Bioethics and the Media:
The Bioethically Interesting and Important in Media Reporting

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The media, as an indispensable agent for the formation of intelligent public opinion, can be an effective platform for the discussion of bioethical issues and concerns resulting from new developments in medicine, science and technology. When properly used, it can be an effective tool for building awareness and a venue for public exchange of ideas which may lead to the formulation of public policies and laws that will guide the practice, advances, experimentations, and innovations in medicine, sciences and technology.

Media reporting and analysis of bioethical issues and concerns must respect established principles of bioethics. "Not only are journalists responsible for simply telling the stories of human suffering, they are also responsible for supplying the population with an appropriate linguistic context for processing, understanding and relating to that suffering" (Tishchenko & Yudin, 2011). Biomedical issues are sensitive issues that must be handled with care and respect for human dignity. Principles, like objectivity, autonomy, professionalism, accountability, accuracy, and the traditional principles of non-maleficence, beneficence and justice, etc., must guide media reporters and become truly advocates of intelligent public opinion and policy.

Media companies must then formulate guidelines and policies that will orient their reporters and writers in covering and reporting issues and concerns in bioethics, particularly those related to biomedicine.

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The Mass Media is undeniably the most pervasive and most effective source of information for the majority of the population. Print, radio and television and the instruments of new media and information technology have not only invaded our homes, but also our minds and hearts so that decisions and opinions are already shaped by news anchors and commentators, and those presented by them to be experts in a particular field or issue. The more invasion of privacy is tolerated, the more is our desire and willingness to invade. Consciously or unconsciously, we are influenced by how the media presents medical and scientific issues and concerns, how they analyze human conditions, how they portray human suffering and sickness, the way they beam in our television screens or describe in radio and newspapers the details of a medical malady or a patient's condition or complaints, and also how they reinforce a particular opinion about controversial issues like reproductive health, abortion, euthanasia, genetic engineering, contraceptives, medical malpractice and negligence by their choice of resource persons or experts. Moreover, news media accounts of bioethical issues are more and more becoming influential in the formulation of public policies, with their public polling, statistical data, and visual materials.

Philippine media enjoys so much freedom, that at times privacy and autonomy are sidelined to give way to sound bites, publicity or, as most journalists would say, public interest, freedom of information and expression. While self-regulation is being practiced by media outfits, sometimes, for the sake of the news, or to make a news item more interesting, controversial or captivating, some basic human rights are violated, especially in medical cases or in disaster situations. Such violations are done even though the National Union of Journalist in the Philippines published a Journalist's Code of Ethics exhorting local journalists to practice fairness, truthfulness, being balanced, respect confidentiality, honesty, not to destroy private reputation, detachment and non-acceptance of bribe, non-discrimination, and professionalism. The International Bioethics Committee (IBC) of the United Nations Educational, Scientific and Cultural Organization (UNESCO) has recognized the pivotal role of the media in disseminating correct, certain and true information in matters related to bioethics, and exhorted the media not to sensationalize them and to avoid creating undue public alarm, confusions or panic which may lead to serious collateral damage.

In this paper, we shall attempt to examine the relationship between media's freedom of information and expression vis-à-vis individual patient/victim autonomy, particularly in relation to privacy. Recognizing the autonomy of a patient/victim is easy, but respecting his or her autonomy is quite a problem. Recognizing autonomy necessarily require that one must be aware of the other's capacity and

power to freely decide and act. To respect the autonomy of an individual, on the other hand, implies a duty and commitment to protect and respect confidentiality and individual privacy (including consent giving), and to tell the truth. Such respect demands that the media must recognize that no information, footage, or interview (for dramatic effect) can be aired or printed without the informed consent of the patient/victim. Neither the grieving or distraught family members of relatives of a patient/victim can be shown on air or in photo without their informed consent, nor may any medical personnel provide information or interview about the patient/victim with the prior informed consent of the latter. The practice on some media people of influencing the decisions of patients/victims by providing incentives of gifts is equally a violation and disrespect of autonomy. In such cases, illness, disability and other health challenges are exploited and the patient is victimized.

Privacy is understood as the state of being protected from unwanted access to personal information, physical access, or unwanted attention and publicity. It also includes the power of an individual to decide when, where, what, how, and in what circumstances such information about them can be communicated to whom they choose. Such right to reveal also implies the right to withdraw or keep information from others. The media, then, must recognize that any individual has the right to be left alone. Invasion of privacy may cause the individual not only loss of face but may also lead to loss of identity. Such is apparent when patients with serious conditions are beamed on screen or in print, including a description of their illness or physical state, and as a consequence, are socially stigmatized or discriminated. Not only is the patient a victim of double jeopardy but also his or her family. In such case, instead of media helping them, they may be causing more harm or damage. The IBC noted that when personal freedom is impeded by either adverse circumstances or by the actions of others, personal identity, value and dignity are wounded. A patient/victim must then be protected from such intrusions in order for him or her to preserve his integrity as a human person in the course of his or her health care.

While it is true that it may be allowed for a journalist to violate an individual's privacy in cases where information about him or her is of overriding public importance (like in the case of the President, for example, where the people has the right to know his state of health) and no other means can be utilized to meet the public need, it must be noted that such information is important and not just because the public is interested to know. Important information is totally different from interesting information. Public curiosity cannot be a basis for invasion of privacy. To respect autonomy and privacy is to respect human dignity and personal integrity. The priority of these principles must be recognized by all in the media.

Codes of ethics for journalists must specifically contain provisions exhorting them to respect the principles of human dignity, autonomy, non-maleficence, and justice when covering bioethical issues in health care. It is also recommended that media practitioners undergo bioethics training or seminar for them to be more effective public information providers. The power of media can be harnessed by bioethicists. As public intellectuals, they can inform and educate the public when they give opinions, analysis, and recommendations on bioethical issues.■

References

Bahn, Anant (2005). Reporters inside the hospitals in Disasters and Calamities. Should Health Professionals Allow Reporters Inside Hospitals and Clinics at Times of Natural Disasters? *PLoS Medicine*, Volume, Issue 6, e177.

Batt, Sharon (2007). Limits on Autonomy: Political Meta-Narratives and Health Stories in the Media. *The American Journal of Bioethics* 7(8):23.

Braun, Joshua (2007). The Imperatives of Narrative: Health Interest Groups and Morality in Network News. *The American Journal of Bioethics* 7(8):6.

Caulfield, Timothy (2004). Commercialisation. The Commercialisation of Medical and Scientific Reporting. *PLoS Medicine*, Volume 1, Issue 3, e38.

Goldman, Margo P. (2001). Use of medical records. Medical Privacy in the Information Age: Ethical Issues, Policy Solutions. *Privacy and Health Care*. Humber, J.M. & Almeder, R.F., ed. New Jersey: Humana Press, pp. 71-102.)

Goodman, Kenneth K. W. , (1999) Philosophy as News: Bioethics, Journalism and Public Policy. *Journal of Medicine and Philosophy*, 24:2, 181-200.

Hodges, Lou (2009). Privacy and the Press. *The Handbook of Mass Media Ethics*, Wilkins, Lee & Christians, Clifford G., eds. New York: Routledge. pp. 276-290.

International Bioethics Committee (2011). Respect for human vulnerability and personal integrity: *Report of IB on the Principle of Respect for Human Vulnerability and Personal Integrity*. Paris: UNESCO-IBC.

International Bioethics Committee (2011). *Report of IBC on the Principle of Respect for Human Vulnerability and Personal Integrity*. Paris: UNESCO-IBC.

International Bioethics Committee (2010). *Report of the International Bioethics Committee of UNESCO on Social Responsibility and Health*. Paris: UNESCO-IBC.

Kenny, Nuala, Flood, Colleen M., McMahon, Meghan (2007). Canadian Media

and Health Policy Research: The Limits of Stories. *The American Journal of Bioethics* 7(8):19.

Landa, Amy Snow (2010). How Literary Journalism Can Inform Bioethics. *Literary Journalism Studies*, Vol. 2, No. 2, Fall 2010, 47-61.

O'Neill, Onora (2002). *Autonomy and Trust in Bioethics*. Cambridge: Cambridge University Press.

Parsi, K. P., and K. E. Geraghty (2004). The Bioethicist as Public Intellectual. *The American Journal of Bioethics* 4(1): W17-W23.

Parsi, Kayhan P. (2007). Media and Health: Are Bioethicists Just Another Interest Group. *The American Journal of Bioethics* 7(8):18.

Schwitser, Gary (2004). A Statement of Principles for Health Care Journalists. *The American Journal of Bioethics* 4(4):W9.

Schwitzer, Gary, et.al. (2005). Dissemination of Health Information. What Are the Roles and Responsibilities of the Media in Disseminating Health Information? *PLoS Medicine*, Volume 2, Issue 7, e215.

Simonson, Peter (2002). Bioethics and the Rituals of Media. *Hastings Center Report*, 32 no. 1, 32-39.

Zylinska, Joanna (2009), *Bioethics in the Age of New Media*. Cambridge: The MIT Press.