

## Summer Awards go self-submission

The MJA is changing the format of the Summer Awards to make most of them self-submission. No longer will entrants be nominated and voted on only by MJA members. *Caroline White* explains.

**M**urmurings about the perceived fairness of the MJA Summer Awards prompted the executive committee to revisit the format. The feeling was that outlets with a lot of MJA members enjoyed an unfair advantage; that it was hard to resist the temptation to nominate a mate, regardless of his/her track record; and difficult to judge nominees when most MJA members couldn't see or hear their work.

So after much discussion, we decided to allow members and non-members to submit their own work – up to three examples. These will be judged by a panel, to include former award-winners (not necessarily MJA members), specialists in the relevant medium, and others with media expertise, who are not necessarily in health/medical journalism, but who recognise quality journalism when they see it.

We will still recognise staff and freelance journalists in consumer and business to business (B2B) titles, and a broadcaster of the year, and we will also make an award for a website of the year. And, while we will retain the award for a publication of the year, entries will be required to provide hard supportive evidence of achievement.

We know that many health/medical journalists don't make their living from news and features alone, and that they deploy their journalistic skills on behalf of charities, NHS Trusts, think-tanks and other assorted health-care organisations, none of which the MJA currently recognises. So there will be a new

award for those achievements as well.

Two exceptional awards will also be made this year. Boehringer Ingelheim – long-term supporter of our awards – celebrates 50 years in the UK this year, and wishes to present an award to commemorate this. And the MJA will be recognising services to the organisation itself. This award will be chosen by the MJA committee.

The Summer Awards are open to all. As always, they are free to members but, like the Winter Awards, there will be a small entry fee for non-members of £15. This fee will be waived for anyone who pays an upfront subscription and applies to join when they submit their entry. Full details of how to pay will be included on the entry form.

We had some very useful feedback on the processing of entries for the Winter Awards,

and we will be taking that on board when we set up the system for entries for the Summer Awards, full details of which will be mailed out to you shortly.

As with the Winter Awards, you will be able to submit your entries online using an entry form posted on the dedicated website [www.mjaawards.com](http://www.mjaawards.com) or send them as hard copy.

**Closing date:** You have until May 21 to submit your entries. We will publish the names of all those shortlisted, and the awards ceremony will be held on July 10 in London.

So put these dates in your diary now, and spread the word to friends and colleagues. We received a large number of entries of a very high standard for our Winter Awards. We would like a similar response to our new-look Summer Awards, too. ♦

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From left, as their heads appear: Fergus Walsh, commended in *Investigative reporting (broadcast)* for Windpipe transplant is synthetic organ first, Gareth Iacobucci, winner of *Investigative reporting (professional)* for Three in four EU doctors..., Suzie Sell, commended in *Investigative reporting (professional)* for Patients shun 'wasteful' Darzi centres, Ewen Callaway, winner of *Interview of a health or medical figure*, for Virology: Fighting for a cause, Murray Anderson-Wallace, commended in *Investigative reporting (broadcast)* for Beth's Story, Matthew Hill, winner *Investigative reporting (broadcast)* for Agency Nurse, Laura Donnelly, commended in *Medical science explained (print or online)* for This time last year I was dying of cancer, Jenny Hudson, commended in *Interview of a health or medical figure*, for From doctor to donor: How does a renal consultant feel when he's asked to give up a kidney?, Ruth Williams, commended in *Financing healthcare* for US Alzheimer's disease researchers feel the pinch, Warren Manger, winner of *Financing healthcare*, for 500 still waiting for delayed ops (see inside pages). ♦

## NoticeBoard

### New members

**Ellie Cannon** read medicine at Cambridge University and completed her clinical training at the Royal Free Hospital, London. She spent five years in hospital medicine, then entered general practice and now works in a busy inner-city NHS practice, with some private practice. She is a member of the RCGP. She is the resident GP for the *Mail on Sunday* and for *Woman* magazine and has a regular health column for the *Jewish Chronicle*. She appears on TV (most recently on Sky Living's *Slave to Food*), and gives talks on her work as a media doc. All this she combines with her 'proper job': bringing up her two children.

**Massimo Cecaro** qualified in veterinary medicine and also has a qualification to practise as a journalist. In 2007 he joined Associazione Stampa Medica Italiana (the Italian medical press association), where he is on the national council. He first broadcast at the age of 14, and currently he reports on a range of artistic and scientific events, and lectures on medical science communication and on public health and safety. He has co-authored papers on public health and is currently on the editorial board of the online open-access, peer-review *Journal of Mass Communication & Journalism*.

**Richard Moore** qualified as a doctor from Cambridge, in 1954. After an idle undergraduate career and a few years as a naval medical officer, he was a general practitioner for 32 years. For 10 years he was a vocational training course organiser, also becoming a fellow of the RCGP and an MRCGP examiner, culminating in the honour of being the College's Midland faculty provost. In retirement he took the opportunity to write, including a history of his own family in medicine from 1740 to the present day (*Shropshire Doctors and Quacks*, published by Amberley, and reviewed by Tom Smith in *MJA News* Winter 2011-12). Researching the history of medicine was such fun he, almost accidentally, also did a PhD at the University of Birmingham, graduating in 2009. He says writing can be compulsive, and needs to be balanced by gardening.

### More new members

**Kirkland Newman** obtained a first in French and Spanish at Pembroke College, Oxford, in 1995, then an MSc in European studies at the London School of Economics. She worked for a wide range of people in the US and UK, including IBM and the Prince's Trust, did an MA part time at the School of Oriental and African Studies, and is currently doing an MA in science journalism at City University, and filing for its Bureau of Investigative Journalism on mental health stories. She also volunteers for Wish, a charity helping women in prisons or special hospitals who have mental health problems, and is producing a fund-raising documentary for it.

**Joanna Pearl** is a researcher and journalist writing on health and social care issues for *Which?* magazine. Her background is in social work, and she has worked for local councils, PCTs and NICE. Her work is often an investigation based on 'mystery shopping' to evaluate the consumer experience, which is then assessed by experts. She has covered everything from care homes to self-testing kits, from overseas medical treatment to bra-fitting services.

### Medical Journalism Training **FREE**

MJA member John Lister, senior lecturer in health journalism at Coventry University, is organising two free training events for health/medical journalists and students this June. They will run for two days: the first in London on June 11-12, at the NUJ offices – Headland House, 308-312 Gray's Inn Road, London WC1X 8DP – a second in Coventry later that week (June 14-15). The events are being funded under the auspices of the European Union's Lifelong Learning Programme (HeaRT, see [www.europeanhealthjournalism.com](http://www.europeanhealthjournalism.com), for leaflet) and are being publicised by the NUJ. The courses will run during the day and cover a range of topics including reporting health policy, medical science and research, health economics, and understanding hospital and other financial reports. Details and how to apply can be found on the MJA website, [www.mjauk.org](http://www.mjauk.org). If you want to take up this unique opportunity for high level training, apply now.

The number of places is limited.

## Winter Awards at the King's Fund

This year's awards took place in January in the Maynard Theatre and Orangery of the King's Fund in Cavendish Square, London. Unlike those the association runs in the summer, the Winter Awards were made on the basis of a single piece of self-submitted work judged by a panel of experts. This year the MJA made a total of eight awards, some across sectors, and for particular attributes of good medical journalism. *Kathryn Grayham, Oliver Gillie* and *Keith Barnard* are the reporters.

**N**ick Timmins, Summer Award winner turned judge, kicked off the evening with glowing praise for entries in the three Investigative Reporting/scoop awards. He said it was a judges' cliché that standards were high, but that in this instance it was not a fib: he and his fellow judges were genuinely impressed. The broadcasting award went to staffer Matthew Hill for his 'shocking' account of an agency nurse who accidentally turned off a patient's ventilator at home leaving the patient brain damaged, aired on BBC1's *Inside Out West*.

The consumer (print or online) category was 'stuffed with good entries', but from this bounty they chose *Big pharma's global guinea pigs*, by Ben Hirschler of Reuters news agency, '...a long, detailed, carefully balanced but ultimately very worrying article' on the globalisation of clinical trials by the pharmaceutical industry. The category for reporting aimed at professionals (print or online) was the hardest of the three investigative reporting awards to judge, said Timmins. Gareth Iacobucci was eventually crowned victor for his exposé that frighteningly few EU doctor locums have undergone language and competency tests, that appeared in *Pulse: Three in four EU doctors get no GP quality tests*.

Two awards were given for the essential skill of explaining medical science to the lay person. Judge Vivienne Parry gave the broadcast media award to Beth Eastwood's *Unconscious and Pregnant*, from the series *Inside the Ethics Committee*, broadcast on Radio 4, and telling the story of a woman who had had a heart attack at 14 weeks into her pregnancy. Vivienne said explaining complicated science was particularly difficult when there was limited time. This programme had achieved the feat in about two minutes 30 seconds with the use of excellent graphics and fantastic patient histories. 'There were extraordinary twists and turns which gripped the audience from start to finish. Concepts like the effects of drugs on mother and baby were well explained,' said Parry.

Alan Maryon-Davis, one of the judges in the print and online section of Medical science explained, singled out several names for praise: Helen Foster on the common cold, Helen Pearson on the 1946 birth cohort – 'a potentially dry subject brought to life', Smitha Mundasad on benevolent uses of *E.coli* and Laura Donnelly on a patient diagnosed with pancreatic cancer that '...deftly knitted the science into this story of survival'. But the award went to Jerome Burne 'by a whisker' for *Can cutting down on carbohydrates make you live longer?*, in the *Daily Mail*. Burne had explained the science with 'admirable clarity, putting the jigsaw together in a very accessible way,' said Maryon-Davis.

Justine Hancock, a judge for the award for an Interview with a health or medical figure, said the entries demonstrated two key elements in the best medical journalism: both good writing and the ability to explain an understanding of science. In addition to this, the winning entry from Ewen Callaway, conveyed a human personality behind the official front. *Virology: Fighting for a Cause*, was



Nick Timmins (right) with Steve Davis of Healthcare at Home

an interview with immunologist Judy Mikovits who had discovered the link between a virus and ME, which appeared in *Nature*. Hancock said the judges thought this was a multi-layered, sophisticated article that exposed how human frailty could undermine the best principles of evidence-based medicine.

In the Financing healthcare section, judge Richard Hoey said that before the world financial crisis he had thought this was not the most glamorous of categories, but there was now drama in financial matters. Medical journalists needed to ask the right questions, remain sceptical, and help readers to distinguish between a cut and an efficiency saving. The award went to Warren Manger for *500 still waiting for delayed ops*, first published in the *Warwickshire Telegraph*. Hoey said this was a solid piece of investigative journalism which he was delighted to find was still alive in provincial newspapers despite the current financial constraints.

Sound broadcasting scored again when it came to the award for the Handling of a medical theme in broadcast drama. This went to a BBC Radio 4 *Afternoon play, Best Interests*, by Sasha Hails, produced and directed by Jonquil Panting, a tie-in with *Inside the Ethics Committee*, and broadcast the same day. It was about a confused young man with communication problems and his dealings with authority.

Presenting the award, judge Lawrence McGinty said viewing these entries demonstrated how drama brought an immediacy and poignancy to a medical story that even the best-written piece of journalism could not match, and vindicated his suggestion that the MJA should run this award.

The event was attended by more than 80 MJA members, award winners and guests who afterwards enjoyed wine, tasty nibbles and networking in the atmospheric surroundings of the King's Fund's Orangery. Thanks go to our sponsors: Roche, Merck Sharpe & Dohme and Healthcare at Home.



# MJA Winter Awards at King's Fund

A. Jerome Burne, winner of the Explaining medical science (print or online) award with Suzie Collett from sponsor Merck Sharpe & Dohme

B. Greg Page from sponsor Roche, with writer Sasha Hails (centre) and Jonquil Panting, producer and director of Best Interests, the Radio 4 Afternoon play that won the award for Handling a medical theme in broadcast drama, holding the all-but-invisible glass trophy

C. From left: Awards organiser Caroline White, judge Justine Hancock and member Jane Feinmann

D. Ruth Williams, commended in the Financing healthcare category, with Victoria Jones from awards sponsor Healthcare at Home

E. From left: members Richard Woodman, Peter Merry and judge Nick Timmins. (It was a good party.)

F. Happy GP newspaper reunion party (from left), Ingrid Torjesen, Monika Pollak, Keith Barnard and Adele Waters. Ingrid, Keith and Adele are now all on the MJA committee.



Photographs, Dan Tsantilis

# John Roper, founder member of the MJA: a tribute

John Roper, medical reporter on *The Times* who became that paper's and Fleet Street's first health services correspondent, has died at the ripe old age of 95. The man who – in retirement – refused to pay the council tax, organised a demonstration in Downing Street to protect rural pharmacies, started riding lessons at the age of 80, and who was still shaking a collecting tin for the Royal British Legion at the age of 92, was a model for medical journalists, even today.

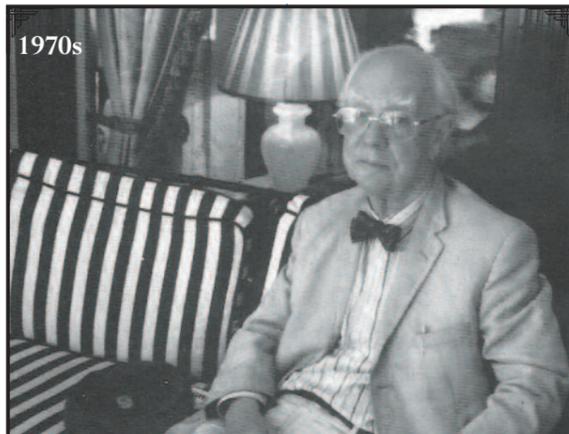
He had perfect shorthand – no quote ever escaped him – long before the days of tapes and digital recorders. He was a stickler for accuracy and balance. But he had no fear about whom he upset in achieving that. And he had a wicked sense of humour.

Born in 1916 in Chelmsford, educated at the local King Edward VI grammar school, he joined the *Cambridge Evening News* as an office junior before becoming a district reporter on the *Herts Advertiser*. Aged 23, he volunteered as a driver in the Army Service Corps at the outbreak of the Second World War. He saw action at El Alamein, in Egypt – the turning point which was, Churchill famously said, 'if not the beginning of the end, perhaps the end of the beginning' – and in Italy, before taking part in the Normandy landings.

Like so many of his generation, the war shaped him. He didn't easily talk about it. But when you have known real fear, the odd grand, angry doctor – and doctors back then, particularly from the royal colleges, could be grand indeed – was not so frightening.

After being demobbed, he joined the Press Association and in 1948 he married Marjorie, a former medical secretary. He moved to *The Times* in 1965, when it still had classified ads and no news on the front page. The paper then was still the embodiment of the establishment, and sufficiently grand not to allow a lay person to be medical correspondent (a role that was fulfilled with distinction for many years, even beyond John's tenure, by Tony Smith of the *BMJ*), so John was designated as medical reporter.

However, his appreciation that healthcare was more than just doctors, and the nature of his reporting – combined with the



1970s  
*John Roper, founding editor of MJA News in 1973, in a rather fuzzy shot showing him wearing the proverbial bow tie, from Independent and bloody minded, the MJA history by Tony Thistlethwaite*



2000s

repeated reorganisations that the NHS started to undergo – saw his title elevated to health services correspondent. His coverage of mental healthcare prompted a debate in parliament, and he was one of the first British journalists to report on medicine in China as that country started tentatively to open up to the west.

John and Tony Thistlethwaite, BMA press secretary at the time, were two of the founder members of the MJA in 1967. This is covered colourfully – though not entirely accurately, according to John – in Tony's history of the MJA: *Independent and bloody minded*, published to mark the MJA's 30th birthday. (Copies available, Ed.) Tony used to say that in those days Fleet Street ran on 'booze and cigarettes' or, in John's case, a pipe and a fine whisky. Dr Derek Stevenson, then BMA secretary, would work his way through a pack of untipped Senior Service at press conferences – while back in the Street you could get fired in the morning, go to the right pub at lunch and have another job by opening time that evening.

John, though, never needed to. Other medical correspondents who had been on holiday would come back to read the cuttings of their 'splashier' colleagues, but would then be sure to read John's to find out what had actually happened. His trademark (self-tied) bow ties, and a gurgling laugh, were allied to a wonderfully self-deprecating sense of humour. One of his best lines at pretentious, or obfuscating, press conferences was to raise a hand, scratch his head and say: 'I may be a bear of very little brain, but ...' The question that followed was often the one that others had not quite had the nerve to ask. It regularly exposed the shallowness of an argument, or the hollowness of a minister's or medic's position.

John retired in 1981, moving first to the Cotswolds and later, following Marjorie's death from cancer in 1992, to Devon to be closer to family. A generous, compassionate man who remained fiercely independent almost to the end, he always encouraged younger colleagues, and combined a strong religious faith with a powerful sense of social justice. He is survived by his three sons, Timothy, Jonathan and Simon, and eight grandchildren. ♦

*Nick Timmins, formerly at the Financial Times*

## EventPreviews

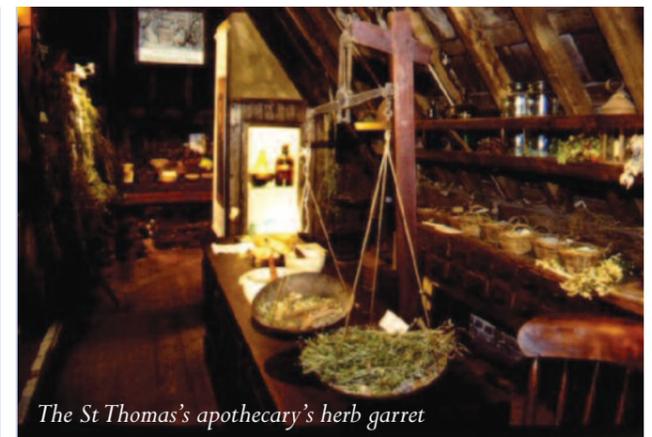
### April: Small and informal – MJA tour of historic operating theatre

In the shadow of the towering shaft of the Shard, near London Bridge station and opposite Guy's Hospital, is a unique museum of medical history. The Old Operating Theatre Museum and Herb Garret allows the visitor to glimpse the surgery and therapeutics of the 19th century. Join the MJA tour on Tuesday, April 24 (see enclosed invitation).

This is something new for the MJA. Members tell us that networking is an important feature of the MJA. This tour is for a maximum of 15 people. No big-bucks catering or important speakers, just a group of members visiting a location of common interest and maybe sharing a drink at a local hostelry afterwards.

The old operating theatre is squeezed into what was originally the roof-space of St Thomas's Church. The female surgical ward of St Thomas's Hospital used to be close by (it's now a post office) and women patients from the ward would have been operated on there, often without anaesthesia and antiseptics, and with a hoard of students and visiting dignitaries in attendance. When St Thomas's Hospital moved to Lambeth in 1862 the theatre fell into disuse.

The tour includes a talk about Victorian surgery and the reconstruction of an amputation as it might have been done at



*The St Thomas's apothecary's herb garret*

the time. Guests sit in the tiered seats originally occupied by watching students. You also visit the garret where St Thomas's apothecary stored and cured his herbs, which dates back to 1703, and you will be offered a complimentary glass of wine. Those who wish to adjourn afterwards to the historic George Inn nearby can do so.

To join the favoured 15 it's first come, first served. ♦

### May: How should medical journalists use patients' stories?

Case studies are an essential part of many, perhaps most, medical stories. As well as providing first hand experience of illness, they also highlight vividly what it's like to be on the receiving end when healthcare goes wrong. Indeed, case-study-led stories about failures in healthcare are common throughout the media – on occasions contributing shocking evidence of scandalously low standards that lead to national inquiries such as the current one into care at Mid-Staffs hospitals. Indeed, case studies (often traumatic), now play a major role in medical and nursing educational drives to promote compassionate care and improve patient safety.

But is there a risk that highlighting a single worrying story may spread unnecessary alarm, lack balance and even be used cynically to boost circulation and audiences? Could it be that medical journalism should learn lessons from 'experiential'

health researchers who assemble carefully-selected patient stories that attempt to represent all sides of the illness or story to produce an evidence-based bigger picture?

The meeting on May 22 (see enclosed invitation), chaired by MJA member Jane Feinmann, will investigate these issues – in the light of the imminent publication of the Francis Report and the continuing Leveson inquiry. Three eminent speakers will bring their thoughts and very different experiences to this debate. The meeting will also premiere an excerpt from *Alexandra's Story*, directed by MJA member Murray Anderson-Wallace ([www.patientstories.org.uk](http://www.patientstories.org.uk)), and also some case-history clips from [www.healthtalkonline.org](http://www.healthtalkonline.org).

The meeting is generously supported by The Healthcare Foundation and Daryl Wilcox Publishing. ♦

*Jane Feinmann*

### June: Why are humans living longer?

A third of babies born this year in the UK are expected to live to be 100, according to the Office of National Statistics. The number of people reaching 100 has grown steadily over the past 50 years. Not only are we living longer, but we are staying vigorous and active longer. 'It is a great success story,' says Professor Tom Kirkwood, of Newcastle University Campus for Ageing and Vitality, doyen of age-related studies in this country. 'But this success also raises an enormous range of issues for society.'

On June 19, MJA members can hear Professor Kirkwood, and fellow researcher Richard Faragh from Brighton University, discuss our current scientific knowledge of the factors underpinning the growth in human life expectancy. Will new discoveries about the biological process governing life changes lead to enhanced vitality and improved health in later life, and even extend healthy longevity?

An invitation will be issued shortly. ♦

*Philippa Pigache*

## BookEnds

### *The Patient Paradox, by Margaret McCartney*

Pinter and Martin, £8.69

In *The Short Reign of Pippin IV* John Steinbeck wrote: 'Pippin was healthy in so far as he knew – by that I mean his health was so good he was not aware that he had it.' Pippin is now long dead and gone, in more ways than one.

When Pippin was a boy, the screening agenda didn't exist. People who were well were left well alone. Blood pressures, cholesterol, cervixes and bowels went unexamined in the absence of symptoms. Public health doctors ensured that clean water and, later, vaccination were available. Otherwise, people didn't hear much from medicine unless they were sick. This distinction between 'patient' and 'person' no longer exists. Pippin-type people are history.

This is all part of *The Patient Paradox* as presented by the Glasgow GP and award-winning writer Margaret McCartney. Our obsession with screening, she argues, absorbs scarce NHS resources and the money of healthy people who pay thousands to private companies for pointless tests. Meanwhile, the truly sick are left to wrestle with disjointed services and confusing options. NHS money, McCartney argues, seems to be allocated to the well or almost well, with the truly unwell, especially the poor and disadvantaged, coming a distant second.

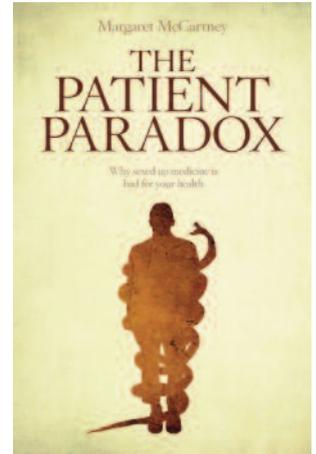
After appearing on a platform with McCartney in a screening debate at a recent RCGP conference, I know she is not a lone dissident voice, but her concerns have yet to fan a major national debate. Her book may become an important part of any such

debate. It includes a mass of compelling evidence challenging the wisdom of screening well people. This is where it is at its strongest. Screening, McCartney argues, results in needless anxiety and needless diagnoses.

She also takes a swipe at, among other things, big pharma, health public relations, health food marketing, protocol-driven medicine, politicians and healthcare charities 'who queue up to offer instructions' about how doctors should manage patients.

Reading her book, you might forget that scientific medicine has never been better. But it may provide an explanation for my perception that modern patients are doing better but feeling worse. Magic bullets can hurt. But what hurts even more – McCartney's major concern – is that the most needy patients are not even in the treatment firing line. It was all so much simpler in Pippin's time, but then life expectancy was not what it is today. Everything comes at a price – especially magic bullets. ♦

John Illman



### *The 10 Secrets of Healthy Ageing, by Patrick Holford and Jerome Burne*

Piatkus, £14.99

Subtitled 'How to live longer, look younger and feel great,' this weighty paperback joins a long line of others making similar claims. What sets this tome apart is the authors' contention that supplementing our diet with vitamins, minerals, essential fats and other key nutrients is a valuable part of helping the body's systems to function effectively. Patrick Holford has authored over 30 books focusing on what he calls 'optimum nutrition' and has built a mini-industry around the concept of supplementation. The book wastes no time in getting down to business – on the first page directing the reader to his website for a free online 'bio-age' self-assessment, and offering a £5 discount for the fully personalised '100% Health Programme' (normally £24.95). But, once past this hurdle, I found *10 Secrets* to be packed with a wealth of clearly described scientific information, with over 400 references and lots of well-balanced advice.

First, the authors do a neat demolition job on what they call the 'drug cocktail approach' to prevention – the GP's tendency to prescribe a pill to fend off every ill, with the consequences of polypharmacy – drug interactions, side-effects, and confusion over regimes and dosages. Then they extol the virtues of orthodox

healthy living advice (five-a-day fruit and veg, watching your weight, regular exercise, cutting out fags, going easy on alcohol and caffeine) but contend that this is simply nowhere near enough, especially for older people whose systems need extra support.

Their answer is 'optimum nutrition'. Their 10 'secrets' are revealed as a list of age-related maladies, from dimming eyesight to difficult bowels; from dodgy hearts to crumbling joints, that they claim can be stopped in their tracks by a combination of standard advice on healthy eating, exercise, relaxation, and various supplements including vitamin D, zinc, B vitamins, omega-3s, magnesium, vitamin E, selenium, probiotics and others less easily available on the high street.

Although they accept that firm evidence is often lacking and there are too few RCTs of individual nutrients, Holford and Burne have gathered together a vast body of observational studies which add up to quite a compelling case. In turn, as a sceptical medic, I have to admit that this well-assembled book has gone a long way in persuading me that many people could benefit from a nutritional boost in their declining years. ♦

Alan Maryon-Davis

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Designed & printed by Wand Creative, Harlequin Lane, Crowborough, TN6 1HU  
MJA NEWS is published quarterly  
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www.mjauk.org

