



Biomedicalization and the public sphere: Newspaper coverage of health and medicine, 1960s–2000s



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ABSTRACT

This article examines historical trends in the reporting of health and medicine in *The New York Times* and *Chicago Tribune* from the 1960s to the 2000s. It focuses on the extent to which health reporting can be said to have become increasingly politicized, or to have shifted from treating the production of medical knowledge as something belonging to a restricted, specialized sphere, to treating it as a part of the general arena of public debate. We coded a sample of 400 stories from the two newspapers for four different Implied Audiences which health stories can address: Scientific/Professional, Patient/Consumer, Investor and Citizen/Policy maker. Stories were also coded for the origin of the story, the sources cited, the presence of controversy, and the positive or negative representation of biomedical institutions and actors. The data show that through all five decades, news reporting on health and medicine addressed readers as Citizen/Policy makers most often, though Patient/Consumer and Investor-oriented stories increased over time. Biomedical researchers eclipsed individual physicians and public health officials as sources of news, and the sources diversified to include more business sources, civil society organizations and patients and other lay people. The reporting of controversy increased, and portrayals of biomedicine shifted from lopsidedly positive to more mixed. We use these data in pinpointing how media play a constitutive role in the process of “biomedicalization,” through which biomedicine has both extended its reach into and become entangled with other spheres of society and of knowledge production.

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Introduction

One of the key points in Clarke, Shim, Mamo, Fosket, and Fishman's (2003) well-known discussion of biomedicalization is the idea that “information on health and illness is proliferating through all kinds of media, especially in newspapers, on the Internet, in magazines, and through direct-to consumer prescription and over-the-counter drug advertising” (p. 177). Their wide-ranging discussion of the “Transformations of Information and the Production and Distribution of Knowledges” stresses the increased “heterogeneity of knowledge sources,” particularly sources of a public character, which disrupts “the division of ‘expert’ versus ‘lay’ knowledges” in the field of health and medicine. The production and circulation of biomedical knowledge have increasingly moved from what was construed as a private sphere of doctor–patient communication or the restricted sphere of communication among professionals into the public sphere, where the communicative norms of biomedicine compete and combine

with those of marketing, journalism and political debate. Clarke et al. and other authors (Bell & Figert, 2012; Clarke, Shim, Mamo, Fosket, & Fishman, 2010; Conrad, 2007; Dumit, 2004) position the emergence of new communicative technologies and practices not as “representing” preexisting biomedical objects and subjects but rather as helping produce the transformations associated with biomedicalization, thereby placing the transformation of health and medical communication alongside both the increased social impact of biomedicine and the interpenetration of medicine with the state and the market. These developments increase the range of social interests that are affected by and implicated in the field of health and medicine, and thus increase both the potential for public controversy and range of actors prepared to intervene in it. The “public sphere,” it should be noted, is complex and layered (Fraser, 1990), and in contemporary scholarship the term is sometimes used in the plural. Because we are focusing here on “mainstream” media with broad mass audiences and a hegemonic role, we use the term in this article in the singular, even if we point to some of the diverse kinds of publics that are constructed in health news.

This article explores historical changes in medical and public health reporting in the U.S. media, with emphasis on the extent to which health reporting has become overtly politicized, adapting

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the conventions normally applied to public controversy. In two previous articles, we developed an argument about contrasting models of “biocommunicability” which structure public communication about health and medicine (Briggs & Hallin, 2007, 2010). The concept refers to the literatures on “biopolitics” and “bio-sociality,” which focus on how the practices of medicine and public health define social subjects (Foucault, 1997; Ong, 1995; Rabinow, 1992); we are interested in the specifically communicative dimensions of this process. Models of biocommunicability are sets of norms and assumptions about how knowledge and information about health and medicine can and should be created and circulated, about what kinds of actors will play specific sorts of roles in this projected flow of information. Based on discourse analysis of newspaper coverage of public health, we identified three dominant models: the Medical Authority Model, which assumes a linear, top-down transmission of medical information from biomedical professionals to patients and other lay persons; the Patient–Consumer model, which centers on active lay patient–consumers who seek medical information and use it to make choices about issues that affect their health; and a Public Sphere Model, which centers around the citizen who will judge the actions and claims of public health authorities and biomedical professionals, and may, in some variants of the model, actively enter into the production and discussion of health-related information. Our initial studies were based on news coverage from 2002 to the present supplemented by interviews with health and media professionals and audiences and ethnography.

As we went forward with the study, we were consistently impressed with the high volume of prominent stories focusing on controversies over medical knowledge and authority. Many focused on conflicting results in biomedical research and on the influence of pharmaceutical and medical device companies on research and medical practice. We suspected that this trend may have dated from the such events as the Vioxx scandal, which broke in the U.S. press in 2004, when drug-maker Merck voluntarily withdrew their COX-2 inhibitor medication after data indicated that it increased risk of heart attack and stroke. A major controversy arose over whether the company had suppressed information that might have hurt massive sales of the drug. There is obviously, however, a longer history to the politicization of health information, going back to public debates over Thalidomide in the early 1960s, the Dalkon Shield in the 1970s, and HIV/AIDS in the 1980s. This study uses a content analysis of U.S. newspaper coverage of health and medicine from the 1960s through the 2000s to test a set of propositions about changes in the way journalists reporting on health and medicine address their audiences, the sources they use, the extent to which they focus on controversy, and their representation of biomedical institutions.

Here we attempt to deepen and refine understanding of the role of news media in biomedicalization. By modeling the boundaries of biomedical spheres, how particular voices help to constitute and structure them, and how they should relate to capital, social movements, government agencies, and other arenas, health journalism would appear to have played a key role in shaping the emergence of biomedicalization. The findings we report here suggest that some of the processes associated with biomedicalization emerged in health news within what has been characterized as the era of medicalization. We draw both on literatures in political communication and journalism studies not usually applied to the study of health communication, and on literatures in the anthropology and sociology of medicine, not generally known in media studies, to see how the news media projects health as a problem of knowledge. We use a combination of quantitative content analysis and interpretive analysis to examine how health issues are constructed in news coverage as being of public concern, and how

different voices are projected as having status to participate in the circulation of health knowledge. Among other innovations, we propose a method for measuring the implied audience of news stories on health and medicine, which permits us to trace historically the kinds of “publics” health news has presented itself as addressing.

Method

This study is based on a sample of health-related articles in *The New York Times* and the *Chicago Tribune*, which were subjected to quantitative content analysis as well as qualitative analysis. We focused on the daily newspaper because it is relatively easy to compare over time. Not only is the material accessible, but also the daily newspaper, despite the well-known decline in its readership, has to this point been more stable in audience and economics than many other media. Network television news would be the other obvious focus for such a study, but is not accessible prior to August, 1968. *The New York Times* has importance as a medium that shapes the flow of information to policymakers and opinion leaders. At the same time, we were concerned that it might have a more consistent orientation toward public policy than ordinary metropolitan newspapers, and not fully reflect the role of consumer-oriented health reporting. Hence the decision to include both the *Times* and a regional paper.

The sample included 400 articles, 200 each from *The New York Times* and the *Chicago Tribune*. For each newspaper we sampled 40 articles per decade, 20 articles for each of two years chosen to fall toward the middle of each decade, the fifth and seventh years (e.g. 1964, 1966). We used the terms *health*, *medical*, *medicine*, *doctors*, *nutrition*, and *pharmaceutical* to search within the headlines and lead paragraphs. The search was limited to “news” articles (as defined by the database); editorials and op-ed pieces were excluded, though medical columns appearing in the news pages (e.g. “Staying Healthy”) were included. We also excluded articles from the sports, travel and magazine sections, and articles less than five paragraphs long. The list of article headlines that the database returned was vetted to eliminate non-health articles. These included stories about health professionals in the news for reasons unrelated to health, metaphorical uses of the word “health,” obituaries of health professionals and stories about the health of public figures, except when the article went into detail about the illness. Five articles were selected randomly out of each of two randomly selected months for each year. We used a ProQuest database to access all articles, except *Chicago Tribune* articles from the 90s and 2000s, which are not included in ProQuest and for which we used the NewsBank database provided by Access World News.

One of the principal goals of the study was to track historical changes in the implied audience of news stories. Each story was coded for four possible implied audiences: Professional/Scientific, Patient/Consumer, Citizen/Policymaker and Investor. The idea was to judge the role in which journalists were addressing their readers, or to put it another way, the uses for which the information was presented as being intended. Articles coded Professional/Scientific were those that focused on scientific knowledge “for its own sake” or for its value in professional practice; these articles were often marked by the use of technical language and the presentation of detail about research method, or by addressing decisions that would have to be made by health professionals. Patient/Consumer articles were those that provided individuals with what was framed as information they might use to make individual decisions about their own health and medical care; these articles were marked by such indicators as imperative voice and second person address, or references to patient perspectives. Citizen/Policymaker articles were those that focused on public policy decisions or more

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