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## **A legacy of the swine flu global pandemic: Journalists, expert sources, and conflicts of interest**

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### **Abstract**

This article investigates the extent to which Australian journalists considered the potential conflicts of interest of expert sources during their reporting of the 2009 H1N1 (swine flu) pandemic. The study found that asking about conflicts of interest was not a routine practice for most, though various indirect methods of ascertaining such information were discussed. Journalists' views and practices in relation to conflicts of interest were shaped by factors related to the story, their sources, audiences, the medium, and personal beliefs. The article elaborates on these findings with reference to key areas of debate relating to conflicts of interest, and considers the extent to which they are products of the context of an emerging infectious disease or characteristic of health reporting more broadly. We conclude that a legacy of the pandemic in Australia appears to be heightened journalistic sensitivity to the conflicts of interest of experts and policy advisors, especially in relation to large-scale public health issues.

**Keywords:** conflicts of interest, news media, journalists, journalism practice, swine flu, public health, experts, risk

## **Introduction**

The news media play a pivotal social role in reporting and portraying emerging infectious diseases, such as ‘mad cow’ disease, SARS, avian influenza and, more recently, the H1N1 influenza or ‘swine flu’ pandemic. During these periods of high risk and potential crisis, the role of journalism comes under intense scrutiny with medical and health professionals often accusing the media of sensationalism or hype, and the journalistic community accusing health and medical professionals ‘of limiting access to information and of erecting barriers to the public dissemination of medical research’ (Vercellesi et al., 2010: 49). Beyond evaluations of news content, however, significant questions emerge about the relationship between news journalists and health and medical experts; sources whose conflicted interests may remain hidden from journalism’s view and from public scrutiny. This article investigates how Australian journalists approach conflicts of interest in general, and how it emerged as a salient issue in the context of their reporting on swine flu.

In the wake of the 2009 swine flu pandemic, which prompted a mass vaccination rollout in Australia and other countries, public discussion has centred on the potential for conflicts of interest of experts involved in providing advice to the public, governments and to policy-making bodies such as the World Health Organisation (WHO) (Cohen and Carter, 2010). In particular, there have been accusations that the WHO failed to disclose the conflicts of interest of several of the scientists who advised the organisation on its pandemic preparation plans. Questions have also been raised about the role of industry-funded bodies, including the European Scientific Working Group on Influenza, the Influenza Specialist Group in Australia,

and the Neuraminidase Inhibitor Susceptibility Network. Journalists have been at the forefront of exposing these issues (see Cohen and Carter, 2010).

### **Conflict of interest**

Conflicts of interest can take a variety of forms (Goodwin, 2004). Brody (2011: 24) draws on Erde's (1996) claim that the core idea underpinning a conflict of interest is that of 'trust in a social role'. We adapt Brody's (2011) working definition that a conflict of interest exists when the following conditions have been met: the expert medical or health source has a duty to advocate for the public interest; the source is also subject to other interests – their own or those of a third party; and the source becomes a party to certain social arrangements that under normal circumstances of human psychology and motivation create a *temptation* to neglect the public interest.<sup>1</sup> Important in this definition is the idea that a conflict exists not when the final behavioural outcomes become known but when certain social arrangements are entered into; conflict of interest denotes a state of affairs, not a kind of behaviour (Brody, 2010; Cohen, 2001).

Contemporary critiques of expertise are premised on Foucault's (1980) coupling of 'power/knowledge' which emphasises that knowledge is always shaped by power and thus there can be no such thing as 'neutral' expertise. We accept the 'situated' nature of expert knowledge (Haraway, 1988). However, this need not preclude us from problematizing those kinds of relations that constitute conflicts of interest because of the power of people who have them to influence decisions and the trust that may be jeopardized by perceptions of ulterior motives. In short, some conflicted or vested interests, manifestations of power/knowledge,

matter more than others because of their material implications. An expert, writes Schudson (2006: 499), 'is someone in possession of specialized knowledge that is accepted by the wider society as legitimate'. In defending the role of experts in democracies, he points to their desire to please professional peers more than 'the elected or appointed barons they serve', and argues that the public good will be better secured by experts who stand with integrity for the knowledge they claim in the face of threats to their autonomy (506).

The increasing role of the global pharmaceutical industry in funding medical research and other professional practices has generated considerable concern about conflicts of interest (Brody, 2011; Brennan et al, 2006; Doran et al, 2006; Moynihan, 1998). The role of the industry in promoting certain medical diagnoses in order to grow markets to sell its products, referred to as 'disease mongering', draws attention to the problematic relationship between the pharmaceutical industry and public health (Moynihan, 2003; Moynihan et al., 2002; Moynihan and Henry, 2006). Another significant problem is ghostwriting in medical journals, which involves pharmaceutical companies (or the companies they employ) producing articles and masking their involvement by recruiting academic 'authors' to lend them false credibility and independence (PloS Medicine Editors, 2009).

The pharmaceutical industry is increasingly aware of the importance of the media and invests large amounts of money in harnessing media power in subtle and not so subtle ways (Karpf, 1988). It is suggested that subtle forms of commercial influence over media portrayals of health and medicine may become even more powerful than explicit promotional campaigns in

as much as they often include a trusted voice, such as a university-based researcher who, paradoxically, is trusted because they are perceived to be independent (Caulfield, 2004).

### **Conflict of interest and swine flu**

A review of the WHO's management of the swine flu pandemic identified a 'lack of a sufficiently robust, systematic and open set of procedures for disclosing, recognizing and managing conflicts of interest among expert advisers' (International Health Regulation Committee Review, 2011: 132). It found that potential conflicts of interest among Emergency Committee members were not managed in a timely fashion, and recommended that WHO adopt more transparent procedures for the appointment of expert committees. The Regulation Committee also recommended that WHO appoint a designated ethics officer 'as part of a more proactive and rigorous approach to managing conflicts of interest' (135).

In Australia, relationships between influenza experts and industry came under scrutiny after adverse events associated with an influenza vaccine (Sweet, 2010b,c). The vaccine manufactured by the Australian based company, CSL, which provides vaccines worldwide, was linked to convulsions in children (Bitá, 2011a). A subsequent review of these adverse events noted concerns about perceived conflicts of interest because of the links of some members of peak immunization bodies with pharmaceutical companies and the conduct of clinical trials. The report called for the Australian Department of Health and Ageing to 'formally review and address any perceived or real concerns in peak bodies with regard to conflict of interest' (Stokes, 2010: 58). One news story headlined 'Adviser on flu defends CSL

script' directly raised the issue of a conflict of interest, reporting that a government immunization advisor held shares in CSL but denied any inappropriate behaviour,

### **Media and conflict of interest**

Conflicts of interest in relation to the swine flu pandemic resonate with broader questions about the credibility and trustworthiness of scientific claim-makers and expert knowledge systems. In 2009, an influential report from the US Institute of Medicine, *Conflict of Interest in Medical Research, Education, and Practice* called for wide-ranging reforms, noting that such conflicts may jeopardize the integrity of scientific investigations, the objectivity of medical education, the quality of patient care, and the public's trust in medicine (IOM, 2009; Steinbrook, 2009; see also Doshi, 2011).

In their informative review of journalistic guidelines and related health documentation in the US, UK, Australia, Canada and Italy, Vercellesi et al. (2010) propose eight broad sets of questions for journalists to consider when reporting medical and health news. They recommend that journalists should 'watch out for clear or hidden conflicts of interest of any nature (between researchers and industry, personal interest of researchers and socio-economical)' (57).

In Canada and Australia, one recent initiative, Media Doctor, a website portal, monitors health and medical reportage and reports back to journalists on the quality of coverage (Vercellesi et al., 2010; see also Sweet, 2005). One of the Media Doctor criteria against which health and medical stories are evaluated is whether sources of information and known conflicts of interest

of sources are disclosed (Smith et al., 2005). Initiatives modelled on Media Doctor have also been established in the US (see Health News Review website).

Such calls for transparency, of course, are not new. The Australian Press Council's Advisory Guideline states that, 'The standing and the disinterest, or lack of it, of those making claims should be made clear, be they researchers, pharmaceutical companies or just hard-selling snake-oil salesmen' (APC, 2001). The US based Association of Health Care Journalists says that journalists should routinely ask their sources if they have any relevant conflicts of interest to disclose. In a 2004 Statement of Principles journalists were advised: 'Be vigilant in selecting sources, asking about, weighing and disclosing relevant financial, advocacy, personal or other interests of those we interview as a routine part of story research and interviews' (Schwitzer, 2004: W10). Cohn's (1989: 116) landmark text *News and Numbers* made explicit reference to conflict of interest in assessing research and urged journalists to be reflexive about their own position (see also Van Der Weyden and Armstrong, 2005).

The issue of conflicts of interest directs us to consider the nature of health news and the role of journalists in projecting what Briggs and Hallin (2010) refer to as models of 'biocommunicability'. The three predominant models they identify are *biomedical authority*, *patient-consumer* and *public sphere*. Reporting conflicts of interest resonates with the 'public sphere' model in that it is underpinned by a desire to open health issues up to public debate. In this model, readers and viewers are first and foremost positioned as engaged citizens, rather than passive or active consumers of health information as is implied by the other models. Briggs and Hallin (2010) suggest the public sphere model is about creating 'public flows of

information that enable citizens to weigh in on public policies and government compliance with them'. The model is often found in news reporting of cases in which circulation is blocked by secrecy, disinterest or corporate greed. In this model journalists see themselves as playing three crucial roles: 'deciding which knowledge should be public; finding information that has been withheld or improperly channeled and making it public; and constructing the boundaries of public discourse about health' (Briggs and Hallin, 2010: 157).<sup>2</sup>

Journalists can play an important role in mediating concerns about conflicts of interest (see McComas and Simone, 2003) and in influencing public confidence in public health advice. Briggs and Hallin (2010, 162) write that health news coverage is now situated in what they describe as the 'post-Vioxx era' where, since 2004, increasing attention is being given to conflicts of interest in the biomedical field. They predict that data over time would show a shift in health news into 'the sphere of legitimate controversy', as once dominant models of biomedical authority have been modified by the increasing importance of market relations in the medical field. But there is also concern among journalists, media watchdogs and scholars, public health researchers and health professionals that news organisations too often fail to investigate and identify the financial backing of their 'expert' sources (Mintz, 2005). Previous research has shown that journalists identify the lack of independent researchers as an obstacle to improving medical journalism but also that journalists find it difficult to reveal a source's hidden interests (Larsson et al., 2003). This is significant given the potential for industry, through experts including government policy advisors, to influence how pronouncements of risk and reassurance are framed in public discourse during public health crises.

These issues are set against the backdrop of a changing media environment in which journalists are under increasing pressure to produce more stories, with less resources, in a shorter timeframe. In this context, it would seem valuable to know how journalists navigate the issue of conflicts of interest in their dealings with medical and health sources.

This study investigates the ways in which Australian journalists reflected on and negotiated actual or potential conflicts of interest in reporting on the swine flu pandemic. Our primary aim was to develop an understanding of how conflict of interest emerged as an issue:

During their reporting of the swine flu pandemic, what factors influenced journalists' views and practices in relation to their sources' potential conflicts of interest?

How did their experiences reporting on swine flu inform their views about conflicts of interest more generally?

The study was part of an overall project examining news media reporting and portrayal of swine flu, responses by audiences, and the role of expert news sources in a risk environment.

## **Method**

Twenty-four journalists and news managers involved in coverage of the swine flu pandemic in Australia were interviewed between November 2010 and April 2011 about their experiences in covering the pandemic, and their subsequent reflections. Participants worked with mainstream print media, radio, television and medical publications, predominantly in metropolitan areas.

The majority of journalists interviewed worked for the print media; the key agenda-setters in news coverage. The journalists had various levels of journalistic experience. Semi-structured interviews, conducted mainly in person but sometimes via telephone because of journalists' time constraints, included questions and probes about various aspects of their reporting on swine flu.

Mindful of framing participants' responses through the initial questions asked, each new interview was informed by what we had learned from responses in others. Interviews were audio-taped and transcribed. The interview protocol was approved by the Human Research Ethics Committees at the universities of Sydney, Canberra and Melbourne. Given the small number of participants with leading roles in the coverage, for ethical reasons participants are identified only as a journalist. The first two authors independently reviewed the interview transcripts and the audio-tape recordings. The third author independently reviewed the identification of emerging themes in his review of the interviews.

## **Results**

Most comments emerged in response to a specific question about whether they asked their sources about conflicts of interest or considered the issue in researching their stories. But relevant comments were identified in responses to questions about advice they would give to experts and governments in dealing with the news media during public health crises, and what they had learned from covering the pandemic. Comments about conflicts of interest were grouped into five dominant themes: the swine flu story characteristics and construction;

sources; audiences; the medium; and personal beliefs. These cover the spectrum of responses provided by participants.

### *Story characteristics and construction*

Official sources have considerable framing power in reporting and portraying issues (Blood and Holland, 2004; Coleman, 1995), especially when there are high levels of uncertainty as is the case with new viruses (see Ungar, 2008). At the beginning of the swine flu outbreak the WHO described it as a ‘public health emergency of international concern’ and, as a pandemic appeared imminent, Director-General Margaret Chan warned that ‘all of humanity’ was threatened by the virus (Holland and Blood, 2010; see also Hilton and Hunt, 2011, for an analysis of UK press coverage of swine flu). Such comments undoubtedly shaped responses to the outbreak from governments, local health authorities, experts and journalists, and lent a sense of urgency to public communication. News coverage was replete with references to ‘deadly swine flu’ and ‘killer flu’, and when the virus arrived in Australia it was soon identified as beyond containment. Official statements represented in the media combined to create the impression of a virus that was spreading beyond the control of the health authorities (Holland and Blood, 2010; see also Fogarty et al., 2011). Thus, how the story was constructed by authorities such as the WHO functioned to ensure that COI was not at the forefront of journalists’ minds. As one journalist said:

I would’ve thought that I would trust, particularly in this, you know, it’s a public health issue, it’s not like we’re talking about cosmetic surgery or something like that, you know this was, and it was breaking news, sometimes when things happen initially you

don't ask do you, go by the way before we talk about this very important subject, do you have any conflicts of interest, but it's a very good point to make.

The regularity of updates from health officials and the ready availability of experts prepared to comment on swine flu left no information vacuum that might have prompted journalists to search more widely and deeply for news stories. Also, the very real spectre of the threatened 'pandemic' that was present in the earliest reports of the virus, and the continuous flow of new information, for journalists, distinguished the story from their more routine practices of finding and covering health stories. The following reflexive comment captures this sentiment:

... it's interesting, because I know in any other story that I would do, I would always ask someone do they sit on the advisory board for any drug companies, that sort of thing, but I guess, maybe naïvely you think when there's something like a pandemic happening, that people won't be pushing the barrel or would have a vested interest. You would think that they'd be giving you information that is not biased. Yeah but that's probably slightly a naïve view.

This journalist went on to reflect on their perceived role and responsibilities during the pandemic and the competing demands that shaped reporting. Referring, unprompted, to a story about conflicts of interest written by the interviewer (see Sweet, 2010b), they invoked the panic that surrounded the outbreak in reasoning why coverage like that was not more common:

...but perhaps that story was only able to be written once the panic had subsided, because at the time of the outbreak, that was the last thing on people's minds. People just wanted the vaccine, or they wanted to know that it was safe and perhaps it was our jobs in health reporting we should have looked into that more, but yeah I guess that's something that I should be looking at.

Indeed, there was a sense of urgency surrounding the development of the vaccine and this was relayed through the mainstream news media. Hopes of a vaccine were a potential source of reassurance after the alarm accompanying initial coverage (see Ungar, 2008 for an analysis of the three broad stages of media coverage of avian flu). There were reports of disagreements about the speed and scope of the vaccine rollout and the safety of multi-dose vials (Cresswell, 2009; Miller, 2009; Miller and Medew, 2009; Robotham, 2009, Sweet, 2009b) but conflicts of interest or links between vaccine manufacturers and experts and policy advisors were typically not covered or reported (Sweet, 2009a). It might be that, as suggested in the above comment, in the midst of the outbreak journalists did not see it as an angle to pursue. But this says as much about the focus, priorities and limitations of news gathering and reporting practices as it does about anything inherent in the story itself. For example, previous research has shown that in covering crisis situations journalists often fail to inquire about underlying aspects of certain viewpoints because they can be 'overwhelmed by the scale of events' (Pont and Cortiñas, 2011: 1058).

An appreciation of the competing demands on journalists as they seek to strike a balance between informing and potentially panicking the public and providing the public with a sense

of reassurance adds an important layer to our understanding of why investigating and exposing conflicts of interest among their sources is not always a straightforward matter. Concerns about conflicts of interest did exist. In our interviews with experts in public health and infectious diseases some expressed concern that other experts commenting in the media had conflicts of interest because of their links with the vaccine manufacturer. But one expert suggested fears of being seen as undermining the immunization plan or not caring that people were seriously ill or dying could have made them reluctant to speak out (Holland et al., 2012). So too journalists in our study were clearly aware of the need to take care when reporting views that seemed to undermine mainstream public health advice and jeopardize public trust. Some also spoke of having to deal with the expectations of editors to continue reporting on swine flu and, in that sense, daily case updates and official briefings provided the materials to do so. This is akin to the way in which a reliance on prepacked sources of news and staged events can result in a lack of critical commentary (Petersen 2001) or, in this case, a lack of investigation into conflicts of interest.

#### *Source relations*

The majority of journalists said they had not directly asked their sources about conflicts of interest during their reporting of the swine flu pandemic. Their comments indicated that doing so was not a routine part of their practice generally but also that the circumstances of the emerging infectious disease meant that their reliance on, and trust in, officials and experts was perhaps greater than it would be for health issues about which more is known and more people are qualified to comment. A concern to protect relationships with their sources was evident in some comments. For example, one said:

I can't remember if we had that conversation or not. Is it something we'd normally ask? Probably not often enough. It almost seems a little impertinent in a way. He struck me as someone, he just seemed very authentic and clear and objective and I guess I just instinctively sort of trusted him.

The valued and trusted source referred to in this comment was a member of an industry sponsored group, which the journalist was not aware of at the time. For our purposes, the issue is not whether this expert source was biased by their industry connections, but that the journalist *trusted* them. The significance of this tacit trust, which can allow conflicts of interest to remain unattended and undisclosed, may be heightened when journalists are dealing with medical expertise about which they believe themselves to be unqualified to question.

Knowing a source's connections does not automatically undermine the value journalists attribute to them as experts in a particular field. Confidence in their expertise and familiarity with them appear more common reasons for not asking about conflicts of interest than any concern that doing so might lead the government or experts to withdraw future cooperation with them. As one said, "I don't think anyone is scared to ask or is worried about asking. I think it's more about whether your antenna goes up...".

Journalists rely considerably on their instincts and inclinations when determining and evaluating the trustworthiness and expertise of their sources. Expectations and assumptions

about their sources were evident in their explanations for not raising the issue of conflicts of interest. For example,

I can't think of many people we were talking to in this circumstance who you would ask – I mean, would you ask the chief health officer if they've got a potential conflict on something like this – I wouldn't think to ask that, no, because I think in that position I'm going to assume that I trust them.

Several journalists identified indirect means of obtaining information about potential conflicts of interest, such as looking at declarations made in published research. For example, 'I would always look, if it was a scientific paper that they've published, look at the competing interests thing at the bottom, but it's not something you ask really routinely', said one TV journalist. Familiarity with the source was also a factor in this regard. For example, '...if it was a person who I'd dealt with for quite a long time...normally I would know from reading papers and stuff whether there'd be conflicts of interest', said one journalist. Only one participant said that having obtained information in this way they would then seek direct clarification of the details with the source.

This reliance on published studies to determine a source's conflicts of interest indicates that journalists are attuned to the issue, but this method also has its limitations, particularly in the context of reporting on emerging infectious diseases like swine flu. As one newspaper journalist said, they typically checked if their sources had done any medical studies funded by drug companies but in the case of swine flu this tended not to be an issue because of the delay

with medical studies coming out about the virus. On a broader level, the reliability and trustworthiness of by-lines in the medical literature is also damaged by ghostwriting practices and claims of underreporting or significant variability in reporting of conflicts of interest in published medical literature (Healy and Cattell, 2003; Krinsky and Rothenberg, 1998).

There appeared to be some lack of clarity about who was in a position to have or not to have conflicts of interest. One TV journalist said many of the sources they used were academics and, therefore, they did not consider it necessary to ask them about any conflicts of interest: ‘...you sort of assume that academics are pretty neutral’. They said:

... before I do the interview, I often Google their name and I will check out what published research they’ve done and so if I feel like they’ve done enough research in a particular area, and they’ve got a lot of published articles behind their name, I don’t think it’s necessary to ask them about that [conflicts of interest], unless it’s an issue where I think it’s obvious...

The assumption that the quantity of publications is a measure of an academic’s expertise and credibility and thus reason not to ask about conflicts of interest is problematic in as much as outputs and citation rates can be the products of ghostwriting practices (Healy and Cattell, 2003). This somewhat naïve view about academics also contrasts with McComas and Simone’s (2003) finding that journalists are taking an active watchdog role in exposing conflicts of interest within the academic community.

While many participants said they had not directly asked their sources about conflicts of interest, it was clear that they routinely exercise a healthy scepticism of the information they are fed and the bias of their sources. For example, one journalist described being generally cautious of press releases from the pharmaceutical industry and the experts they use or direct people to contact. Another mentioned being somewhat sceptical of the doctors they were directed to speak to by the Health Department in that they were perceived to be ones with close links to government. In these circumstances, journalists recognise and take into account potential bias by seeking out a source they perceive to be in a more independent position. A few noted that experts in public employment or on government committees also had conflicts of interest, and mentioned the importance of using multiple sources to balance these out:

I think because, I guess it's a judgement call in each case, but if they hold a respected enough position, then you can use their words as long as you're using other people's words in corroboration. So you wouldn't just rely on one person.

In this regard standard journalistic practices may offer some protection against stories being dominated by a single source with a particular conflict of interest. It is also interesting to note the awareness among journalists of different types of conflicts of interest as this is likely to complicate their determinations about what is and is not relevant or important to report.

Given the tacit trust with which journalists approach their relations with certain sources, it is perhaps unsurprising that a number of them emphasised the importance of experts being open about their conflicts. One said this helped to build relationships and trust:

... it's great if people will tell you – “I'm happy to comment on this but, by the way I sit on this board or I have been involved with this company or what have you”. I don't think it means you're necessarily going to put the phone down on somebody, but it just means that you're seeing that information in the fullest light really.

There are several possible explanations for experts not disclosing their conflicts of interest. It may be that they do not see disclosure as necessary or relevant in the circumstances (see Stossel, 2007), or that they are simply oblivious to the fact that they have a conflict. In any case, a perceived lack of transparency would seem to lend weight to the importance of journalists being more upfront in asking sources about their funding sources and industry connections.

#### *Audience considerations*

Overall, there was a strong sense that experts' conflicts of interest matter, particularly if they are involved in providing policy advice or giving information to the general public. One journalist invoked the rights of their readers to explain the importance of the issue:

Well it's something that you kind of need to do in the health sector, because a lot of them do research for companies and your reader deserves to know if there's any potential you know interest in the issue.

The audience was also invoked in a different way by a staffer from a specialist medical publication who referred to a readership that was alert to the issue. They said the publication was particularly aware of concerns about sources' conflicts of interest in general and described the issue as 'a hot topic in medicine'. Expectations of their readership play a role in shaping how the issue is dealt with, as the following comment suggests:

If you haven't asked somebody's conflict of interest and declared it in a story when there is an obvious conflict, someone will let you know about it because the medical community is quite, you know, can be quite critical of that sort of thing. So if you're seen to be running a line from somebody who's got a conflict, they'll let you know about it fairly quickly.

This kind of external control or monitoring may work well in specialist publications in that a significant portion of the readership is likely to be medical practitioners who are sensitized to the conflict of interest issue. Another journalist from this publication emphasised that it was part of their policy to ask sources about any conflicts of interest, such as whether they are on government committees or doing research for pharmaceutical companies. But journalists from mainstream news organizations generally did not identify this as a part of their standard practice, which may mean that conflicts of interest pass unnoticed if not declared or otherwise evident in a story.

*Medium constraints*

News journalists are clearly subject to deadlines and editorial influences that constrain their ability to report on matters that do not accord with the daily news agenda and issues and events being covered by their competitors. Factors internal to their own media organisations were not readily mentioned as barriers to investigating conflicts of interest generally or in relation to swine flu. However, one journalist did mention the limitations of television news for investigating issues like conflicts of interest:

Because with the swine flu, say we've got only a minute 20 to two minutes to cover a story, and say if someone did have a conflict of interest, well one I probably wouldn't use the interview in the first place, there's only so much I could tell in the story, you know what I mean, and angles are really important, pictures are really important for TV, a lot of the things that come out to do with medical stories which the *Sydney Morning Herald* covers, we can't cover simply because 6pm our audience aren't interested in it.

Demands of the medium, as this quote reveals, are constitutive of demands of the audience and clearly these internalised perceptions may be a potential impediment to journalists reporting conflict of interest issues, particularly in any depth. Conversely, television news rooms frequently receive video news releases from drug companies that provide cheap and quick material that is often reproduced in news bulletins (Moynihan, 1998).

*Personal beliefs*

Journalists' own beliefs are an important factor in how they perceive and approach the issues on which they report. For example, one journalist said that having a general belief in the importance of vaccinations may have been a factor in them not being as questioning about issues surrounding the vaccine, such as the quantities the government bought:

It didn't occur to me until quite late on that if you're a vaccine, if you're in the vaccine manufacturing business, that this was a hell of an opportunity. It didn't, it was quite late before I thought hang on... Yeah that there are actually this was a commercial opportunity for some people, for a small group of companies.

This echoes our comments about the characteristics of swine flu as a story and, particularly, the way in which the vaccine represented a form of reassurance in the face of what was being treated as a deadly threat. People's general faith in vaccination may have blinded them to potential conflicts of interest, but casting any doubt on the vaccine also risked potentially feeding the agenda of the anti-vaccine lobby. Taken together, these considerations highlight the need for transparency on issues related to who stands to gain from public health emergencies.

### *Swine flu's legacy?*

The swine flu pandemic may have acted to further sensitise journalists to conflicts of interest as an issue worth investigating in relation to government and expert responses to public health issues. Reference was made to learning to be more suspicious, to query motivations, and to look more closely at who is making decisions and their industry connections. Many reported

being more sceptical about the involvement of the pharmaceutical industry, as shown in the following comment:

... I do think there was that perception that industry helped sort of lean heavily on them [the government] to roll out this massive [vaccine] program.... I think probably I was, yeah, probably a little bit cynical after the pandemic of some of the health authorities, and maybe some of the processes involved in perhaps vaccine programs. So it's probably made me slightly more cynical about the role of the pharmaceutical industry.

The overwhelming sentiment among journalists was that conflicts of interest were important and that the public deserves to be made aware of them. In line with recommendations by professional bodies, journalists need to examine their own practices to ensure that sources' conflicts of interest are identified and declared. This may take the form of exercising greater scepticism of how issues are framed, and who is set to gain from that, and adjusting the assumptions they make about their sources. But clearly individual journalists can be constrained in their ability to address conflicts of interest by various factors, including the expectations and priorities of news editors and managers, who may need to be convinced of the relevance and newsworthiness of the issue. This is hinted at in the following comment:

...there'd probably be things that having been through the experience and some of the things that occurred afterwards that you would be thinking of doing better as a journalist such as scrutinising the connections and possible conflicts of interest of the

people giving the government advice, I don't think that was done well until after the event and still, although I found it difficult to get that stuff in the paper even after the event I think that all journalists should possibly take that on board.

Journalists are just one part of the picture when it comes to addressing conflicts of interest. Media organisations must ensure policies and systems are in place, rather than leaving the issue to the discretion of individual journalists. Journalists would also be aided by institutions, such as universities and other research and government-funded agencies, adopting strategies to minimize such conflicts and ensure transparent declaration and effective management.

## **Discussion**

Our central focus in this study was how journalists negotiated the issue of conflicts of interest in their reporting of swine flu but the findings have wider relevance. For the most part, journalists did not consider conflicts of interest to be an issue. This, for the reasons we have identified, is partially understandable. It tends also to be consistent with research showing that information that could help readers decide if researchers might have been biased in their work is often absent in news briefs on scientific research (Zimmerman et al., 2001). Another study of news coverage of medications found that of the stories citing an expert or study group with ties with industry (as disclosed in the scientific literature) only 39 per cent mentioned the ties (Moynihan et al., 2000). On the other hand, it is a little surprising when one considers that participants in our study saw scrutinising the government's public health message as equally, if not more, important as promoting it. Thus it was not that they felt conflicted or obliged to

play a promotional role but simply that investigating conflicts of interest did not form part of this scrutinising or ‘accountability journalism’ role (see Clarke, 2011).

To the extent that experts’ links to swine flu vaccine manufacturers have been a key source of conflict of interest concerns and allegations, we will briefly consider the extent to which conflicts of interest appear to have been a topic reported in media coverage of other emerging infectious diseases and new vaccines. We note that our own study of print and television news coverage of swine flu, along with Hilton and Hunt’s (2011) study of UK print coverage, reveal that relatively little attention was given to issues around the safety of the vaccine and even less to questions about what the manufacturer stood to gain from mass vaccination. A study of newspaper coverage of the swine flu vaccine in Canada makes no mention of any content about conflicts of interest (Rachul et al., 2011).

In research on the reporting of other emerging infectious diseases such as SARS and avian flu it is notable that conflicts of interest are also not discussed (Larson et al., 2005; Ungar, 2008), suggesting that a reluctance to broach the issue is widespread in media coverage of public health and medicine. Indeed, media coverage tends to focus on the disease itself and much less on questions about the vested interests of sources. The controversy over the MMR vaccine in the UK drew significant attention to the role of the media in undermining public trust in vaccination. The author at the centre of the controversy, Dr Andrew Wakefield, was later found to have conflicts of interest but this was after his research attesting to the alleged risks of the vaccine was widely reported in the UK media (Hilton et al., 2007; Lewis and Speers, 2003). While the circumstances of this case were clearly in a different vein to the issues

around conflicts of interest discussed in this article and publicised in the wake of the swine flu outbreak, the fundamental outcome of undermining public trust in scientific researchers and health authorities is just as real.

Given the factors that can constrain journalists from directly broaching conflicts of interest with their sources, there is a need for governments and the scientific community to take greater responsibility for making conflicts of interest transparent. Self-policing and a willingness to discuss real or potential conflicts of interest in public forums would not only indicate a desire to defend their credibility (McComas and Simone, 2003) but may actually enhance their credibility. In Australia, there is currently no systematic mechanism for ensuring that financial ties between health care professionals and industry are disclosed (Sweet, 2010a). In the US, several mechanisms for making financial ties publicly available have been put in place in response to the government accepting the recommendation of a 2009 report by the Institute of Medicine (Sweet, 2010a). Guidelines are available for health care professionals and researchers in Australia (Royal Australasian College of Physicians, 2006) and, while these do not directly address responsibilities in relation to their dealings with the media, guidance for other settings indicates that open and complete disclosure is expected and encouraged.

Online publishing presents new opportunities for the media to provide more background about their sources and to allow citizens to weigh conflicts of interest (Hayes et al., 2007; Krinsky, 2007). In our study one suggestion was that there needs to be some form of public register that is regularly updated to reflect the conflicts of interest of experts. The availability and accessibility of such information could overcome the issue of journalists assuming their

sources to be without conflict and also help to build trust among the public and professions, which is so critical to the effectiveness of responses to public health crises. It would also overcome any sense of reluctance among journalists and experts to discuss conflicts of interest for fear that they may be accused of undermining public health advice. To the extent that conflicts of interest generally come to light eventually, this kind of resource might also help to ensure that reporting of future large scale public health issues focuses public attention on the content of disputes in science and the policies supported by the science rather than exposés of conflicts of interest (see Munnichs, 2004).

Despite widespread calls for transparency and disclosure, there is also justifiable concern about the practicalities and potentially unintended consequences of it being taken too far (Cain et al., 2005; Caplan, 2006; Jansen and Sulmasy, 2003; Stossel, 2007). Transparency in itself is not enough, particularly if it is not consistent (see Goodwin, 2004). Clear advice and guidance about how journalists and the public should interpret and use the information included in any public register would be needed to ensure that the value of reasoned argument is not undermined by disclosure (see Jansen and Sulmasy, 2003). Greater openness on the part of all relevant stakeholders will be important for ensuring that such systems are used fairly and in a way that does not unnecessarily jeopardize public trust.

Our study could be criticised on the grounds that by asking journalists about conflicts of interest we were asking them to comment on an issue they might not have otherwise considered during their reporting of swine flu and that this in turn compromises the findings. In accounting for their practices journalists may have constructed their responses in reaction to

anticipated criticisms. In response to this, two points are important. If this were the case, journalists would have been less likely to admit that they overlooked conflicts of interest during the swine flu outbreak or that asking about conflicts of interest was not a routine part of their practice. Certainly, in their reflections and recollections of their reporting we might suggest some of their responses were framed as excuses for not doing so. But it is also important to recognise that these are explanations that shed light on some of the barriers that arise for journalists when it comes to broaching the issue of conflicts of interest with their sources, editors and, ultimately, in their news outputs. Secondly, as noted, interviewees made comments relevant to conflicts of interest independently of our direct questions about it.

## **Conclusion**

The conflicts of interest that have been identified and criticised in the wake of the swine flu pandemic provide confirmation for Holmes' (2008) observation that insufficient attention has been paid in the literature on infectious diseases communication to key questions such as who stands to gain from declaring a situation a public health crisis and who has the power to make such a decision. This lack of attention appears to have been mirrored in the media's coverage of swine flu, suggesting in some sense that, while conflicts of interest are a growing concern within certain academic and professional circles, much more needs to be done to ensure that it is an issue at the forefront of people's minds at the moment when emerging infectious diseases and other public health issues are beginning to be promoted. An important finding of this study is that the swine flu pandemic appears to have heightened journalistic concern about the conflicts of interest of experts and policy advisors.

This study advances our understanding of how journalists perceive and approach potential conflicts of interest among their sources and the factors that shape their practices in this regard. We have shown that the inclination and capacity of journalists to investigate and even address conflicts of interest among their sources is influenced by how the issue is framed by authoritative sources (which is potentially influenced by considerations of a political as well as scientific nature), expectations of sources, perceptions of audiences, constraints of the medium in which they work, and personal beliefs. These must be understood in the context of the changing media landscape, which arguably presents both challenges and opportunities for journalists and others concerned to give their audiences/publics the fullest opportunity to determine the overall legitimacy of their claims.

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### **Notes**

<sup>1</sup> We thank one of the reviewers for drawing our attention to the importance of making a distinction between being *tempted* to do something morally wrong vs. being *likely* to have done something morally wrong.

<sup>2</sup> See Briggs and Nichter (2009) for a discussion of how different models of biocommunicability functioned during the swine flu pandemic and for a more general discussion of the concept. Their article does not deal directly with the issue of conflicts of interest but usefully highlights how 'official' and 'alternative' accounts of swine flu circulated in mainstream and digital media platforms.

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