

Perspective commentary

Editorial practices should improve to prevent misleading and dangerous medical opinions being published in the letters section of national newspapers

Dr Thomas J Peto ^{1,2}, Prof Weerapong Phumratanaprapin ³,

Dr James J Callery ¹, Prof Sasithon Pukrittayakamee ^{1,3}

1 Mahidol-Oxford Tropical Medicine Research Unit, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand

2 Centre for Tropical Medicine and Global Health, Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom

3 Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand

Correspondence to Professor Sasithon Pukrittayakamee MD, DPhil (Oxon)

Tropical Infection Research Unit, Department of Clinical Tropical Medicine, Faculty of Tropical Medicine, Mahidol University, 420/6 Rajvithi Road, Ratchathewi, Bangkok, 10400, Thailand

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Abstract

Newspapers have a responsibility to report the truth to their readers, and the trustworthiness of the print media remains crucial in our age of decentralized, social media and online commentary. Honest reporting of the evidence and the uncertainties around health claims are especially important as there may be serious consequences if incorrect information is disseminated. Letters to the Editor can fall into a grey area where the responsibility for statements are unclear.

Recently there have been examples of misleading claims printed in letters appearing in the English language newspapers in Thailand. One letter made false statements about vaccine safety which, if believed, could potentially discourage infant vaccination and thereby place children at risk of preventable infectious diseases. Another letter contradicted Thailand's national policy for malaria treatment with artemisinin combination therapies and advocated instead the use of unlicensed, unproven herbal remedies, which if followed could result in the mismanagement of a potentially fatal disease. Both articles risk causing harm and should not have been printed without qualification.

Improved editorial guidelines may help avoid such oversights in future. Such guidelines might include additional steps prior to publication to verify and fact-check health claims, the adoption of a risk-based approach before deciding whether the public interest is best served by publication, and consultation with relevant medical experts. The Thai public deserve to read a range of opinions from readers, including on health matters, but there is an editorial responsibility to ensure in as far as is reasonable, that such claims are evidence-based, appropriately referenced, and accountable.

Key Words: Ethics, evidence-based medicine, malaria, media, Thailand, vaccination

Introduction

“A newspaper is of necessity something of a monopoly, and its first duty is to shun the temptations of monopoly. Its primary office is the gathering of news. At the peril of its soul it must see that the supply is not tainted. Neither in what it gives, nor in what it does not give, nor in the mode of presentation must the unclouded face of truth suffer wrong. Comment is free, but facts are sacred.”

(1)

CP Scott, Editor of the Manchester Guardian, 1921

Newspapers have a responsibility to report the truth to their readers, and the trustworthiness of the print media remains crucial in our age of decentralized, social media and online commentary. Honest reporting of the evidence and the uncertainties around health claims are especially important as there may be serious consequences if incorrect information is disseminated. For example, in recent years misleading claims about the safety of infant vaccination have led to a fall in vaccination coverage in many countries and the subsequent a loss of herd immunity and the reappearance of measles and other potentially fatal vaccine-preventable diseases.(2-8)

Professional journalists and editors are, in general, aware of their responsibilities and are accountable for their output. In the national media, correspondence from readers, often termed Letters to the Editor (LTE), can fall into a grey area where the responsibility for statements are unclear. A respected British newspaper provides the following disclaimer in relation to letters submitted to the editor: *“You acknowledge and agree that **when you provide us with content, or view content provided by others, you are doing so at your own discretion and risk, including***

*any reliance on the accuracy, completeness, of this content. You further acknowledge and agree that the views expressed by you and other users in this content do not necessarily reflect the views of Guardian News & Media, and we do not support or endorse any user content. You acknowledge that we have no obligation to pre-screen, monitor, review, or edit any content provided by you and other users to us.*¹”(9) In our view this is sub-optimal from the perspective of those who will read the letter. These letters from readers are published without proper accountability, but unlike online comments, the act of their publication provides these opinions with the impression of endorsement by the trusted newspaper – or at least provides increased credibility and exposure.

Without an undue focus on any single publication, we wish to draw attention to a number of recent examples of misleading and potentially dangerous health claims published as correspondence in the English language print media in Thailand. We discuss some potential editorial policies that might be adopted to avoid these problems without limiting freedom of speech. We believe that the Thai public deserves to read a range of opinions, including on health, but that there is an editorial responsibility to ensure such printed claims are evidence-based, appropriately referenced, and accountable.

Materials and Methods

We highlight examples of misleading claims that were published in major English language newspapers in 2018-19 relating to potentially fatal infectious diseases (vaccine-preventable viral

¹ Bold lettering added for emphasis by the authors.

diseases, and acute febrile parasitic disease). We have taken these as case studies and have not attempted a systematic review of such letters in all Thai newspapers, nor do these examples represent all published letters from readers which contain misleading or incorrect statements about health.

“No herd immunity”

A letter published under the heading ‘No herd immunity’ was written in response to an earlier article in the same newspaper entitled “Minding the measles” published on the 19th of March 2019, which, correctly, did not call into question the efficacy of the measles, mumps and rubella (MMR) vaccine and cited those who oppose vaccination (sometimes termed “anti-vaxxers”) as a danger.(10) The letter made the following claim in relation to the MMR vaccine. *“Reuters reported that 10% of those infected by measles have been vaccinated, suggesting the premise of herd immunity is a questionable one.”* (11) Herd immunity is the term given to the indirect protection against infectious disease that is produced when a high level of the population becomes immune through exposure or vaccination against a disease.(12, 13) This occurs because the larger the number of immune individuals, the lower the chance a non-immune person will be exposed to the disease. Hence, in a population where most are vaccinated, herd immunity can confer protection even to unvaccinated individuals. This fact, however, should not be used as a reason for parents to avoid vaccination of their children.(14) Observed cases of measles in vaccinated individuals only serve to demonstrate that the vaccine is not perfect in stimulating an immune response (which no vaccine is), but this does not on its own demonstrate that the well-studied phenomenon of herd immunity, is itself questionable.

The letter clearly seeks to undermine confidence in vaccination and the authorities who promote the strategy, stating that. *“Health institutes, big pharma, medical insurance and hospitals are an unholy alliance dedicated to money and are trying their best to legislate public trust and silence their critics.”* There are legitimate criticisms of the pharmaceutical industry and the role of private healthcare providers, some of which we may share, but this hyperbolic statement borders on conspiracy theory.

In another newspaper, a letter titled “why is measles claiming so many lives in the South?” makes claims that in addition to being against international guidelines, have the potential to be used for nefarious purposes given the complex and tense political context. The letter states that. *“There have been 11 measles deaths in the United States since the year 2000. In three southern provinces of Thailand (with 0.67 per cent of the US population) there have been 1,400 cases of measles and 13 deaths already this year! The US Centers for Disease Control and the World Health Organization (the CDC is in the vaccine business and the WHO is populated with former employees of big pharma) blame the failure of herd immunity on anti-vaccine propaganda and claim their recommended MMR protocol is safe. Both of these claims are contradicted by plentiful peer-reviewed evidence to the contrary.”* This peer-reviewed evidence is not cited and the letter makes further claims. *“The side-effects from MMR are notoriously serious and in some cases lethal. Therefore an investigation should be conducted to determine if the current batch of vaccine is not effective or is in fact defective.”*(15) This statement directly contradicts the clear advice provided by the World Health Organization. *“The measles vaccine has been in use since the 1960s. It is safe, effective and inexpensive. WHO recommends immunization for all susceptible children and adults for whom measles vaccination is not contraindicated. Reaching*

all children with 2 doses of measles vaccine, either alone, or in a measles-rubella (MR), measles-mumps-rubella (MMR), or measles-mumps-rubella-varicella (MMRV) combination, should be the standard for all national immunization programmes.”(16) The notion that the MMR vaccine causes autism has also been widely debunked. Moreover, the original publication making this link, which negatively impacted vaccination uptake, has since been retracted and shown to be fraudulent. (17-22) Writing in 2008, Doctor Ben Goldacre commented *“People make health decisions based on what they read in the newspapers, and MMR uptake [in the United Kingdom] has plummeted from 92% to 73%: there can be no doubt that the appalling state of health reporting is now a serious public health issue. We have already seen a mumps epidemic in 2005, and measles cases are at their highest levels for a decade.”*(23)

Contracting measles can have serious consequences. This year, close to a quarter of a million people in the Democratic Republic of Congo (DRC) have been infected with measles, and according to the World Health Organization, we are witnessing the world’s largest and fastest-moving epidemic. In the last 15 months alone, there have been almost 5,000 measles deaths in the DRC, more than twice the number who have died of Ebola there.(24, 25) Prior to the outbreak, measles vaccination coverage was only 57%, well below what is required to achieve herd immunity.(26) A weak health care system, attacks on health facilities, logistical challenges and a community mistrust of vaccines and vaccinators all contributed. Clearly, there are already many barriers to addressing the global burden of measles. The dissemination of factious and misleading health claims should not be another.

Separately, a letter entitled 'Flu jab jitters' a reader writes that *"The flu vaccine is, in general, not very effective. At best it works about 50% of the time and at worst it does not work at all. Furthermore, there are side effects associated with flu shots and these can be severe or even fatal, especially in very young children."*(27) Elsewhere this letter does at least encourage readers to go to the US government Centre for Disease Control website, but there is no direct link to evidence for the claims made and the letter is not a reliable or appropriate source of information. Claims related to adverse events that are fatal in children should not be made lightly as, understandably, they will cause great concern among parents.

"Herbal tea for malaria"

Our final example is another letter "herbal tea for malaria" which presents the misleading advice to ignore national treatment guidelines for malaria and instead advises unproven herbal remedies, i.e. tea brewed from *Artemisia*. Malaria is the most important parasitic disease in humans and kills approximately half a million people a year.(28) Incorrect, unaccountable medical advice for this potentially fatal disease is dangerous. The letter is apparently from a layperson in which they share their understanding of a television programme. *"I recently saw a documentary concerning malaria on the French 24 TV station, which I believe should be of some relevance in the Thai context. Malaria continues to be a problem for many developing nations in the world. The standard prescription treatment used is artemisinin-based combination therapy (ACT) which is prohibitively expensive and comes with numerous potential side effects such as exhaustion and suicidal thoughts... However, it has been found that a genus of plants native to Africa called artemisia is even more effective in treating the disease."* The editor who received this letter

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should have been on guard from the opening sentence that the author is probably not medically qualified and therefore the advice given needs to be verified independently. The letter continues:

“Yet the World Health Organization (WHO) continues to support the standard (ACT) prescription drug treatment, failing to even mention artemesia in its guidelines. So the moral of the story is, if you know someone who is suffering from malaria or has had the disease in the past, there is an herbal tea treatment which basically cures the disease, and is five times cheaper than the standard medical drug treatment to boot.”(29)

Thailand’s national treatment guidelines and World Health Organization recommendations are to treat uncomplicated malaria with artemisinin combination therapies (ACTs).(30) ACTs contain artemisinins (derived from the plant *Artemisia annua*, as in the proposed tea) in combination with another anti-malarial drug to support the complete cure of the patient. ACTs have been very well studied, and are inexpensive, safe, and effective.(31) Furthermore, the use of the combination of drugs in ACTs helps to prevent the emergence and spread of drug resistant malaria parasites.(32, 33) In recognition of the impact that ACTs have had on malaria treatment, Professor Dr Tu Youyou, who was instrumental in the discovery of artemisinin, was awarded the 2016 Nobel Prize in Physiology or Medicine. Tea brewed from *Artemisia annua* will not contain reliable concentrations of artemisinin, will often be insufficient to cure the malaria patient, and may drive the development of drug resistance.(34) Malaria patients should not rely on unlicensed herbal remedies, but on the provenance, quality and dosage of ACTs supplied by legitimate healthcare providers.

Malaria infections in Southeast Asia mainly occur in vulnerable populations, these are poor people in remote, rural areas where access to healthcare is limited.(35) Malaria that is not treated correctly can rapidly develop into severe malaria, which has a high risk of death.(36) It is thus important that prompt and proper diagnosis and treatment of malaria is available and affordable for everyone. To this end, free malaria services delivered by extensive programs from National Malaria Control Programs and Non-governmental Organizations (NGOs) are in place in Southeast Asia, funded by governments and international donors, such as the Global Fund. It is important that we focus on maintaining and further expanding the existing malaria services, including ACTs, for populations who need them. We should not be distracted by dangerous and irresponsible advice as provided in this published letter. *“So the moral of the story is...there is an herbal tea treatment which basically cures the disease, and is five times cheaper than the standard medical drug treatment to boot.”*

Results and Conclusions

What editorial standards should be adopted in relation to letters containing health claims? We appreciate that it is difficult for editors to be able to make an informed decision about the evidence relating to any specific health claim. Therefore we suggest that it would be prudent to take the following general approach.

1. Provide a link to guidance for letters to the editor. In this include the requirement that letters should be linked to references so that claim about evidence can be checked. State that claims related to health are not normally published and that unsubstantiated health claims will not be published. Require the reader to state any professional biomedical qualifications.

2. If letters contain advice that may go against national or international guidelines consider carefully whether there is an overriding reason to publish the letter.
3. If scientific or medical advice is available from other staff within the news organization then request a second opinion concerning medical claims before publishing letters.
4. Where possible, seek an expert opinion from reputable, official government or university professionals before deciding whether to publish a letter containing health claims.
5. Adopt a risk-based approach. Advice on common diets, minor conditions or ailments is unlikely to have serious consequences. Incorrect advice on fatal diseases or conditions may have serious consequences and therefore more care should be taken when deciding on whether to publish such claims.
6. Following the publication of letters containing health claims, if reputable sources of medical knowledge write to the newspaper to contest the original claims then this correspondence should be published alongside the original letter. Or, if warranted, the original letter may be retracted to remove dangerous advice.
7. When in doubt, always err on the side of caution and avoid publishing health claims from readers. Follow the Hippocratic Principle of "*Primum non nocere*" (first do no harm).

We believe that newspaper editors perform a vital public service and do so honestly and often under the twin pressures of tight deadlines and limited resources to fact-check the information supplied to them. The adoption of the voluntary guidelines above might assist editors and help avoid the publication of unsubstantiated or incorrect health claims, and thereby protect their readers from potentially dangerous misinformation.

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