Rethinking the Relationship between Medicine and Media: Two Examples from Croatia

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The communication between medicine and media is an important component within the complex process of changes in postcommunist transition countries. It reflects not only organizational and legislative state of the society but its cultural adaptability and character. In that respect, media communication could be a tool for shifting the existing attitudes to innovative evaluation of physician’s responsibility. Adapting to the democratic society necessitates more effective communication and improvement of all components of communication process: medicine, media, and the public sphere. Existing communication strategies in Croatia were recognized as inefficient and proved damaging for the health care system and society in general. As a demonstration, two representative examples were analyzed in this paper: the case of deaths related to Baxter dialyzers, and the case of pediatric cardiac surgery at the Zagreb University Hospital Center. The cases illustrate the lack of communication within the medical profession and physicians with the executive government, and the public. There is a great need for more effective communication and skillful professionals in transition countries. The future concept of the communication should be characterized by contextual and “cross-talk” approach.

Key words: cardiac surgical procedures; communications media; Croatia; death; medicine; renal dialysis

Medicine is one of the areas of human activity with which public does not have direct contact and on which it is informed mostly through the media. In certain situations media can affect public attitudes on medicine. According to the Eurobarometer survey (1), 52.9% of the population consider medicine the most interesting among all scientific fields, and the doctors are the first on the list of those who are trusted the most, far ahead of the scientists, engineers, judges, sportsmen, artists, journalists, and politicians. Having everything the media need – human interest, drama, blood, and death, medicine is a topic that the media especially like. Interrelation of those two fields is a complex but challenging territory, intertwined with various aspects of human life and behavior. In spite of that, the importance of interrelation of those two fields is still largely undeveloped and underestimated in many countries, especially those undergoing the postcommunist economic transition, like Croatia. The causes of such development in Croatia are multifaceted and originate in political and media changes in the 1990-ies. By not separating the ownership and the editing structure that could have ensured that media production would not bring with itself tabloidization of the press (2), and with the inadequate media “politics”, a whole range of factors appeared which more or less influenced sensationalism and the deterioration of the quality of the media expression: poor educational level of journalists (2), impoverishment of the higher middle class – the biggest buyers of the newspapers (3,4), non-existence of a market in a country devastated by war and post-war circumstances, and the high cost of newspapers in general. Since they are commercial products, in this situation the newspapers did not hesitate to use any means in the struggle for readership. With the rise of sensationalism, scandals became what one must simply write about, without regard for the truth, investigation, or objectivity of information. Secondly, the border was erased between what was traditionally thought of as boulevard print and good quality journalism. Thirdly, self-promotion was imposed on media presentation, so that the newspapers would sell, even to the degree that news is not news but an advertisement for news. Fourthly, both professional and ethical standards were seriously damaged.

This paper attempts to investigate the role, quality, and the significance of the media–medicine communication relationship, based upon two particular cases: the case of deaths related to Baxter dialyzers (5) and the case of pediatric cardiac surgery at the Zagreb University Hospital Center (6).

I address questions on how journalists obtained information in those cases; whose agenda was spread by the media; what were the media strategies applied in each case (unofficial sources, commentaries, or sensationalist approach); and were the sources professional, well prepared, and responsible towards the
media and the public. For that purpose, the genesis structure, and the quality of information sources were analyzed as well as the quantity of non-official sources quoted by the media. The genre analysis of texts was performed to elucidate its primary function, informative or appellative. The analysis of the headlines was used to explore their correspondence to the content of the article and their role in creating sensationalism.

All together 140 newspaper articles (dailies Vjesnik, Večernji list, Slobodna Dalmacija, Novi list, and weekly magazine Globus) were analyzed: 110 articles on the Baxter case (from October 14, 2001 to December 31, 2001), and 30 articles on the pediatric cardiac surgery at the Zagreb University Hospital Center (from January 24, 2003 to June 20, 2003), by case study method and analysis of content in order to achieve the contextual approach, referring to the entire situation, background, and environment relevant to this specific issue.

**Baxter Case**

**Course of Events**

On October 12, 2001, the Croatian Institute of Public Health acknowledged that 4 patients died in the dialysis center in the Požega General Hospital in a single day. Within the next week, October 8-13, a total of 23 dialyzed patients died in the Croatian hospitals of Zagreb, Dubrovnik, Rijeka, Požega, and Pula (5). The analysis of all possible risk elements associated the deaths with dialyzer P-15 or P-18, manufactured by Baxter, USA, and distributed by Pliva, Croatia (7). The case grew into a scandal that filled the media space of Croatian newspapers for months. It is an example of the lack of communication, both with the public and the media, and within the medical profession itself. This paper thus provides the media view of the course of events, supplementing the epidemiological insight already published in 2001 (5).

The news about the tragedy spread from dialysis units to the public through the media. The first article on the tragedy appeared on October 14, when the newspapers published that 23 patients died of dialysis in Croatian hospitals. The event sold newspapers daily for months and months. The government held an executive session on October 15, 2001. The Ministry of Health formed a special Council with the task to examine the situation in the hospitals where similar events occurred. The tragedy was enormous and the Minister of Health finally resigned.

**Analysis of Newspaper Reports**

The Baxter case can be divided into three phases regarding the media events surrounding it. In the first phase, the scandal was created. In the second phase, the media focused on the consequences: court proceedings or a deal with Baxter? In the third phase, new topics arose, such as the state of the dialysis units, other Baxter products, and organizational problems of dialysis and kidney transplantation.

The Baxter scandal showed three levels of serious communication problems and even the nonexistence of communication in a crisis situation in which such communication is imperative. Beside the relationship between the media and public, communication problems were obvious within the medical profession, as well as between the media and executive structures (government).

Communication, not only with the public but also with the government, was so compromised in this case that the Minister of Health finally resigned. The lesson from this is best summarized by the statement of the Prime Minister of the time, Ivica Račan, that “information shouldn’t be concealed” (executive session, October 15, 2001). In the same session, one minister asked who had the power to stop the import and use of the suspect dialyzers. But “even after trying to answer the question several times they came to the conclusion that nobody could control the import of the suspected dialyzers” (8). Paradoxically, while appearing not to be hiding information, the government did just that: the Ministry of Health issued a recommendation to the hospitals not to communicate with the media (cf. 9)! On the day when the news leaked to the media, a press conference in Pula was cancelled. The explanation was the ban from the Ministry of Health, because of which no one from the hospital could give any information. Such unbelievable action of the Ministry was a flagrant violation of the public’s right to information, an intolerable act of censorship. In this situation, it was also unnecessary because the journalists could not get the respective information from the official sources anyway. Even the simple question “who tested the dialyzers?” remained unanswered. The responsible institutions either pointed to the other guilty party, or there was simply no answer (9).

The role of media in creating this scandal can be assessed from the use of unofficial sources, frequency of opinion/editorial commentaries (as against straight “news” pieces), and intrinsic inaccuracy of the articles. The frequent use of unofficial sources shows an active role of the media in creating the case, since it could create distrust, lead to exaggeration, and could alarm the public and create panic (10). Out of 46 analyzed texts which contributed to creating the Baxter scandal, only 2 used unofficial sources, and these were accompanied by some official sources as well (Table 1). In the first article, for example, the unofficial source is mentioned alongside the 6 official ones. The “unofficial”, in all cases, was the statement that

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<th>Date</th>
<th>News</th>
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<tr>
<td>14 October 2001</td>
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<td>15 October 2001</td>
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<td>37</td>
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<td>16 October 2001</td>
<td>23</td>
<td>1</td>
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<td>January 2003</td>
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<td>February 2003</td>
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<td>June 2003</td>
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*The analysis included 72 articles published during the creation of the Baxter dialyzers scandal. The articles published after the first phase were about the consequences of the scandal – court proceedings or settlements with Baxter.*
linked the same type of dialyzers, claiming that these had membranes that – although it was not known at that time – were products or imports of Pliva. In the second article, the “unofficial” source was just an alibi for the real source: because of the recommendation of the Ministry of Health on non-disclosure of information, the source needed to remain anonymous; this source was also mentioned alongside the official one.

As the second measure of the role of the media in the creation of scandal I consider the relationship between the information and commentaries: if the commentaries were frequent at the beginning of the story, it could be concluded that the media intended to create a scandal. Thus, I was interested only in the function of the articles. For this analysis I divided them into two categories: reports and commentaries (for simplicity, both news and interviews were categorized as reports). Out of 110 analyzed texts, only 8 were commentaries.

The first commentaries appeared when the scandal had already been filling Croatian newspapers for two days, on Monday, 15 October 2001. Vjesnik, together with 3 texts on deaths on dialysis, published a commentary on the responsibility for those deaths, and on the political consequences. Nonetheless, less importance was given to the commentary than to the information. The information was published on half of the first and on the third page, while the commentary appeared on page 14, with a poorly visible trailer (a mere 4 cm² in size) on the front page. On the same day, Večernji list published a small commentary of 28 lines in a single column, not emphasized by the layout, on the double inside page, which was completely dedicated to the Baxter case. The commentary was a part of a story consisting of 10 larger and smaller articles. The third commentary was a part of a story in Jutarnji list. On one and a half pages, again with a few reports, there was a piece that I characterized as a commentary only because it included the writer’s attitude in the last paragraph (of 9 paragraphs in total). Otherwise, even this article was the chronology of events in the Baxter case. The remaining 5 commentaries were published from November 23, to December 30, 2001. Obviously, commentaries did not have the purpose to initiate, or to exaggerate this case. Even the possible directing towards a certain strategy points to the use of manipulation in order to achieve certain goals. The example for this are the strategies of the two most important persons involved in the operations, both fighting for the position of Head of the Department of Cardiac Surgery. This is especially the case of the current president, who from very limited public statement (14) openly takes the role of the primary creator of media agenda and news (12). Other expert sources also gave statements that statistical data on deaths were “not known” and that they “wouldn’t comment” (11,14). Even for lay persons who do not know much about the responsibilities of physicians in monitoring their profession, it is hard to believe that Head of Pediatric Heart Surgery does not know about the success rate of operations and mortality related to them (11). At the very end of the first part of the scandal, in his open letter, the Head of Department of Cardiac Surgery of Zagreb University Hospital Center said that there was communication on the issue within the profession and stated: “... I warned on time and before Novick’s arrival, verbally and in writing... about the surgical erroneousness and exceptionally high mortality rate during the operations of that surgeon...” (12).

Creating Saliencies: the Role of Medical and Media Professionals

In the case of the children cardiac surgery deaths, basic details remained undisclosed. Information that most of the children with that specific diagnosis were operated on in the hospital and had died was not sufficient for the experts, and especially not for the lay public. Only when compared to the 90-100% success rate of the hospitals in Bratislava, Linz, or Paris the situation becomes clearer to a lay person (15-17). Since there were very serious allegations against surgeons, it was even in the interest of the experts to know the exact cause of the children’s deaths: did they die dur-
ing the operation and why, or did they die afterwards and of what causes, and were the operations done at an optimal time. Even after the investigation of the Zagreb University Hospital Center commission, most of this information was still not known (14). The investigation only confirmed that the operation on the baby whose death precipitated the scandal was undertaken at the time when its fatal outcome could be predicted. In spite of all this, the media gave balanced reports. Večernji list in its first article (11), which started the scandal, gave statements of all involved parties, as well as a few independent sources.

To take another example from the same case, Novi list wrote: “In Rijeka during the last two years 20 children were operated on and none of them have died. In expert circles this was explained by the fact that not one child was operated on without prior careful consultations of many experts, the fact that pediatric heart surgeons specialists participated in the operation, and afterwards the surgical team had evaluated the probability of the success of the operation” (13). It is commendable that the death rate in these Rijeka operations was nil, but the public should be told that those operations were not similar to the ones performed at the Zagreb University Hospital Center. The truth about the information was what Novi list published the next day: in Rijeka they operate only when they can be sure of the positive outcome; but nobody in Croatia is capable of the transposition of the large blood vessel malformations with a favorable outcome (18).

What was the role of the media? Of 30 analyzed articles in the first part of the scandal, only four were commentaries, first 3 published by Večernji list, and the fourth by Jutarnji list (Table 1). The first commentary was written on January 28, 2001, 4 days after the publication of the first article (11), when the scandal was full blown, so it did not have any importance for the initiation of the case. Moreover, the commentary was smaller, with a medium-large headline, and was not emphasized by the accompanying layout. The other two commentaries in Večernji list were published on January 30, and February 6, and the fourth was published in Jutarnji list at the end of analyzed period, on May 11.

Discussion

The analysis uncovered a variety of complexities regarding medicine and media interaction development which Croatia has yet to deal with. The media have different roles in different circumstances. One of them is the so-called “agenda setting” role, their influence on the list of priorities of what the public and politicians think about, thus creating the agenda. To establish the real source of that agenda could be very difficult. In the example of the Zagreb University Hospital Center pediatric cardiac surgery, there are some indications that this case reached the media not because they themselves discovered irregularities which they thought the public should know about, but that the media agenda was created by someone else who had a clear goal, which was not only to disclose irregularities to the public. Several circumstances lead to the thought that part of the medical profession itself was involved in creating the scandal. Firstly, everything happened just prior to or during elections for the new governing structure at the Zagreb University Hospital Center. Secondly, conflicts between the two surgeons, participants in the story, were obvious. Thirdly, when the media lost interest in the story, it was continued by the articles of the protagonists. Fourthly, in the first part of the scandal, when the authors of articles were journalists, there were many unclear details, which had no logical foundation in the possible complexity of the surgical intervention (or some other circumstances) on the basis of which it would be possible to conclude that experts do not have some information or are not able to provide an explanation. Thus it was clear that information was manipulated with a specific goal in mind.

A basic rule of communication in controversial or crisis situations is the constant availability and supply of information. Only that can ease the public’s feelings of fear, panic, and discontent. Even when you do not have or know the information, some response has to be provided. It is calming to say that individuals would inform journalists and the public as soon as the information would be available to them. The Ministry of Health and the main hospitals should start to professionalize their relationship with the media, introduce public health (PR) services, and start investing in the education and communication with the media and public. The professionalization of sources in medicine is unavoidable also because of the very specific and sensitive content that it distributes to the media.

The right of the public to know is incorporated in the Croatian Law on the Media, which is the basic law of democracy. The 1992 Law on Public Information did not allow legal action to be taken against those refusing information to the public. The 1996 Law (19) allows legal action, and stipulates that the authorized person should give a written statement why he or she refuses to give the requested information. The fine according to the 1996 Law on Public Information was monetarily, from US$1,600 to 6,500 (19). According to the 2003 Law, the journalist is allowed to sue the authorized person. If withholding the information, such an authorized person may be punished with a fine of up to US$8,000 (20).

The right to information was compromised in both analyzed cases, since it was nearly impossible for the journalists, and for the public, to get information from official sources. Even the Ministry of Health introduced recommendation – in fact a ban – on giving any information to the public (cf. 9). According to my knowledge, media pressed no charges, no responsible person was sued, but in the Baxter dialyses case the Minister of Health resigned.

Legitimating, agenda setting, and modeling are ways of influencing the media (21). In analyzed examples they acted together and made a suggestion to the public and to the decision-makers what issues to consider (illustrating the back stage situation in hospitals, and interrelations of doctors). The analysis of both cases lead to a conclusion of the reactive role of the media. Commentaries here did not have the pur-
pose to initiate or to exaggerate. According to the criterion of using unofficial or unchecked sources as a way of “constructing” the story by the media, we can conclude that in the Baxter case, the media distributed, rather than created, the case; in other words, they fulfilled their function of informing the public (10): they reported in accordance with professional standards, they were objective, gave balanced information, quoted both sides, various independent sources, tried to supply the public with information from foreign examples and comparison. Journalists chose to report on the events themselves (on the deaths of patients), rather than to interpret or judge (10), or lead the opinion and influence the attitudes.

The lack of communication within the medical profession itself and with the media and the public is the basic problem in the medicine-media relationship regarding the analyzed cases. It is caused mainly by the nonexistence of services communicating to the media. Therefore at least a workable system should have been created ad hoc at the time of these tragic events.

Sensationalism, even more than biased reporting and advocacy, attempts to create a certain mood among the public in relation to certain persons, phenomena, or events. It has intention to construct and direct the public towards desired conclusions. What is immediately obvious in the sensationalist approach is “internal (in)accuracy” (21), in which the headline, as well as distinctive arrangement of the text, does not reflect the text itself. In both cases, not a single such headline was found. In tragedies like the Baxter case, in which 23 persons of various ages and social backgrounds lost their lives, emotions are inevitable, even when reporting on the most meager news, let alone on the personal stories that were written at the time, which were the classic wares of a good journalist.

The most important main failures in providing information flow are presented in Boxes 1 and 2. Clearly, the lack of PR offices for the medical institutions and the government was a serious obstacle in both presented cases. In crisis situations a lot is at stake. In both cases, those with much to lose were the hospitals in which the cases occurred, the Ministry in charge, and the government, as well as the bodies that supervise the

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<th>Box 1</th>
<th>Baxter case – main failures in providing the flow of information:</th>
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<td>• Lack of communication within the medical profession and executive government:</td>
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<td>- The information on the deaths of patients was not sent to responsible supervisory authorities at health care institutions.</td>
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<td>- The executive authorities, ministry, and government were not informed in a timely fashion.</td>
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<tr>
<td>• Lack of communication with the media and the public:</td>
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<td>- Information was not available in an orderly, timely, and accurate manner.</td>
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<td>- Journalists were left to ferret out information through personal connections with the authorities, or to rely on the obviously selected information at press conferences.</td>
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<td>- The Ministry of Health introduced censorship of data available to journalists.</td>
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area in the name of the public and media. One of the biggest stakeholders in this communications process was the medical profession, whose dignity was threatened. During the pediatric cardiac surgery scandal, honesty and expertise were constantly under suspicion, and there was talk of corruption. Words like “blame”, “lack of care and expertise” of physicians and the medical profession were used, and medics were openly challenged to open a professional investigation of their own (22).

As both analyzed cases show, it is necessary to start communicating properly to avoid any future similar cases. Medicine would have to start to professionalize their relationship with the media, and start investing in education and communication with the media and the public. The professionalization of sources in medicine is unavoidable because of the very specific and sensitive content that it distributes to the media. Not understanding that the media have their own logic and that they are deeply embedded in a more complex social process is the consequence of the lack of media culture and media education. Media create our reality by their selection of events or personalities, views, and styles. They must immediately supply the public with, if possible, absolute truths. This leads to unchecked and false information being published, which the reader perceives as reality (23). They need preciseness as well as understandable presentation. In times of crises and emergency situations, a prerequisite of any kind of media communication is the availability of information. This is precisely the weakest point of the media – medicine relationship. The basic problem therefore is the nonexistence of services that communicate with the media – the lack of professional sources of communication.

On the other hand, the transition in the media did not improve standards in the journalistic profession, as might have been expected. Educational levels among journalists are low, so that 60% of the members of the Croatian Journalist Association and 75% of young journalists yet to become its members do not have a university degree (the data from the Croatian Journalist Association, March 2004). Miscommunication between the medical profession and the journalists in Croatia, which marked the current period of time was the consequence of mutual misunderstanding.

The media became an inherent factor which in some circumstances determined the position of the
medical profession in the society. As showed by the two presented cases, such position has to be drastically changed. Cover-up strategies, which are intrinsically non-democratic (concealing information, ignoring the media, and communication with them and the public, according to curative principle that “time cures everything”) was shown by content analysis. Such practices are damaging for the medical profession (especially in the long-term), for the media, and for the society as a whole. It is necessary to learn from this situation and to create an atmosphere of awareness of the need and the necessity of communication. In parallel, this will require changes in both the control and production of the quality in the Croatian health system (24), and also cultural changes, in which the limitations of knowledge and profession, as well as errors, are acknowledged.

References
8 Jelić N, Šantek A. All patients died due to blood vessel obstruction [in Croatian]. Jutarnji list. 2001 October 6;3.
11 Glavina D. Seven babies die out of eight [in Croatian]. Večernji list. 2003 January 24;5.
13 Berbić N. The Ministry is demanding the reports from Rebro [in Croatian]. Novi list. 2003 January 25;5.
18 Čuljat E. We operate on only what we are up to [in Croatian]. Novi list. 2003 January 26;3.

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