popular with their peers. Depression, anxiety and obsessive-compulsive disorder can also occur.

-Breathing problems

Can aggravate asthma and cause sleeping problems, like sleep apnea. Overweight children have had their tonsils and adenoids removed to help them breathe.
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- Adult-onset diabetes

The body becomes resistant to the action of insulin, which means the body can’t process sugar. Sugar build-up in the body can damage blood vessels. That’s why places with small blood vessels, like the eyes, and blood vessels at a distance from the heart, like in the feet, can stop working. Kidney function can stop. Diabetes can damage the heart, lead to a stroke and damage the nervous system.

-Acanthosis

The neck, elbows and joints might develop thick, velvety skin folds that become dark with pigment. It’s a consequence of insulin resistance associated with obesity.

-Bones and joints

Extra weight can cause bowed legs, joint problems and back pain. Bones and joints mature more quickly, which could lead to problems later in life.

-Excess fat

Can make the body produce excess estrogen, which can lead to early puberty in girls. Obese girls can also develop a condition called “polycystic ovary disease,” which means the body makes extra testosterone. Obese girls sometimes grow beards and excessive hair on other parts of their bodies. Their periods and normal sexual development stop and they can become infertile.

Fighting Obesity

Several state lawmakers are working on bills to fight childhood obesity:

-Sen. Tom Torlakson (D-Martinez) has introduced SB1868, which would force ninth-graders who flunk the state fitness test to take more than two years of high school physical education. The bill also would require that schools send home each child’s fitness score.
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-Sen. Deborah Ortiz (D-Sacramento) introduced a bill to remove soda from all schools within five years. According to SB1520, soft drinks now comprise the leading source of added sugar in a child’s diet.

-Assemblywoman Carole Migden (D-San Francisco) wants the California Department of Education to simply enforce the existing P.E. requirements. Her proposal, AB1793, would better monitor the amount of physical education students actually get and impose deadlines on schools that fail to meet the state’s minimum.
Part III

Exploring Issues and Areas
Chapter 12

Ethical and Legal Issues

In a sense, this entire book is about ethics, for it deals with being a responsible health writer. Choosing topics soundly, researching them well, evaluating information rigorously, and presenting it effectively and sensitively all are parts of being a health writer who is good not only in a technical sense but also in a moral sense. So are pursuing a worthwhile career path and keeping oneself well educated, the topics of the remaining chapters of this book.

Some of these areas, however, pose particular ethical issues, and some ethical concerns in health writing overlap or fall outside the areas discussed. Thus, the first sections of this chapter focus on ethical issues that health writers face. The chapter begins by briefly discussing approaches to such issues. Then it presents codes of ethics developed by two health writers' organizations and notes codes from other communications groups.

The chapter also addresses some major areas in which ethical issues tend to arise in health writing: choice of topics and content, choice of employers and publication sites, conflict of interest, privacy and confidentiality, use of photographs and other visuals, and use of media to garner resources. Few answers are provided, for by definition ethical dilemmas entail weighing competing values. It is hoped, however, that the chapter will raise awareness of the types of ethical issues health writers face so that such issues can be recognized more fully and dealt with more explicitly. It is also hoped that material in this chapter may serve as a model for approaching situations not discussed.

Intertwined with ethical issues are legal issues that relate to reporting and writing. As communication professionals, health writers should be aware of these legal issues. Therefore this chapter ends with a brief introduction to the following topics: copyright, contracts, freedom of information, privacy law, libel and slander, and tax considerations. This material is not meant to substitute for legal advice. Rather, it is intended to help alert health writers about when to obtain more information or seek such guidance.
Approaches to Ethical Issues in Health Writing

When ethical issues arise in health writing, for example, whether to pursue a given topic or include a given piece of information, various questions can be worth considering. What good is likely to result from the action? What harm could result? Is the action consistent with such basic values as truthfulness? Is the action fair, or does it favor some people over others? Is the action consistent with a respectful and caring approach to other people? Are there alternatives to consider?

Discussing such questions with others can be useful. Editors often can provide useful perspective; and, indeed, when some types of ethical issues arise, it is the writer’s responsibility to talk with the editor. Fellow writers also can be of help; consider consulting those with whom you work or those with similar positions to yours at other publications or institutions. If you know an ethicist who is attuned to the world of health writing, perhaps consult such a person as well.

In addition, you can draw on written resources. Articles on ethical issues in health writing continually appear; try keeping a file of readings and updating it periodically. Among possible items to include are the entry “Media and Medicine” (Elliott 1995) in the Encyclopedia of Bioethics, the health-related articles (Baggot 1992, Cohn 1992, Schwitzer 1992, Steele 1992) from a special ethics section that appeared in the journalism magazine Quill, and other articles cited in this chapter. Additional written resources include health writers’ codes of ethics, the topic of the section below.

Codes of Ethics

Both the American Medical Writers Association (AMWA) and the National Association of Medical Communicators (NAMC) have issued codes of ethics. The codes are reprinted as Figures 12-1 and 12-2. These codes differ somewhat in scope, reflecting the different compositions of the organizations. For example, the AMWA code includes material on observing statutes and regulations, as many AMWA members work for the pharmaceutical and medical-device industries and thus must comply with rules of the Food and Drug Administration. The two codes, however, have some major aspects in common. For example, both emphasize accurate, balanced, well-informed reporting. Also, both call for respecting confidentiality.
Figure 12-1: American Medical Writers Association Code of Ethics

Preamble
The American Medical Writers Association (AMWA) is an educational organization that promotes advances and challenges in biomedical communications by recommending principles of conduct for its members. These principles take into account the important role of biomedical communicators in writing, editing, and developing materials in various media and the potential of the products of their efforts to inform, educate, and influence audiences. To uphold the dignity and honor of their profession and of AMWA, biomedical communicators should accept the ethical principles and engage only in activities that bring credit to their profession, to AMWA, and to themselves.

Principle 1
Biomedical communicators should recognize and observe statutes and regulations pertaining to the materials they write, edit, or otherwise develop.

Principle 2
Biomedical communicators should apply objectivity, scientific accuracy and rigor, and fair balance while conveying pertinent information in all media.

Principle 3
Biomedical communicators should write, edit, or participate in the development of information that meets the highest professional standards, whether or not such materials come under the purview of any regulatory agency. They should attempt to prevent the perpetuation of incorrect information.

Biomedical communicators should accept an assignment only when working in collaboration with a qualified specialist in the area, or when they are adequately prepared to undertake the assignment by training, experience, or ongoing study.

Principle 4
Biomedical communicators should work only under conditions or terms that allow proper application of their judgment and skills. They should refuse to participate in assignments that require unethical or questionable practices.

Principle 5
Biomedical communicators should expand and perfect their professional knowledge and communications skills.

Principle 6
Biomedical communicators should respect the confidential nature of materials provided to them. They should not divulge, without appropriate permission, any confidential patent, proprietary, or patient information.

Principle 7
Biomedical communicators should expect and accept fair and reasonable remuneration and acknowledgment for their services. They should honor the terms of any contract or agreements into which they enter.

Principle 8
Biomedical communicators should consider their membership in AMWA an honor and a trust. They should conduct themselves accordingly in their professional interactions.

Original: Eric W. Martin, Ph.D., 1973
First revision: June 1989
Second revision: April 1994
(Reproduced with permission)
Members of the National Association of Medical Communicators endorse a standard of professionalism exemplified by the best practices of Medicine and Journalism. As communicators, we acknowledge our responsibility in practicing our profession to its highest standards. Medical information is the foundation for public health, and through our efforts we endeavor to enhance the well-being of our audiences.

I. ACCURACY: We believe our highest responsibility is to provide clear, current, and accurate health information.
   a. We will always provide complete, truthful, and well-substantiated information.
   b. We will clearly define and communicate areas of doubt or controversy.
   c. We will fairly represent conflicting points of view.
   d. We will label editorial comments and personal opinion as such.
   e. We will disclose, where appropriate, our sources of information.

II. CONTENT: We will responsibly gather and communicate information that best serves the needs of the public.
   a. We will strive to select content based on its positive health benefit.
   b. We will endeavor to avoid content based on its sensational appeal.
   c. We will strive to include the cost and quality of care in order to ensure comprehensiveness.

III. INDEPENDENCE: In pursuit of accuracy and truth, we recognize the need to function in an independent and credible manner.
   a. We believe in freedom of the press and the public's right to know.
   b. We will avoid participating in organizations that would compromise our personal and professional integrity.
   c. We will not accept gifts or special privileges that would compromise our independence or integrity.
   d. We will disclose any and all financial arrangements that might be viewed as affecting our independence or integrity.

IV. PERSONAL RIGHTS: We support the inalienable rights of people in a free society.
   a. We acknowledge the right of each individual to privacy, dignity, and confidentiality.
   b. We acknowledge the rights of people to question and challenge actions and ideas of other individuals and organizations.
   c. We acknowledge our special responsibility to protect individuals from any behavior or practice that might be viewed as exploitative.
   d. We acknowledge the right of our audiences to have an interaction that is respectful, courteous, and consistent with the ideals of medicine and journalism.
III. Exploring Issues and Areas

choice of topics, it follows that the health writer should pursue that which will do most good.

Would that it were so easy. The impact of health writing can be difficult to predict. And further, what does it mean for health writing to do good? Does health writing do good only if it helps people improve their health or stay well? What if it contributes to bettering medical care? What if it increases people's basic medical knowledge or helps people learn to assess medical information? What about health writing that allays needless worries? Or health writing that addresses matters important to some people's quality of life? For instance, is writing about cosmetic surgery a valid use of a health writer's skill? What about writing that helps the community understand and accept people with disabilities or diseases? What about writing that engenders support for medical research? Or writing that helps a medical institution or organization thrive and thus allows it to contribute more to health? And given that the intellectual and the aesthetic and the entertaining can be considered goods in themselves, what about health writing that mainly enlightens or appeals or delights?

Different health writers have different answers to such questions. And different health writers, having different values, rank goals of health writing differently. No one set of right answers exists. Indeed, the same health writer may answer such questions differently at different times. However, reflecting on such questions can help you pursue work that is most consistent with your values.

Once you are pursuing a project, issues beyond the technical can arise in choice of content to include. Some of these issues regard matters such as privacy and taste. Another regards not unduly raising or dashing hopes, given that readers with health conditions are often vulnerable. And another regards engendering due concern about public health problems while avoiding scaremongering. Thoughtfully approaching issues such as these can aid in obtaining suitable balance.

Choice of Employers and Publication Sites

Health writing for the public contains many niches. Your answers to questions about which health writing does good, or does the most good, can help you identify the niches that are most consistent with your values. Given your values and your mix of skills, could you contribute more by writing for the media or by working in public information or public rela-
12. Ethical and Legal Issues

ations? In the media, would it, for example, be better to do television reporting that reaches a broad audience but rarely permits coverage in depth or to write for a newspaper or magazine that allows more thorough coverage but reaches a narrower segment? In the latter case, which segments of the public do you consider most important to reach? And if you favor public information work, which institutions, and which activities thereof, are most in keeping with your priorities? Would you accomplish most by providing information to the media, preparing materials for the public yourself, or a doing a combination of both? Although, of course, the job market can limit a health writer’s options, considering such questions can aid in deciding which opportunities to pursue.

If you do freelance work, similar questions can arise. For example, for which publications or institutions would it be most worthwhile to write? Are there any you should avoid? For instance, should you refuse to write for magazines that publish cigarette advertising? Or could the good done by the writing outweigh contributing to a publication supported in part by promoting a habit that endangers health?

Health writers sometimes face the issue of ghostwriting, that is, writing a piece that appears under someone else’s byline. Views vary on this issue. Some health writers say that whatever they write must bear their own byline, if it bears a byline at all. Others are comfortable serving as others’ voice; they note longstanding traditions in this regard and contend that, for example, the byline of the head of an institution represents the institution rather than the individual. And some take intermediate views, for example, agreeing to provide the words if the named author contributes substantially to content and if acknowledgment of the writer’s help accompanies the piece. Beginning health writers may find it useful to realize that some jobs and projects include ghostwriting and to consider whether, or under what conditions, they may wish to accept such jobs or projects.

Of course, while considering which niches to pursue health writers may need to be realistic about constraints. Opportunities are sometimes limited, yet bills must still be paid. Sometimes taking work that one values less highly can allow survival as a health writer and continued professional development until better options arise. And income from assignments of lower personal priority can provide financial freedom to write for causes one especially favors. The answers may not be perfect, but raising and considering the questions can aid in choosing the best options.
III. Exploring Issues and Areas

Conflict of Interest

That health writers should avoid conflicts of interest may seem almost too obvious to state. Clearly, health writers for the media should not accept payment or gifts from parties seeking coverage. Writers employed by publications or public information offices should not freelance for competing entities. And when journals contain findings on medical products, health writers should not take advantage of their early copies in buying or selling stocks.

Sometimes, however, possible conflicts of interest are more subtle and less readily avoidable. If you do a student internship in an institution’s public relations office, how objectively can you later cover that institution as a health reporter? Or, if you do an internship at a media site, will you later favor that site if you work in public information? If you attend a science writers’ seminar, will you tend to give the sponsoring association extra coverage? What if you do a mid-career fellowship at a university? Might that bias your coverage in favor of the fellowship site? And what if
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sources you interview become your friends, as can readily occur over the years as one covers a field such as health?

If you are a health professional as well as a health writer, additional potential can exist for conflict of interest. Can you write objectively about the health professions, or are there topics you should avoid? Might writing for the media give you or your institution unwarranted economic advantage? Where does journalism end and public relations begin? Is there potential to exploit your patients as sources or to neglect them because of your writing? On the other hand, might being a health writer spur you to keep up with the literature more fully and thus help you serve patients better? Likewise, as suggested by physician author Perri Klass (1992), might trying to understand patients’ experiences in order to write about them make you a more sensitive clinician?

Finally, health can be a highly personal and emotional topic, and health writers can hardly avoid bringing biases from their own backgrounds. For example, diseases that they themselves have experienced, or that have affected those around them, can loom disproportionately large. And many writers have topics in health that they would rather not confront.

In short, any health writer who is a human being probably cannot totally avoid conflicts of interest. However, awareness of possible sources of bias can aid in doing fair and balanced and intellectually honest work. When such awareness may not suffice, one option is to have another writer take on the project in question. Another possibility is simply, in keeping with the principle of truthfulness, to be candid with your audience about possible limitations to your objectivity.

Privacy and Confidentiality

For health writers, issues of privacy and confidentiality can arise in at least two contexts. One is writing about the health of public figures such as government officials, athletes, and entertainers. Another is writing about people who themselves may not be of public interest but who have health conditions that are.

On choosing to become a public figure one relinquishes some privacy. It can well be argued, for example, that the public has a right to know about the president’s health. And though doing so should be a matter of choice, public figures can sometimes contribute to public health by disclosing their illnesses, thus engendering publicity that leads to prevention, diagnosis, and treatment in others.
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Legal Considerations

From time to time in a health writer’s work, legal issues can arise. Most commonly, these issues regard copyright, contracts, freedom of information, privacy law, libel or slander, or taxes. Introductions to these realms appear below. Sources of further information are noted.

This section is meant to raise awareness of legal considerations, not to provide legal advice. Further information appears in the publications noted and can be obtained from many other publications and Web sites. If legal issues arise in your work, of course consult appropriate experts, such as editors you report to, lawyers at your media outlet or institution, other lawyers, or accountants.

Copyright

“Probably the most significant area of law affecting writers is copyright,” note two lawyer-writers (Randolph and Perrin 2003). They define copyright simply as “the exclusive right of the copyright holder to reproduce a work.”

As a health writer, you may deal with copyright in at least two contexts. One regards the copyright of items you write. The other regards permission to use items to which others hold copyright.

If you do freelance work, you may face the issue of whether to transfer copyright to the media outlet or whether to sell only limited rights, for example, the right to publish an article first (after which you can republish the article elsewhere). In recent years, authors of printed works also have faced the issue of whether to sell electronic rights, such as permission to post an article on the World Wide Web, either indefinitely or for a limited time. Publishers typically have policies on what rights they seek, but room can exist for negotiation. Rundowns on rights and their transfer appear in the chapters “Know Your Rights” in You Can Write for Magazines (Daugherty 1999) and “Contracts: Protecting Writers’ Rights” (Marini 2003) in The ASJA Guide to Freelance Writing.

Sometimes health writers seek to reproduce items to which others hold copyright or to reproduce more of such an item than constitutes “fair use.” For example, a writer may wish to accompany an article with a diagram from a brochure or to include as a sidebar an excerpt from a book. Unless such an item is in the public domain (for example, because it appeared in a government document), the writer must obtain written permission from the copyright holder, who can require payment of a fee. Your editor may be
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able to advise you on whether permission is needed to reprint a given item and, if so, how to seek it; some publishers have standard permission forms that authors can complete and ask copyright holders to sign.

Traditionally, permission to reproduce copyrighted material has been sought by submitting a letter to the copyright holder. Today, however, many publishers and other copyright holders provide online forms for this purpose. Also, permissions for items from many publishers are obtainable centrally through the Copyright Clearance Center (www.copyright.com). To find out how best to seek permission from a publisher or other copyright holder, look on its Web site or contact its office.

If you obtain permission to use copyrighted material, the copyright holder may specify the credit line to accompany it. (For examples of credit lines, see copyrighted materials reproduced in this book.) Even if an item is in the public domain, ethics demands that the source be stated.

Of course, writers must take care to avoid inadvertent use of others’ words without due credit. Such inadvertent plagiarism can occur when writers download online material, or otherwise copy material into their notes, and then use it verbatim. To avoid this problem, clearly designate in your notes, for example by using quotation marks, anything taken verbatim from elsewhere. Of course, your notes should indicate the sources of all items, and your writing should include ample attribution, even when not legally required. To distinguish your own ideas from other materials in your notes, consider prefacing them with your initials.

Sources of information on copyright include The United States Copyright Office Web site (www.copyright.gov), which contains basic information on copyright, instructions on registering for copyright (which is not required for copyright protection but can be helpful), information on copyright law, and more. A brief rundown from the standpoint of the writer producing copyrighted material appears in the chapter “Writers and the Law” (Randolph and Perrin 2003) in The ASJA Guide to Freelance Writing, and one from the standpoint of the writer using copyrighted material appears in the Associated Press Stylebook and Briefing on Media Law (Goldstein 2003). Books providing detailed information include The Copyright Book: A Practical Guide (Strong 1999).

Contracts

For some freelance writing, especially that entailing little time and paying little money, a brief e-mail message from an editor may suffice to specify
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what is expected from the author and what the author will get in return. For extensive projects such as major magazine articles, however, contracts or detailed assignment letters are common. And contracts are the norm for books.

As implied in the section above on copyright, rights are among items specified in a contract or the equivalent. Other items addressed include length, deadline, and payment (which for a book typically takes the form of royalties rather than a flat fee). Some contracts also deal with legal concerns such as warranties and indemnifications and with ownership of materials such as notes. A contract or assignment letter for an article should state whether the author will be paid on acceptance or on publication; clearly, the former is preferable for the author. Some article assignment letters or contracts also specify a kill fee, that is, a payment the writer receives if the article is completed but the publisher decides not to use it. For a book, a contract may say how large an advance, if any, the author receives.

Contracts and assignment letters often are acceptable as is, but writers should know that room for negotiation commonly exists. If in doubt whether provisions seem reasonable, consider showing the contract letter to someone well acquainted with the relevant norms. A briefing on protecting one’s rights when negotiating contracts appears in The ASJA Guide to Freelance Writing (Marini 2003).

Freedom of Information

As noted in the Associated Press Stylebook and Briefing on Media Law (Goldstein 2003), “The federal Freedom of Information Act [FOIA], originally passed by Congress in 1966 and amended periodically since, allows any citizen or any foreign national resident in the United States to request any records from the executive branch of the federal government.” States also have freedom of information laws, which apply to state and local government agencies. Journalists and others wishing to obtain documents under FOIA should submit written requests.

Investigative stories on health issues and related subjects often can benefit from information obtained through FOIA requests. For health writers filing such requests, a number of sources of guidance are readily available.

- The Associated Press Stylebook and Briefing on Media Law (Goldstein 2003) includes a brief but meaty section on FOIA. Included are pointers for pursuing FOIA requests.
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cable outlet that describes itself as the “C-SPAN of scientific and medical research” (Research Channel 2004).

Medical topics on the show included the first live birth on television, and in 1953, a female breast self-exam. The *Johns Hopkins Science Review* won The Peabody Award twice, in 1950 and 1952, for its educational science programs.

For many other American baby boomers, their first glimpse of science on television came from Donald Herbert, the creator and host of *Watch Mr. Wizard*. A former general science and English major, Herbert first appeared on WNBQ (now WMAQ), the NBC affiliate in Chicago, in March 1951 (Sternberg, www.museum.tv/archives/etv/W/htmlW/watchmrwiz/watchmrwiz.htm). *Watch Mr. Wizard* initially was targeted at pre-teenagers. Joel Sternberg writes that by 1954 *Watch Mr. Wizard* was airing live on 14 stations and via kinescope on 77 more. In 1955 Herbert moved the show to New York. Despite winning several broadcasting awards and becoming a fixture on television, *Watch Mr. Wizard* was cancelled in 1965. In 1971 NBC tried to revive the series, but the show went off the air again the following year. Herbert and his wife, Norma, continued to produce a number of programs for network and cable distribution throughout the 1970s, 1980s and 1990s. Some of his early shows are now available on DVD.

In 1974 WGBH in Boston produced the first *Nova* episode (WGBH 2004). The Public Broadcasting Service (PBS) series used documentary storytelling to explore science and medical topics. In 2004 the producers of *Nova* claimed that the program was broadcast in more than 100 countries and was “the most watched science television series in the world.” (PBS 2004)

While educational science and medical programs introduced American viewers to the wonders of the laboratory, CBS News tackled the social issues that underlay many of America’s health problems. CBS Reports’ *Harvest of Shame*, broadcast in 1960 on the day after Thanksgiving, documented the abysmal working and sanitary conditions of the country’s migrant farm laborers (Friendly 1960). The program’s host and narrator, Edward R. Murrow, made an impassioned plea for the government and public to attend to the workers’ plight. Many believe that this program provided a major impetus for migrant farm worker reform in the 1960s and 1970s. The documentary’s producer was David Lowe. Executive producer was Fred. W. Friendly, who later became president of CBS News. Murrow and Friendly together created the first American television documentary series, *See It Now*, in 1951, which itself was a television adaptation of a
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record album series called *I Can Hear It Now*, which the duo developed in the late 1940s (Simon 1997).

The CBS Reports' tradition of socially relevant journalism continued in 1968 with *Hunger in America*, which documented the shortcomings of government food programs. Executive producer was Don Hewitt, creator of CBS' newsmagazine *60 Minutes*, which premiered later that year.

Also in the early 1960s in the wake of the 1957 Soviet *Sputnik*, America's television networks covered the American space program and the race to the moon. Jules Bergman became the first network news science editor in 1961, a position he held until his death in 1987. Besides space stories, Bergman covered science and medicine. In many ways he pioneered later network medical news coverage.

The first physician journalist to become a network medical news editor also got his television start in the 1960s. Dr. Timothy Johnson, ABC News Medical Editor, graduated from Albany (New York) Medical College in 1969, did a one-year rotating internship at Albany Medical Center, and was working in an emergency room in the area when he began making live question-and-answer appearances on WRGB from 1969 to 1970 (Johnson 2004a). At that time WRGB was an NBC affiliate owned by General Electric. The station was notable for having telecast in 1961 an hour-long documentary about a 7-year-old girl's open heart surgery at Albany Medical Center (WRGB 2004).

Johnson writes that he "enjoyed the ER work so much I decided to stay with it." In 1971 he responded to an advertisement in the *New England Journal of Medicine* and became director of emergency services at Union Hospital in Lynn, Massachusetts. (Johnson 2004b) He also became a fellow in continuing education at the Massachusetts General Hospital and Harvard Medical School. There he made contacts which led him to WCVB-TV.

I accidentally hooked up with the local ABC station (WCVB), hosting a half-hour call in program on various medical topics in the early morning and then going off to my hospital job (ER) for the rest of the day. When *Good Morning America* started in 1975, I was asked by ABC to join the program . . . and I have been with them ever since. (Johnson 2004a)

The news event that Johnson most remembers was his first appearance on *World News Tonight* with Peter Jennings in the fall of 1984.

I was in New York during my first week full time when President Reagan and Walter Mondale engaged in the first of the presidential debates of that fall cam-
postage and shipping, telephone calls, transportation to and from inter-
views, publications used in your work, and membership in writers’ asso-
ciations. You are not required to take the deductions for which you qual-
ify, but doing so can clearly be to your financial benefit. To be sure you 
take the allowed deductions (and to be sure you report all income, as 
required), keep careful records throughout the year, and remember to 
retain receipts. For ease in tracking freelance expenses, consider obtaining 
a checking account and credit card separate from those you use for 
other purposes.

The chapter “Taxes and Deductions” (Block 2003) in The ASJA Guide to 
Freelance Writing provides a rundown on tax considerations. Sources of 
Further information include the U.S. Internal Revenue Service Web site 
(www.irs.gov). Resources available at this site include the IRS Tax Guide for 
Small Business, readily retrievable as Publication 334.

Health writers can face a variety of ethical issues. They also can face 
legal issues. This chapter has introduced major sets of issues in both groups 
and noted sources of further guidance. May this material help health writ-
ters recognize such issues when they arise and proceed appropriately, thus 
promoting the good of all concerned.

Exercises

1. Read or review the AMWA and NAMC codes of ethics (Figures 12-1 and 
   12-2). Identify the points that seem to apply most to the type of work 
you are doing or hope to do. Consider why you agree or disagree with 
these points.

2. Consider the following scenario:

   You are a health writer who does some freelance writing. A friend of 
your family says he knows a doctor who could be the subject of an inter-
esting and saleable profile, and he arranges for you to meet her. The day 
before the appointment is to occur, you open your mail and find a check 
for $100 from the doctor.

   What do you do? Why?

3. Look at three or more of the following:
   (a) United States Copyright Office Web site: www.copyright.gov
   (b) “How to Use the Federal FOI Act”: www.rcfp.org/foiact/index.html
      org/foi/hipaafaq.html
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(d) the sections on libel in the Associated Press Stylebook and Briefing on Media Law (Goldstein 2003)

(e) the US Internal Revenue Service Tax Guide for Small Business (retrievable as Publication 334 at www.irs.gov)

For each of the three or more items you looked at, note at least three things you learned. If possible, say how these things would or could relate to your work.
Chapter 13

Covering Key Realms

Heart disease, cancer, stroke. Infectious disease, mental illness, arthritis. Drugs, medical devices, surgical procedures. Health policy, the health-care system, and more. Such is the stuff of health writing.

The current chapter provides some footholds for such key realms. It identifies institutional and other resources that can serve as starting points for gathering information. In some cases, it also provides guidance in presenting material obtained.

Information in this chapter complements that in earlier chapters that deal with techniques for gathering and presenting information. After gaining footholds from this chapter, consider returning to those sections for strategies that can aid you as you continue.

Diseases

A few diseases—or, more precisely, a few disease groups—account for most of the deaths in this country and for much of the illness. These diseases, their treatment, and their prevention can rightly receive considerable coverage. Here are some starting points for covering several such disease groups: heart disease, lung disease, cancer, infectious disease, neurologic disorders, mental illness, and arthritis. The material also can serve as a model for writing about diseases outside these groups.

Heart Disease

Diseases of the heart are the leading cause of death in the United States (National Center for Health Statistics 2004). They are, therefore, the subject of much research. Efforts to prevent, diagnose, and treat them constitute a sizeable endeavor.

Here are some good starting points for information gathering on heart disease:
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National Heart, Lung, and Blood Institute (NHLBI)
www.nhlbi.nih.gov
Phone: (301) 496-4236 for media inquiries; (301) 592-8573 for information center
Comments: NHLBI is part of NIH.

American Heart Association (AHA)
www.americanheart.org
Phone: (214) 706-1173 for media inquiries; (800) 242-8721 toll-free for information
Comments: See local phone directories for phone numbers of local AHA chapters.

Lung Disease

As its name indicates, the NHLBI also deals with lung disease, the fourth-leading cause of death. Another information source is the American Lung Association. Information from these institutions can be obtained as follows:

National Heart, Lung, and Blood Institute (NHLBI)
Comments: See listing above.

American Lung Association (ALA)
www.lungusa.org
Phone: (800) LUNG-USA toll-free
Fax: (212) 315-8872

Cancer

Good starting points for reporting on cancer, the second most common cause of death in the United States, include the following:

National Cancer Institute (NCI)
www.nci.nih.gov
Phone: (301) 496-6641 for media inquiries; (800) 4-CANCER toll-free for cancer information service
Comments: NCI is part of NIH.
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American Cancer Society (ACS)
www.cancer.org

Phone: media contacts—(212) 237-3884 (New York), (404) 417-5839
(Atlanta), (213) 368-8523 (Los Angeles); toll-free information
(800) 227-2345; also see local phone directory

The Cancer Handbook

Comments: This two-volume work includes sections on the mole-
cular basis of cancer, cancer causation and prevention, cancers of
various organs and systems, models of cancer, cancer imaging, and
cancer treatment. Health writers with limited science background
may wish to begin with less technical sources.

Journal of the National Cancer Institute
jncicancerspectrum.oupjournals.org

Comments: The news sections of this journal and of the correspond-
ing Web site can be a good source of story ideas.

One thing to remember when writing about cancer is that it is a group
of diseases. Prognosis varies considerably among types of cancer; it also
can differ widely within a given type, depending in part on how early the
disease was diagnosed and treated. Avoid the error of portraying cancer as
a single disease for which the outlook is uniformly grim.

Infectious Disease

Once thought by some to be disappearing, infectious disease has again
become an important problem for our society—and a major topic for
health writers. Resources that can be good starting points are:

National Institute of Allergy and Infectious Diseases (NIAID)
www.niaid.nih.gov

Phone: (301) 402-1663 for media inquiries
Comments: NIAID is part of NIH.

Centers for Disease Control and Prevention (CDC)
www.cdc.gov

Phone: (404) 639-3286 for media inquiries
Neurologic Disorders

Disorders of the nervous system cause much disability and many deaths. Indeed, stroke is the third most common cause of death in the United States. Also, neuroscience is a highly active field of research. Both factors make neurology and neuroscience a major area for health writing. Resources that can be useful starting points include:

National Institute of Neurological Disorders and Stroke (NINDS)
www.ninds.nih.gov
Phone: (301) 496-5751 for media inquiries
Comments: NINDS is part of NIH. Its Web site includes the guide Patient Resources, Foundations, and Support Organizations, which can be helpful to health writers.
Stories on mental illnesses, like those on other conditions, often benefit from human interest. However, special issues can arise in interviewing and writing about the people affected. For example, some people with mental illnesses can have particular difficulty grasping the implications of being interviewed; thus, they can be vulnerable to exploitation. Given certain social attitudes, publishing some types of information can be hurtful to the people portrayed or those around them. Awareness of such issues can aid in approaching this area sensitively, as can consultation of institutional sources such as those noted above. For a case study and some guidelines, see the article “Sarah’s Story” by journalist Cathryn Creno (1992).

Arthritis

An estimated 40 million Americans of all ages have some type of arthritis or related condition, and the number is expected to increase markedly as the population ages (National Institute of Arthritis and Musculoskeletal and Skin Diseases 1998). Basic resources regarding arthritis include:

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
www.niams.nih.gov
Phone: (301) 496-8190 for media inquiries; (877) 226-4267 toll-free for clearinghouse
Comments: NIAMS is part of NIH.

Organizations focusing on arthritis and types thereof also exist. They can be identified through resources such as those listed in Chapter 3.

Health writers should keep in mind that arthritis is not a single disease. Rather, the term refers to more than 100 conditions affecting the joints. Care should be taken to avoid the easy trap of confusing one type of arthritis with another, such as rheumatoid arthritis with osteoarthritis.

Health-Care Technologies

Much health writing deals with health-care technologies: the means of preventing, diagnosing, and treating disease. Such technologies include, but are not limited to, drugs, medical devices, and surgical operations. They encompass approaches in both mainstream and alternative medicine. Sources of good basic advice on covering medical technologies
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Phone: (301) 496-7790 for media inquiries; (888) 644-6226 toll-free for NCCAM Clearinghouse
Comments: NCCAM is part of NIH.

Fundamentals of Complementary and Alternative Medicine, 2d ed.
edited by Marc S. Micozzi (New York: Churchill Livingstone, 2001)
Comments: Provides general background on complementary and alternative medicine as well as discussing various systems and approaches. Contains many references.

In writing about alternative medicine, as in other health writing, balance seems to be the key. Approach your task with an open mind, but critically evaluate what you learn. Say what is known and what isn’t, and differentiate evidence from opinion. Present your material with sensitivity and respect but also with professional impartiality. Then your writing about alternative medicine can truly complement that about more conventional medical technologies.

Health Policy, Health Care, and Related Areas

Contexts for considering health-care technologies often include health policy and the health-care system. These areas are in themselves major areas for health writing.

Abigail Trafford, of the Washington Post, has written a helpful chapter titled “Critical Coverage of Public Health and Government” (Trafford 1997). Trafford emphasizes the importance of consulting a variety of sources when covering government health policies and programs. In addition to government officials, she states, these sources should include experts at major institutions (schools of public health, hospital systems, and policy centers, for example), representatives of advocacy and lobby groups (such as disease organizations and health-related trade associations), people directly affected by the health problem, and the general public. Trafford also notes the need to be aware of political spin and the importance of considering who stands to gain or lose financially from given policies or programs.

Guidance in covering the health-care system is available in “Focus on Healthcare: A Handbook for Journalists” (Lieberman 1993), published as a special section of the Columbia Journalism Review. This journalists’ handbook on health care contains a substantial glossary of terms regarding the
health-care system. It also lists many organizations of various types that can serve as sources. Although this handbook is somewhat dated, it can be a good starting point. Somewhat more recently, the Columbia Journalism Review published a brief but substantive list of resources, “The Next Round of Health Care Hotspots” (Gentry 1995), for reporting on health maintenance organizations (HMOs).

The Association of Health Care Journalists (www.ahcj.umn.edu), established in 1997, has become a major source of guidance in covering health care. Its Web site and national conferences provide considerable help in this regard. Also, its e-mail discussion list, which tends to be quite active, can aid in at least two ways. First, through this e-mail list, health writers often can obtain answers to specific questions, such as how to seek a type of information. Second, by monitoring the discussion list, health writers can learn much about what there is to cover regarding health care and how to cover it. The association produces guides, such as the extensive Covering the Quality of Health Care: A Resource Guide for Journalists (Stark et al. 2002), available in print and at the AH CJ Web site. It also distributes to its members guides produced by others, such as Covering Health Issues: A Sourcebook for Journalists (Alliance for Health Reform, 2003), also posted www.allhealth.org.

Sources of guidance specifically for investigative reporting on health care include the organization Investigative Reporters and Editors (IRE). For information on IRE and resources available from it, see Chapter 8.

**Other Realms**

Four other major areas for health writing are aging, children’s health, injury prevention, and veterinary medicine.

**Aging**

As older people constitute more and more of the population, aging is becoming an increasingly important topic for health writers. Basic resources in this realm include:

- **National Institute on Aging (NIA)**
  www.nih.gov/nia
  *Phone:* (301) 496-1752 for media inquiries; (800) 222-2225 toll-free for NIA information center
  *Comments:* NIA is part of NIH.
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American Geriatrics Society
www.americangeriatrics.org
Phone: (212) 308-1414
Comments: The American Geriatrics Society has produced a popularly oriented book on aging and health, *The American Geriatrics Society's Complete Guide to Aging and Health* (Williams 1995), that can be a good source of background.

Gerontological Society of America
www.geron.org
Phone: (202) 842-1275

Child and Adolescent Health

Although the population is aging, the health of children and adolescents remains an important area of coverage. Some resources in this regard are the following:

National Institute of Child Health and Human Development (NICHD)
www.nichd.nih.gov
Phone: (301) 496-5133 for media inquiries
Comments: NICHD is part of NIH.
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American Academy of Pediatrics (AAP)
www.aap.org
Phone: (847) 434-7877 for media inquiries
Comments: The AAP is a national association of pediatricians.

Casey Journalism Center on Children and Families
casey.umd.edu/home.nsf
Phone: (301) 699-5133
Comments: Interests of this center include child and adolescent health. Articles on coverage of this topic appear from time to time in the center’s magazine, *The Children’s Beat*. The center also has held conferences on such coverage.

Injury Prevention

Unintentional injuries are the fifth-leading cause of death in the United States. Often affecting the young or middle-aged, they are the leading cause of years of potential life lost before age 65 (Centers for Disease Control and Prevention 2002). Some basic resources on this subject are:

National Safety Council
www.nsc.org
Phone: (630) 285-1121, (800) 621-7619 (toll-free)

National Center for Injury Prevention and Control (NCIPC)
www.cdc.gov/ncipc/ncipchm.htm
Phone: (770) 488-1506
Comments: NCIPC is part of CDC.

As you may notice as you gather information, the public health community generally prefers to speak of “unintentional injuries” rather than “accidents.” The rationale is as follows: Whereas “accident” implies an uncontrollable act of fate, “injury” does not and thus is more compatible with promoting prevention. In writing for the public, the term “accident” may sometimes be clearer and more efficient. But whatever wording is chosen, prevention should be emphasized.
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Veterinary Medicine

Veterinary medicine is an important area of coverage, both in itself and because human health and animal health are often closely related. For reporting on veterinary medicine, the following can be good starting points:

American Veterinary Medical Association (AVMA)
www.avma.org
Phone: (847) 285-6619
Comments: The “press room” section of the AVMA Web site includes information on a variety of topics, lists of schools and colleges of veterinary medicine, and links to state veterinary medical associations’ Web sites.

The Merck Veterinary Manual, 8th ed.
edited by Susan Aiello (Whitehouse Station, NJ: Merck & Co., 1998)
www.merckvetmanual.com/mvm/index.jsp
Comments: This standard reference work, available both in print and online, provides an extensive overview of veterinary medicine.

This chapter has touched on some of the key realms that health writers cover. May the content help you gain footholds when you approach topics in these realms. And may it serve as a model for approaching topics in other realms as well.

Exercises

1. Look at resources listed for a key realm that this chapter addresses. In doing so, come up with three story ideas relating to that realm. For each story idea, identify a potentially suitable publication or other media outlet.

2. Identify a key realm not addressed in this chapter. (One good way to start: by looking at the list of NIH institutes, centers, and offices posted at www.nih.gov/ncid.) Come up with a list of at least three resources useful in covering the realm.

3. Imagine that you are to bookmark in your computer the 10 Web sites you expect to be most useful in covering key realms. Say which 10 Web sites you would bookmark; for each give both the title of the Web site and the URL. The Web sites chosen need not all come from this chapter.
Presenting Risk

Risks posed by environmental hazards. Risks associated with behaviors or lack thereof. Risks stemming from genetic factors. Risks presented by medical treatments. Whether working for the media or in institutional settings, health writers often communicate about known or postulated risks.

Though risk is a short and simple and common word, it can be a tricky concept to communicate. Fortunately, researchers have been exploring how people tend to perceive risk and accordingly how to present it. Although much of this work comes from the field of environmental communication, many of the findings and recommendations also seem applicable to communicating about health risks other than those posed by environmental factors.

Drawing on overviews of this work (Castelli 1990; Kamrin, Katz, and Walter 1995; Oleckno 1995; West et al. 2003), this chapter begins by discussing how members of the public tend to perceive risk. It then offers pointers on risk presentation. Finally, it identifies some resources to use in writing about environmental risks.

Understanding Risk Perception

To the scientific community, risk is mainly a statistical concept: the likelihood that in given circumstances a given unfavorable event will occur. However, the public’s view of a risk entails more than numbers.

People typically view the natural as safer and more acceptable than the artificial. For example, foods tend to be seen as safe, but food additives as dangerous, even when evidence exists to the contrary; likewise, the risks of contraception evoke more concern than the greater risks of pregnancy. The familiar usually is seen as safer than the unfamiliar; a home tends to seem less dangerous than a factory, even when it is not. And risks posed by chronic factors, such as lifestyle, tend to be underestimated relative to those of sudden, catastrophic events.

The nature of the outcome also influences risk perception. Items caus
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Dread diseases evoke more concern than those producing diseases that are equally serious but less feared. For instance, an agent causing deaths from cancer tends to seem more risky than one causing as many deaths from heart disease, asthma, or diabetes. Furthermore, the risk of items that cause catastrophic or memorable outcomes tends to be magnified in people’s minds. Because plane crashes kill many people at once and receive much media attention, plane travel tends to seem more dangerous than it is.

Context likewise affects views of risk. Risks from voluntary behaviors, such as tobacco or alcohol use, or dangerous sports, seem less weighty than risks that are involuntary, such as those from a nearby factory’s wastes. Similarly, risks subject to one’s own control loom smaller than those over which one has little or no control. And risks that are unfair, with benefits and risks accruing to different people, tend to be perceived as particularly serious. Thus, treatments posing high risks may be acceptable to patients with otherwise fatal diseases, but even a low risk from industrial pollution may be alarming to a community that feels it gains little from the industry. In keeping with the example of the treatment, risks tend to be seen as more acceptable if no reasonable alternative exists.

Risks tend to be more frightening, and thus viewed as more grave, if uncertainty about their magnitude exists or if the agent of risk is not readily detectable. In addition, the seriousness assigned to a risk depends in part on the credibility of the person or group presenting the information. For example, risk information from a trusted physician may be interpreted differently from that given by a representative of a drug company or factory.

One way that some environmental-communication experts distinguish the narrow statistical sense of risk from its broader, more complex perception is to invoke the concept of outrage. Hazards that engender outrage—because they are unfair or otherwise repugnant—are perceived as greater, or more worthy of concern, than those hazards that are somehow accepted as parts of normal life. By keeping in mind this emotional aspect of risk perception, health writers can more effectively present information and guidance regarding risks.

Presenting Risk

So, how to go about presenting risk? Here are 10 suggestions that draw both on observations above and on material in earlier chapters.
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(1) Consider carefully which risks to write about: Often the hazards that at first seem most newsworthy, those associated with disasters or caused by environmental disruption rather than lifestyle factors, are not those with greatest impact on health. When evaluating story ideas relating to risk, consider such aspects as the size of the risk and the amenability of the risk factor to control. Think accordingly how much of a story, if any, the subject merits. Because attention in the media can help brand a risk as important, being a responsible health writer requires such a thoughtful approach.

(2) Indicate the nature, source, and consistency of the evidence: Does evidence of risk come from animal studies? epidemiologic research? other investigation? Were the findings presented in a peer-reviewed journal? at a conference? elsewhere? Was the work funded by government? Industry? another source? Has more than one study been done? If so, how consistent are the findings, and
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what range of estimates has emerged? What are the limitations of the research thus far? What remains unknown? Seek answers to such questions and present the answers when you write about risk.

(3) Distinguish facts from opinions: Given the uncertainty that commonly exists, statements about risk often reflect expert (or not-so-expert) opinion rather than evidence. Find out which statements are supported by findings and which ones venture beyond them. Clearly distinguish the two in your writing.

(4) Present absolute as well as relative risks: Saying merely that a given exposure doubles the likelihood of developing a given condition does not convey much useful information. As illustrated in Chapter 6, depending on whether the condition is rare or common, the impact could vary widely. Thus, in addition to stating relative risks, be sure to provide information on the absolute magnitude of the effect, for example, the number of people affected.

(5) Consider framing risks in more than one way (Castelli 1990): To communicate most fully, consider presenting statistics on risk from more than one standpoint. Saying that 1 person in 100 experiences a given effect may convey one impression; saying that 99 people in 100 do not may convey another. Presenting the information both ways may allow the audience to grasp the situation better.

(6) Consider comparing one risk with others: Providing comparisons can help the audience put a risk in perspective. Take care, however, only to make comparisons that are valid. Beware of comparing the risk posed by an involuntary exposure, such as that to a pollutant, with that presented by a voluntary action. In comparing risks, it sometimes is helpful to show a range, for example, to present the likelihood of injury from a given item on a spectrum including both safer and more hazardous items.

(7) Put risks in the context of benefits: Making decisions about health often entails weighing risks against benefits. Remember to present information on both. For instance, when reporting on dangers of a medical intervention, also identify the nature and likelihood of benefits. If relevant, present risks and benefits in the context of monetary and other costs.

(8) Discuss alternatives: Many conditions in medicine can be prevented, diagnosed, or treated in more than one way. Likewise, different
public-health actions can achieve similar effects. And industry can sometimes accomplish a goal through various means. Thus, rather than considering the risks of a given technology or policy or process in isolation, compare them with those of alternative approaches.

(9) Discuss measures for controlling risk: If risks are ones that institutions such as industry or government can reduce, indicate what is—and is not—being done. When relevant, let people know how they can spur such institutions to do more. Empower people by telling them what they can do to reduce their own risk.

(10) Consider how to counter unrealistic perceptions: As noted earlier, people’s perceptions of the seriousness of a risk sometimes are inconsistent with the size of the risk. These perceptions can make sense from a psychological standpoint, but they can lead people to ignore major risks to health while devoting great attention to those posing little danger. Therefore, these perceptions are sometimes worth countering. One approach for doing so is that proposed by Rowan (1990) for “transformative explanations.” As discussed in Chapter 7, this approach entails stating the common view and acknowledging its plausibility before showing the greater adequacy of the scientifically founded view. Understanding factors affecting risk perception can aid in noting why the common view is plausible. And the respectfulness of this approach may avoid adding to outrage and thus aid in persuasion.

Covering Environmental Risk: Some Resources

Health writers as well as environmental writers may cover environmental risks. Some basic resources for doing so are identified below.

Environmental Protection Agency (EPA)
www.epa.gov
Phone: (202) 564-4355 for media inquiries

National Institute of Environmental Health Sciences (NIEHS)
www.niehs.nih.gov
Phone: (919) 541-3345 for media inquiries
Comments: NIEHS is part of NIH.
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health writers' disease. Do the rates include all new cases of the disease, or only those for which treatment was sought from a doctor? Were rates ascertained similarly over time, or, for example, did increased coverage in the media last year lead more people to seek medical attention for their health writers' disease? Were cases of health writers' disease sometimes concealed because it is considered a shameful condition? In preparing stories that rely heavily on statistics such as incidence rates, answers to such questions can be well worth obtaining.

Incidence rates do not say what proportion of people in a population have a given condition at a given time, but prevalence rates do. If health writers' disease is a fleeting affliction, such as a cold, perhaps only 10 people in your city have the disease today; thus, the prevalence rate would be 10 per 100,000. But if health writers' disease is a chronic nonfatal condition developing in early life, the prevalence rate would much exceed the incidence rate.

Morbidity means disease. Thus, both incidence rates and prevalence rates are morbidity rates. (Sometimes, though, "morbidity rate" is used to mean "incidence rate"; if in doubt about what is meant, be sure to ask.) In contrast, mortality means death, and mortality rates are death rates. You can write about the total death rate in a population over a given period. You can also write about the death rate attributable to a given disease; for example, if 300 people died of disease X last year in your city of 100,000, the death rate from disease X last year would be 300 per 100,000 (or 3 per 1,000). You can also write about case fatality rates, that is, the proportion of cases of a given disease that result in death. If on average 8 of every 10 people with disease X die of it, the case fatality rate is 80 percent.

When comparing rates, make sure the rates used are valid for the comparison being drawn. Let's say you find the incidence of heart attacks in your city to be much lower than that in a neighboring city. Can you surmise that people in your city probably have lifestyles that help prevent heart attacks? What if your city is a university town and the other city is a retirement community? Clearly, some adjustment for age is needed, and indeed age-adjusted rates exist. When logic tells you that the rates you have are not sufficient for the comparisons you wish to make, call on an expert for help.

Response Rates

For the health writer, another important number to consider is the rate of response to surveys. If a health-related survey was sent to the people in your
by David Ropeik and George Gray
(Boston: Houghton Mifflin, 2002)
Comments: Divided into three parts—“Home, Transportation, and Work,” “The Environment,” and “Medicine”—this book consists of 48 chapters, each on a risk that has generated public concern. Examples of chapter topics that may especially interest health writers are “Accidents,” “Cellular Telephones and Driving,” “Antibiotic Resistance,” “Cancer,” “Heart Disease,” and “Medical Errors.”

Reporting on Risk: A Journalist's Handbook on Environmental Risk Assessment
Comments: Major areas addressed include basics of assessing risk, exposure, and toxicity. The book also discusses risk communication. A version revised in 2000 is posted at www.facet.org/tools/ref_tutor/risk/index.php3 under the title Reporting on Risk Assessment.

Improving Risk Communication
by the Committee on Risk Perception and Communication
Comments: This report, issued by the National Research Council, remains a useful resource.

Cancer Risk Communication: What We Know and What We Need to Learn, Journal of the National Cancer Institute Monograph Number 25 (1999)
Comments: The proceedings of a conference of the same title, this monograph includes chapters by physicians, journalists, and others.

“Toxics and Risk Reporting”
Comments: A useful brief discussion by a leading science reporter.

Even for the expert health writer, presenting risk can pose difficult challenges. However, by understanding risk perception, following basic guide-
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lines, and drawing on suitable resources, you can succeed in this important task. Given the importance of the information you may be conveying, the effort can be most worthwhile.

Exercises

1. Look at three or more of the Web sites, books, or other resources listed at the end of this chapter. For each, list several items you noticed that could aid in your work. If possible, say how you could use these items.

2. The American Heart Association notes that one in 2.5 women dies of heart disease, stroke, and other cardiovascular disease, whereas one in 30 dies of breast cancer. Yet many women appear much more concerned about breast cancer than about cardiovascular disease. Using material presented in this chapter and elsewhere in this book, prepare a paragraph or series of paragraphs intended to help give women a realistic view of these risks. In preparing the paragraph(s), feel free to draw on online and other sources. Consider what information in addition to the fact above might be useful to present.

3. Identify a medical condition for which one or more prominent risk factors exist. Some possibilities are myocardial infarction (heart attack), stroke, lung cancer, and type 2 diabetes. Drawing on guidance in this chapter and earlier in the book, prepare a fact sheet defining the condition, briefly summarizing the epidemiology of the condition (for example, its incidence or prevalence), discussing the major factor(s) predisposing people to it, and telling people how they can reduce their likelihood of developing the condition. At the end of the fact sheet, list the information sources you used.
Part IV

Pursuing a Career
**Figure 15-1: Excerpts from Some Recent Job Announcements**

**Health Reporter.** The award-winning *Quad-City Times*, covering eastern Iowa and western Illinois . . . , seeks an aggressive, enterprising reporter who will lead our health coverage. You will see your stories on [page] A1 as much as in our weekly Health section. What we want are stories that talk about how real people are dealing with issues of health, fitness and lifestyle choices. . . . (Association of Health Care Journalists E-Mail Job Alert)

**Health & Fitness Writer.** The *Daily Herald*, Arlington Heights, IL, is seeking an experienced reporter to write for its award-winning Health & Fitness section. The reporter will cover medical issues from a consumer standpoint. . . . The right person will be able to juggle many short- and long-term writing projects in a fast-paced newsroom and have proven ability to research and write feature-length stories on complex topics. . . . (Association of Health Care Journalists E-Mail Job Alert)

**Medical Writer.** The *Miami Herald* is seeking a full-time Medical Writer. The successful candidate must handle breaking news as well as develop consumer health enterprise stories for the front page and for our weekly Health section. This is a busy beat that requires someone who can navigate through a maze of medical news and pinpoint the stories that are truly significant and have relevance to our readers. . . . (American Medical Writers Association Job Market Sheet)

**Medical Writer.** The Associated Press seeks a Medical Writer. This journalist keeps AP on top of important news and trend stories relating to medical research and health-care issues through competitive spot news and enterprise stories and source development. Coverage topics include significant research breakthroughs, major trends in medicine, major medical meetings and top research in medical journals. Collaborates with and occasionally helps direct non-specialist writers covering medical or science news. Assists editors in judging newsworthiness of medical studies and related topics. . . . (National Association of Science Writers Job Bank)

**Health Care Reporter.** *Providence Business News*, Southern New England's leading business publication, seeks an experienced reporter to cover health care. The health-care industry is Rhode Island's top employer and a vital economic engine. Health-care stories frequently land on *PBN's* front page. . . . (Association of Health Care Journalists E-Mail Job Alert)

**Medical Reporter.** KJRH-2 (NBC) Tulsa. . . . Job Description: 1. Specializing in daily medical reports. Gather, write and present news reports for various newscasts. 2. Report live on location from various news events. 3. Research and develop news stories. 4. Perform other duties as needed and as directed by the News Director. (Scripps Job Opportunities)

**Health Reporter.** WUNC Radio is looking for an experienced reporter to join our growing news staff. The reporter will cover health issues and will also receive assignments on other topics as needed. . . . The top candidates for this job will have superior writing and reporting skills. . . . We will consider candidates who do not
Crack Copyeditors Only. Know the difference between a virus and a bacterium? Where that comma shouldn't go? Our dynamic consumer health website is searching for a full-time copyeditor who enjoys a fast-paced creative environment. . . . (American Medical Writers Association Job Market Sheet)

Senior [Book] Editor, American Medical Association. You will coordinate the editorial and medical review process for book titles in the consumer book and clinical book areas. You will work with the managing editor to edit and write books for consumers or physicians, obtain reviews of manuscripts and artwork from the medical editor and specialty reviewers to evaluate the quality of material, help develop artwork. . . . (American Medical Association Web site)

Science Writer. Our News and Publications Office [at the University of Texas Southwestern Medical Center] is seeking an experienced Writer who can craft clear, accurate, and interesting stories explaining research advances and medical science for the media and lay audiences. . . . A degree in journalism or science is preferred. An exceptional understanding of biomedical science and the ability to clearly communicate and successfully interact with scientists and physicians is required. . . . (Science)

Science Writer. New York University Medical Center . . . seeks a Science Writer for its Office of Communications and Public Affairs. In this role, you will primarily research, write, and edit articles for NYU Physician, the flagship magazine of NYU School of Medicine, published twice annually, and News & Views, a quarterly newsletter for the NYU Medical Center community. . . . (American Medical Writers Association Job Market Sheet)

Associate Director of Communications, Georgetown University Medical Center. The associate director is an integral member of a small communications team whose mission is to develop and implement communications strategies to promote and enhance the image of Georgetown University Medical Center. The associate director handles much of the day-to-day media relations for the Medical Center. . . . The associate director also writes and edits material for the Medical Center's bi-weekly, electronic faculty and staff magazine. . . . (American Medical Writers Association Job Market Sheet)

Manager of Publications. Whitehead Institute for Biomedical Research in Cambridge, Mass., seeks a Manager of Publications to edit and produce the Institute's publications portfolio, which includes a new . . . research magazine and a . . . magazine for alumni and friends. . . . The publications manager also is responsible for an Annual Report, fact sheets, and a variety of other print publications. . . . (National Association of Science Writers Job Bank)

Science Writer. The National Institute of General Medical Sciences (NIGMS) is recruiting a full-time science writer specializing in the biological sciences. . . . The job involves writing news and feature articles, science education material, news
releases, brochures, and other material on biomedical science topics for non-technical audiences. . . . (National Association of Science Writers Job Bank)

**AMA Washington Office Public Information Officer.** AMA [the American Medical Association], the nation’s largest physician membership organization, is offering you an exciting opportunity to serve as a liaison with the Washington-based news media. Responsibilities include writing press releases and other media correspondence; responding to media and public requests; initiating contact with the trade and national media; providing public relations counsel; and representing the DC office in all media aspects. This position is based in Washington and requires experience specifically in DC. . . . (e-mail announcement)

**Writers—Senior Writer and Science Writer.** The Children’s Hospital of Philadelphia . . . has two immediate openings for Writers: Senior Writer and Science Writer. The Senior Writer will compose pieces [of] general hospital interest while the Science Writer will focus on articles of a scientific/research nature. . . . Excellent organizational, writing, and speaking skills are essential, along with excellent overall communication skills. You must also be resilient, persuasive, diplomatic, and able to work effectively with the Hospital’s staff, parents and patients. . . . (American Medical Writers Association Job Market Sheet)

**Writer/Editor.** Looking for a lively, concise writer with solid knowledge of medicine and biology to work as a member of a high-energy publications team in the Department of Public Affairs at Memorial Sloan-Kettering Cancer Center. . . . Assignments include the annual report, newsletters, patient and professional brochures, press releases, and contributions to the web site. . . . (National Association of Science Writers Job Bank)

**Senior Healthcare Writer.** HealthAtoZ.com provides award-winning Internet and print-based healthcare information, disease management, health promotion and lifestyle modification programs to health plans, employers, hospitals, and pharmaceutical companies for general consumer end-users. . . . We’re looking for an experienced . . . Healthcare Writer with strong clinical and communication skills to write, edit and produce content for the above programs. . . . (American Medical Writers Association Job Market Sheet)

**News Writer.** Monthly [New York City]-based tabloid for urologists and nephrologists needs experienced writer to produce clinical news stories 200-600 words long. Can work in our offices or at home. You will need to interview doctors and solicit pertinent photos and illustrations. . . . (American Medical Writers Association Job Market Sheet)

**Science Writer (Full-Time or Freelance).** Science writer, excellent at summarizing and explaining advances in biomedical research for consumer and professional audiences, needed on full-time or freelance basis [for a communications company]. (continues)
Figure 15-1: (continued)

Will report on scientific and regulatory meetings as well as review scientific literature in order to write original summaries, conference reports and articles in lay language and/or for healthcare professionals. . . . (Washington Post)

Manuscript Editor, American Medical Association. You will edit scientific articles written by physicians and researchers for a specialized medical readership of clinicians and academicians. You will edit technical medical copy on an electronic publishing system for clarity, accuracy, precision, readability, technical and structural accuracy, and strict conformity to AMA style. You’ll substantively rewrite all copy as necessary, particularly for authors whose first language is not English. . . . (Council of Science Editors Job Bank)

What is it like to cover health for a newspaper? How can one best do so? Diana K. Sugg, who as a health reporter for The Baltimore Sun won the 2003 Pulitzer Prize for beat reporting, has written about covering such a beat (Sugg 2001, 2003). “You’re the journalistic equivalent of the emergency room,” she says. “You have too many stories, too little time.” She notes, however, a plus side: the chance to do many types of writing, including news stories, investigative reports, feature articles of various types, and news analyses. Her pointers include the following:

- Ruthlessly sort through the messages and other items that keep cluttering your desk, and be selective about what you cover.
- Keep cultivating sources.
- Be patient with sources when writing sensitive stories.
- Write short news stories, which are important to the beat and good preparation for bigger projects, but also make time to write longer, more developed stories.
- Be sure to get time with your editor.
- Take care of yourself, and avoid working so hard as to risk burnout.
- When you get discouraged, think about the satisfactions of the work (“don’t let the tough things about your job cover over the diamonds on your desk”).

Opportunities also exist at magazines. Although many magazines depend largely on freelancers for medical stories, some, such as the newswEEKlies, have health or medical writers on staff. Opportunities for employment also exist at popular magazines that focus on health or science, at magazines for health professionals, at health newsletters, and in
the news sections of some medical and scientific journals. Some health writers work for institutional magazines, such as those published by medical schools or health-care facilities.

Broadcast media draw on people with various backgrounds for their health reporting. In recent years, physicians working full-time or, more commonly, part-time for the media have delivered a substantial amount of the medical news on television. However, staff from broadcast-journalism and other backgrounds continue to do much health coverage on the air and work behind the scenes. Although radio appears to have few health reporters, some exist, for example, at National Public Radio.

Newer electronic media also offer many opportunities for health writers. Thus, those with needed technical skills can be in high demand to produce material for the World Wide Web or prepare other multimedia products. Among additional media employing health writers are museums and book publishers.

Health-related positions in the popular media exist for editors as well as writers. For example, at magazines publishing largely freelance work, the health editor may be the only health-related staffer. Editorial activities can include generating story ideas, evaluating story proposals from writers,
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commissioning stories, helping writers shape and refine their work, editing stories, obtaining graphics, and designing pages or working with page designers. If your interests and skills include editing, consider a health-editing post.

Public Information and Public Relations

A considerable proportion of health writers work in public information or public relations. Sites of employment include universities, government agencies, pharmaceutical and other companies, voluntary health organizations such as the American Diabetes Association and the American Lung Association, professional societies, and health-care facilities. Some health writers work for public relations agencies or for consulting firms that prepare materials on health for various institutions or companies.

Commonly, public information and public relations offices of health-related institutions both produce writing and provide information for other writers. If you are the sole person in such an office, or one of only a few, you may have a considerable mix of duties. In larger offices, however, your duties may be highly specialized. Before seeking a position, you may wish to consider what sort of range you prefer.

In a public information or public relations office, you may do various kinds of health writing. You may prepare written news releases for dissemination electronically or in print; if you have a broadcasting background, you may prepare video news releases. You may produce brochures, fact sheets, videotapes, and other materials for the public. You may write media backgrounders, magazine or newsletter articles, and speeches. You may produce newsletters or magazines. You may be responsible as well for publications such as annual reports. Your work may include producing material for use on the World Wide Web. Both journalists and the public may draw on the writing you do.

Alternatively or in addition, you may provide material specifically for others' writing in any of various ways. Your role may include answering questions from reporters and recommending expert sources to interview. You may provide graphics or videotape for use by the media. If major news arises, you may be responsible for arranging a press conference. Your work may include setting up the newsroom or otherwise assisting reporters at conferences your institution holds. You may arrange activities such as science writers' seminars to brief members of the media.

In some offices, you may also be responsible for answering questions
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Launching a freelance career tends to be easier once you have been employed. You have more experience, more credentials, and more contacts; quite likely, you also have more money to draw on in case income is slow in arriving. If freelance opportunities in health writing per se are limited at first, consider accepting related work, such as biomedically related technical writing or editing.

Magazines are a major outlet for freelance health writing. Do not only consider magazines focusing on health or science; many other magazines, such as women’s magazines, trade (occupational) magazines, and local or regional magazines, run articles on health. Listings of many of the magazines publishing freelance work appear in the annual guide Writer’s Market (Brogan and Brewer 2003). This guide also includes information on markets other than magazines (for example, book publishers) and advice on freelance writing. An online version including a continually updated database of markets is available.

Although listings in Writer’s Market can be fine starting points, they do not suffice. To propose and prepare an appropriate story, you must know a magazine well. Often, the magazines you will write for best are those you enjoy reading. Whatever the magazine, before seeking an assignment consider questions such as the following: For whom is the magazine intended? (Here, advertisements as well as articles can provide useful clues.) What is the writing style? How long are the articles? What sections or departments does the magazine have, and where might your writing fit? On what areas do the health pieces tend to focus? For example, does the magazine run mainly articles on healthy living? diseases and their management? medical research? health policy?

To assist authors, many magazines prepare writer’s guidelines. These guidelines commonly indicate what sorts of work the magazine is seeking and how to prepare and submit it. Magazines commonly post these guidelines on their Web sites. If guidelines are not posted, write to the magazine to request them; enclose a stamped, self-addressed envelope.

With rare exceptions, magazines request (or require) that authors contact them beforehand about possible assignments rather than proceeding to submit finished articles. Traditionally, such contact is made via a “query letter,” that is, a letter describing the story you propose and noting your credentials to write it; typically such a letter runs about one page and is accompanied by examples of articles you have published. Increasingly, magazines have been accepting queries by e-mail. Daugherty (2001) offers some advice regarding such electronic queries: Query by e-mail only if the
magazine says, for instance in its writer's guidelines, that doing so is acceptable. Include the word “Query” in the subject line, to help distinguish your query from messages of other kinds. Unless instructed otherwise, avoid providing attachments, which some editors do not open for fear of viruses (alternatives: offer to submit writing samples by other means, or direct editors to a Web site containing some of your work).

An alternative to querying, especially if your background would make you especially attractive to the magazine, is to inform the editor of your availability. If interested, the editor may then ask you for story ideas or assign a piece on a topic of his or her choosing. Once you have established a strong working relationship with an editor, interchange of ideas often becomes more informal.

Other advice on magazine writing includes “consider starting small.” For example, begin by proposing a brief piece for the health news section of a magazine; writing such pieces will can help you win assignments for other features stories. Also, retain your source materials for use in your own act checking and that by members of the magazine staff. If you have not taken a magazine-writing class, consider doing so or looking at some of the many books available on magazine writing; one brief but informative such book is You Can Write for Magazines (Daugherty 1999). Also consider scanning magazines such as Writer's Digest and The Writer, which often include practical advice on magazine writing. For information on business aspects of freelance writing for magazines and other media, consult such resources as The ASJA Guide to Freelance Writing (Harper 2003), which was a project of the American Society of Journalists and Authors; Writer's Market; and fellow freelancers.

Finally, keep good financial records on your freelance writing. Be sure to save the information you need to compute your income tax; also retain the documentation required for the tax breaks to which you are entitled. Speaking of breaks: Beware of some freelancers' tendencies to work day and night and never turn down a project. Know your limits, and take the breaks you need to maintain your own health.

**Finding Health-Writing Opportunities**

In the media, public information, and the freelance sector, many health-writing opportunities exist. But how can you find them? Approaches include reading job announcements, networking, and simply taking the initiative to inquire.
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"The opportunities for doctors are endless. Chekhov and Conan Doyle wrote short stories. Then there’s Michael Crichton, William Carlos Williams, Robin Cook..."

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Some classified advertisements for health-writing opportunities appear in general newspapers. In addition, consult more specialized publications and listings. For example, if you seek a newspaper health-writing job, look at classified advertisements in the trade magazine Editor & Publisher. If you wish to work in an academic setting or for an association, look at such advertisements in the Chronicle of Higher Education.

For efficient searching, check job postings at the Web sites of relevant professional organizations, such as the Association of Health Care Journalists, the National Association of Science Writers, the American Medical Writers Association, and the Council of Science Editors. Some associations' postings can be accessed only by members (perhaps an additional reason to join such associations), but others are open to all. In some associations, members can be informed by e-mail when new job announcements arrive.

Network, network, network. Join organizations such as those just mentioned. Get to know fellow members, who may be aware of job openings and may keep you in mind when they have staff to hire or freelance proj-
ects to assign. Especially if you are a student or recent graduate, consult professors who know you and may be able to help, and look at postings in schools or departments of journalism. Let it be widely known that you are seeking work; job leads and freelance opportunities often materialize from unexpected sources. Take freelance or volunteer projects that may increase your visibility.

If you are beginning your career or changing fields, strongly consider doing an internship, which may lead to a job or provide the experience and contacts to get one. Many employers favor candidates whose resumes include internships. Especially if you are more experienced, consider consulting an employment agency, particularly one with special strength in the communications or health field.

Even if openings are not announced, contact sites for which you might like to work. More than one health writer has landed a job or freelance work in this way. Even if a site has no work to offer, the contact you make may direct you to opportunities elsewhere.

Many varied opportunities exist in health writing, and there are many ways to find them. But how can you prepare yourself for such opportunities and stay up-to-date? Such questions are among those addressed in the next two chapters, which deal with professional organizations and educational opportunities.

**Exercises**

1. Look at the job announcements in Figure 15-1. Identify the three jobs listed that interest you the most. Say what appeals to you about them and why. If you are not yet qualified to apply for these jobs, say what you might be able to do to prepare.

2. Identify a health writer—ideally, one pursuing a career you could envision for yourself. Read, view, or listen to some work by the health writer if you have not yet done so. Then interview the health writer about his or her career. (The interview may be in person, by telephone, by e-mail, or by a combination of means.) Among possible questions to ask are “How did you enter health writing?”, “What does your work consist of?”, “What are some challenges of your work?”, “What are some satisfactions?”, and “What advice would you have for a beginning health writer?” If you are doing this exercise for a class, write up the interview in the form of a journalistic story, give an oral presentation about the interview, or both.
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3. Look at the Web sites of some magazines that you think may accept health stories from freelance writers. Among these magazines, find three that have posted writer's guidelines. Look at the guidelines. Note items in them that you should especially remember when preparing story proposals (queries) for these magazines.