How to meet the media

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Occupational physicians on occasion will have to respond to inquiries from the print and broadcast media, particularly in situations involving the health or death of workers. They must be prepared concerning the issue at hand, be factual, be cooperative, and be careful of questions that are 'just off the record'. As representatives of organizations at times of corporate stress, they must be truthful in the presentation of explanations concerning the causes of mishaps and the means of averting future repetitions of comparable hazardous episodes. A set of principles is offered which will aid physicians in their discussion of serious health and safety issues at the worksite.

Key words: Communication; disasters; interviews; mass media; newspapers; television.

While the crush of questioning reporters and the flashes of multiple cameras have become standard accompaniments of most televised news events, occupational physicians will, on occasion, have to respond to less dramatized queries from the print and broadcast media. The escape of a hazardous effluent, a toxic release, a work-related fatality, a sizable explosion, or the discovery of a new occupational disease will bring media personnel to the employer for clarification of cause and some forecast of ultimate effects. Most clinicians are unaccustomed to incisive interviewing and may either refuse to respond to requests for information or handle the interaction badly.

If the newsworthy episode is of a medical nature, its discussion should not be conducted by the chief executive officer or the public relations person, for clinical matters can be misconstrued—the task of meeting with reporters should be that of the physician who understands the relation of hazardous chemicals or faulty physical agents to affected workers. That the interactions between writers for the media and scientists have so often not been accurate is reflected in the comment of one observer—"Why...is there such a painful discrepancy between the expectations of the scientist to communicate effectively on his science and the actual outcome in the media presented by the journalist?" In place of putting events in perspective and alienating public concern, the media "often exacerbate anxiety with ignorant and/or alarmist coverage," thus selling more papers or magazines, while thinning the truth excessively.

The format for a news-seeking interview may be a telephone call, a visit to one's office, a news conference, an inquiry following a medical meeting, or a television interview. Apart from certain camera considerations in the last setting, a select number of principles can be applied to most inquiry situations:

- Verify the reporter's credentials to assure oneself that he or she truly represents the publication or news outlet indicated.

- For factual identification, provide the reporter with a brief biography, including the correct spelling of your name, your title, and a clear delineation of your responsibilities.

- If you are informed of the reporter's newspaper or magazine in advance, review an issue or two to determine the writer's medical or scientific knowledge as manifested in previous columns or articles.

- Determine the objective of the piece to be produced so that you will not deviate from the subject.

- Avoid technical jargon, but medical terminology can be used provided terms are defined or given lay equivalents.

- As in giving expert testimony, allow the reporter to complete the question, and, before responding, give a moment's thought to the query.

- Give short, precise answers, avoiding long rambling explanations that may not adhere to the point at issue; for electronic news a 15- or 20-second sound bite will preclude erroneous editing.

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Avoid answering hypothetical or 'what-if' questions, particularly when workers' lives have been endangered, and the reporter is attempting to make a news item larger than is warranted.

If you represent the employer or an organization, keep personal opinions to yourself, for even though they may be labelled as such, they will appear as the views of the group represented.

It is perfectly permissible to say, "I don't know", but do seek the information and get back to the reporter; never fabricate an answer or lie.

On occasion, a media representative will try to upset or anger or challenge the interviewer; remain calm and cooperative, and if there is an error in the question, point it out pleasantly and correct it.

Be careful of questions—or answers—that are 'off the record', for soon or late the material will be included in the report; inherent in these queries will be the gist of the subject as it always was in Lt. Columbo's terminal question, on his leaving a suspect, of "Oh, by the way . . ."

In certain situations, the company will have erred, or a disastrous episode could have been averted; do not say, "No comment", but admit to the fault and point out the mode of correction.

It is best to speak in complete sentences, avoiding the stringing together of sentence fragments that will be puzzling and not an accurate response to the question. Above all, be prepared, for the interview will end up as an educational experience for the reader who is encountering, most likely, totally new information.

A situation has arisen in the United States where news may be censored as large corporations are buying out the electronic networks, and tailoring the reporting of sensitive issues. It is hoped that the practice will not grow so that the reader or viewer will continue to be enlightened in the areas of health and beneficial life styles. Professional societies have initiated courses and have prepared reading materials so that their members may be better equipped when meeting with the media. (Coyne KH. Personal communication, 20 November 1995.) The occupational physician can be the unbiased observer whose word will be believed in the reportorial world. May the wrongs of the asbestos story never be repeated.

REFERENCES


SUGGESTED READINGS