Media Know-How Saves Face, Gets Message Across

BY JEFF EVANS
Senior Writer

WASHINGTON — Medicine and health are so often in the news that it may be worthwhile to be prepared to do interviews in a variety of media when the time comes, said Ms. Patricia A. Clark, a communications expert in media training, speech coaching, and message development from Ogden Dunes, Ind.

"The physician today cannot possibly get through his or her entire career professionally without talking to the media, so you better be ready," Ms. Clark said at a meeting of the Society for Pediatric Dermatology.

Before one tries to get a particular message across during an interview, it is necessary to understand the medium through which the message is delivered (television, radio, print) and the messenger.

"If you don't understand the medium you're working with …and if you aren't an appealing messenger—and I don't mean handsome or beautiful, I mean eager, avid, happy to be here," she said, then we will have 'remoted' you out before you get to the message."

Stories on the evening news are packaged into preset lengths: a 90-second story, which normally provides 10-20 seconds for commentary from the physician; or a 110-second story, which could provide 30-40 seconds if the sound bite is good or just 10-20 seconds if it is not. When a person does not deliver a succinct message in those time frames, the media will pull out a piece of what was said when they are putting the story together, leaving the potential for misquotation.

The television camera diminishes appearance and does not catch subtlety, so it is necessary to restore what it takes away by increasing your smile, perk, and warmth. And on television, "every time you look away, you give away: You give away believability," she said.

The media likes conflict and controversy, visuals, and emotion, which "for doctors means pulling patients out of your pocket … and putting a face on the complex issues" rather than drawing attention to yourself and your or your specialty's problems, she said.

Stories on the radio are not much different from television, but the lack of a visual element puts more focus on what is said.

Newspaper stories are now smaller than ever, and interview subjects may get only an inch or two of space—the media savvy will be higher in the story while those who are not end up at the bottom, according to Ms. Clark.

You are apt to be stuck at the bottom of a story if you are called at 9 a.m. to do an interview and the reporter's deadline is 3 p.m., but you decide to call the reporter back at 2:50 p.m. The story is blank at 9 a.m., but it's all ready to go at 2:50 p.m., and other sources have already weighed in with their interpretations of the issue. Your quote will be stuck at the bottom because it is too late to try to integrate it into the story, she said.

The concept of a "message box" can help physicians answer questions, but still return to the central message they want to get across. The message box consists of four points (more or less) around a box that you want to talk about or anticipate talking about during an interview. Each one leads back to the message that you want to convey, she said.

"No matter what question I ask you as a reporter, you answer my question, you acknowledge it, you neutralize it, and you use it as an opportunity to bridge back to one of these four sides," she advised.

Points are scored only on offense. "When you're talking about what you want to talk about, that's offense. When you're answering my question, that's defense. So you want to take my question and use it as an opportunity to stay on message," she said.

Not all questions have to be answered literally. A question might be an opening to deflect your answer to a point you want to make, Ms. Clark advised. ■

FDA Web Site Will Carry More Postmarketing Data

BY ALICIA AULT
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WASHINGTON — Food and Drug Administration officials said in March that they have started several new initiatives in response to the Institute of Medicine's call to upgrade and overhaul its drug safety efforts. The projects, including a pilot project to more closely monitor the postmarketing safety of four new molecular entities and a plan to put more postmarketing data on the agency's Web site, were revealed at a meeting sponsored by the IOM.

In a September 2006 report that lambasted FDA's safety oversight, the IOM called on the agency to issue an interim report on selected drugs' postmarketing safety at least 18 months, and no longer than 5 years, after launch.

"I think 5 years is too late to find out what a drug is doing," said Dr. Robert Temple, associate director for medical policy at the FDA.

The FDA's Center for Drug Evaluation and Research (CDER) has begun a pilot project with four new molecular entities to pull together all available data at 1, 2, and 3 years after launch. Officials will look at the Adverse Events Reporting System database, ongoing postmarketing studies, and other data to see how much can be learned about each particular drug at each time point, said Dr. Temple. He would not disclose which drugs are part of the pilot.

The FDA also plans to publish a newsletter on its Web site that will provide up-to-date information on a drug's postmarketing experience, said Dr. Ellis Unger, acting deputy director for science at CDER's Office of Surveillance and Epidemiology. He promised a full accounting but noted that the agency will not disclose any proprietary information.

The IOM report also urged Congress to give the FDA greater and more precise enforcement powers, partly to compel pharmaceutical manufacturers to fulfill their commitments to gather postmarketing data.

Peter Barton Hutt, a former FDA general counsel and now senior counsel with Covington and Burling in Washington said that most companies comply with FDA requests because "industry is terrified of FDA." Mr. Hutt said FDA had all the enforcement power it needed already. He argued that the agency did, however, need more funding outside of the user fees it collects.

FDA critics have said the agency is unduly beholden to industry because of user fees. Former FDA Deputy Commissioner Mary Pendergast noted that those fees were likely to make up 80% of the agency's drug review and safety budget if Congress did not provide additional money for fiscal 2007.

She also noted that as of fiscal 2006, companies had 1,632 pending postmarketing commitments. The number of studies being requested is on the rise, said Ms. Pendergast, noting that the average was 1.5 per approved drug before 2003 and 5 per approved drug in 2003-2004. In the most recent report to Congress (fiscal 2006), 63% of those studies had not been started, she said. The agency needs a better hammer to get those studies done, said Ms. Pendergast. ■