


**SCRIPT DOCTOR: MEDICINE IN THE MEDIA**

## Dateline Nigeria

By Andrew Holtz, MPH

**I**t was familiar. It was incomprehensible.

The day after Thanksgiving, I flew to Nigeria to meet with health journalists. I was one of three US reporters brought in for a series of workshops put on by the US Embassy and a Nigerian media company. During three-day programs in Lagos and again in the capital, Abuja, we worked with about 150 Nigerian reporters, students, and teachers.

I spent time in Africa 20 years ago, but I'd never been to Nigeria. Before I arrived, I knew that the country is the most populous in Africa, and that it's famous for e-mail scams and pipeline explosions caused by people trying to steal gasoline. When I got there, I saw that in terms of both the general conditions and the situation for journalists, things were both better and worse than I expected.

We heard familiar complaints about editors burying health stories in feature sections or believing that covering medical research or health policy is no more complex than reporting on crime or local politics. Frustrations with tight resources that make it difficult to really dig into stories sounded just like what you might hear at a meeting of US journalists. The reporters complained about officials who stonewall and doctors who spew jargon.

But Nigeria is a place where no one even pauses when the power goes out, because it happens several times a day. In Lagos, amputees and other beggars peer in the windows of cars stuck in perpetual traffic jams, hawking gum or cell phone recharge cards—or, we were told, looking for valuables to smash-and-grab.

The health statistics are appalling. Average life expectancy at birth is just 47 years. Infant mortality is 14 times the rate in the US. Maternal mortality is almost 60 times the US rate; for every thousand babies born, eight mothers die.



**US journalists Duncan Moore, Andrew Holtz, and Bob Hirshon wearing Nigerian outfits as they lead a workshop in Abuja**

### Health Care Spending Less than 1% Spent Per Capita in US

And while the needs are overwhelming, health care spending is meager, barely \$50 per person per year—less than 1% of what is spent per capita in the US.

It's fertile ground for health and medical journalists—so much need, so many stories. But the hurdles health journalists face reflect the dire situation of the health care system. "Tight" does not even begin to describe the resource constraints. Salaries for many reporters are just a few hundred dollars a month; if they get paid as promised.

Newsrooms have computers, and may have Internet access, but not enough to go around, so reporters who want to check their e-mail regularly say they have to buy time at Internet cafes.

Although the Nigerian constitution explicitly recognizes the watchdog role of the media, that document, enacted at

the end of the last military regime, is barely nine years old. Add pervasive corruption to the mix, and journalists face daunting hurdles when they try to hold officials accountable.

While independent TV and radio stations have been legal for about a dozen years, many broadcast reporters work at government-run stations. They told us about having to bridle their reporting to avoid offending political leaders. Yet I was impressed by the techniques some of these journalists used to still get unfavorable facts into their stories.

The organizers of our workshops said one goal was to help reporters ask better questions of health experts. They said too many health and medical stories are merely summaries of news conference statements and news releases. (Of course, the same weakness afflicts many news stories here, too.) So we planned time to go over how to analyze a medical research article, in order to help the reporters critique the expert pronouncements.

### Sobering Reality

But on the first day in Lagos we hit a sobering reality. When we asked how many of the reporters had ever read a journal article, of the hundred or so attendees, only one or two tentatively raised a hand.

In workshops with US reporters I often start with an explanation of why

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it's important to differentiate relative and absolute risk. The instruction in Nigeria needed to start at a much more basic level.

My colleague, Duncan Moore, a former reporter for *Modern Healthcare* and Bloomberg news, arranged for researchers to take part in news conferences at the workshops. The researchers told of their clinical trials of a pressure garment intended to combat shock from bleeding during childbirth.

In those sessions we experienced another notable attribute of Nigerian journalists: They are outspoken. Of course, assertiveness is a necessary quality for a journalist,

but we had to make the point that questions at a news conference should be just that: questions, rather than declarations, conclusions, or personal health anecdotes.

*"I was one of three US reporters brought in for a series of workshops put on by the US Embassy and a Nigerian media company for three-day programs in Lagos and again in the capital, Abuja."*

### 'Brown Envelope'

Jumping back to the tight resources and low pay journalists in Nigeria face, we hit a nerve when the workshop program turned to journalism ethics. Accepting money from sources and quoting articles without credit are both endemic. The stark terms are bribery and plagiarism.

"Brown Envelope" is the colloquialism for the common practice of handing out gratuities to reporters at news conferences. Many of the journalists at our workshops condemned the prac-

*(continued on page 46)*

## Code of Ethics for Nigerian Journalists

### Reward and Gratification

- i. A journalist should neither solicit nor accept bribe, gratification, or patronage to suppress or publish information.
- ii. To demand payment for the publication of news is inimical to the notion of news as a fair, accurate, unbiased and factual report of an event.

Available at: [www.nigpresscountil.org/codeofethics.php](http://www.nigpresscountil.org/codeofethics.php)

## Racial & Ethnic Differences in Colorectal Cancer Emphasize Importance of Screening

Research presented at the American College of Gastroenterology Annual Scientific Meeting emphasizes the importance of colorectal cancer screening among racial and ethnic minorities, known to have a higher incidence of colorectal cancer compared with Caucasians.

Two studies found that more African-Americans had advanced polyps on the right side of the colon than Caucasians did, while results from colonoscopy screenings of Latin Americans revealed similarly high-risk findings for African-Americans.

African-Americans have a high overall incidence of colorectal cancer and a greater prevalence of proximal or right-sided polyps and cancerous lesions. The reasons for the higher incidence rates in African-Americans are unclear, but the most commonly

implicated factors are diet, physical inactivity, variability in screening rates, lower use of diagnostic testing, and increasing smoking rates.

Roy D. Yen, MD, and colleagues from the University at Buffalo and the VA Western New York analyzed the results of 587 colonoscopies (78 African-Americans, 502 Caucasians) performed there in 2004. The number and location of polyps and presence of advanced lesions between the two cohorts were examined. The results showed that significantly more African-American patients (14%) had advanced right-sided, or proximal, polyps compared with Caucasian patients (5.4%). More black than white patients were also found to have advanced polyps, proximal polyps, and proximal colon cancers.

Based on the results of this study,

“flexible sigmoidoscopy may be inadequate for colorectal cancer screening in this population,” Dr. Yen said. “African Americans should undergo colonoscopy with particular attention for proximal lesions; however, larger prospective studies are needed to confirm these findings.”

In another report, a retrospective analysis at the University Hospital and the New Jersey Medical School, Stanley H. Weiss, MD, and Mark J. Sterling, MD, and colleagues reviewed screening colonoscopies performed in 2005 and 2006. Latin Americans were found to have a higher than expected incidence of polyps, pathologically significant lesions, and significant right-sided lesions, similar to previously reported findings in African-American patients.

Of the 756 screening colonosco-

pies, 287 (38%) were in Latin Americans and 331 (44%) were in African-Americans. Forty-eight percent of Latin Americans had pathologically significant lesions, compared with 46% among African-Americans. The percentage of pathologically significant right-sided polyps was similar in Latin Americans (57%) and African-Americans (62%), but African-Americans were significantly more likely to have a large polyp (i.e., larger than 1 cm) than Latin Americans and were more likely to have a large right-sided polyp.

“Because right-sided lesions are detectable with colonoscopy, which examines the whole colon, but not by flexible sigmoidoscopy, these findings have important implications for appropriate screening for colon cancer in Latin Americans,” Dr. Weiss said.

## Script Doctor

continued from page 45

tice, but others defended accepting a handout “as long as it doesn’t change the way I’d cover the story.” (Gosh, doesn’t that sound a lot like the defenders of medical industry goodies?)

A code of ethics issued by Nigerian journalism institutions addresses the Brown Envelopes issue (see box). However, I wonder about the wording of the ethics statement. It proscribes bribes “to suppress or publish information” and it says journalists should not “demand payment for the publication of news.” I agree with the statement, but I wonder if it leaves wiggle room for those journalists who say it’s okay to take a brown envelope if you don’t demand it and if you convince yourself that it won’t change how you cover the story.

Certainly, at any reputable US news organization, accepting cash from a source is grounds for termination. At a newspaper here in Portland, OR, a Pulitzer Prize-winning reporter was recently demoted and briefly suspended because he had been parking his car for free at the downtown lot of a prominent businessman he had profiled.

The *Los Angeles Times* organization, among others, discourages even the

proverbial free lunch, saying event organizers should be reimbursed. Yet I struggle with how judgmental to be, since I don’t face a choice between pocketing a gratuity at a news conference and paying the rent.

countermeasures. He drew a parallel to the situation the New York City Police Department faced in the 1990s, when illegal handguns flooding in from other states contributed to staggering homicide rates. The NYPD created a task

like the harsh conditions in Nigeria.

Indeed, the situation there adds some bite to the sometimes dire warnings of what may happen to the quality of US journalism if news readership and audiences continue to decline, and corporate mergers and budget cuts continue.

And to balance the picture, I should point out that the Nigerian journalists I met were bright, energetic, and passionate about our profession. Indeed, the workshop attendees were generally more engaged and eager than groups of US journalists I’ve worked with. We concluded the workshops with many warm handshakes and tokens of mutual appreciation for our efforts to teach and learn.

### Poorly Equipped Newsrooms & Inadequate Salaries in Country Drained by Corruption & Distrust

But then we flew home, and the Nigerian journalists went back to their poorly equipped newsrooms and inadequate salaries in a country drained by corruption and distrust. I couldn’t help feeling that the effort was like a brief CME course that demonstrates immediate recall of a few key learning points, but lacks any follow-up to see if practice and patient outcomes are improved.

We did make friends there, and ultimately that’s where the enduring value of the trip may lie. If some of us stay in touch and build ties between organizations, such as the Association of Health Care Journalists and the Nigerian Union of Journalists, then those few days in Lagos and Abuja sharing stories and advice and aspirations may be seen as at least a minor milestone on a long path toward raising the quality of health and medical reporting.



Lagos street scene

The Nigerian code of ethics also forbids plagiarism, but it’s not hard to find examples of borrowing without credit, even at major news outlets.

While in Abuja, I read a weekend feature story on a resurgence of carjackings by international gangs. It began with a gripping first-person account. The victim was held at gunpoint as the thieves commandeered one vehicle after another and then convoyed to Nigeria’s western border. At a border town, the stolen vehicles were handed over to collaborators from Benin and the owners were set free.

But the reporter didn’t just grab attention with that emotional anecdote; he went further, outlining possible

force that proved more effective than traditional methods at combating gun trafficking.

The story was a great read. But then the voice of the piece seemed to shift. The paragraphs describing New York’s innovative work had a tinge of “officialese.” When I plugged a key phrase into a search engine... bingo...it linked me right to an online report from the US Department of Justice about strategies to reduce gun violence. The reporter had lifted a couple of paragraphs almost verbatim without credit.

Again, I try to temper my judgment of Nigerian journalism with acknowledgement of the flaws of US health and medical coverage, and the recognition that we don’t face anything

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