

Forget compassion—give me news

When journalists champion individuals in need, they fail in their duty to tell the public the whole story

By DENI ELLIOTT

IN A WORLD IN WHICH PEOPLE COMPLAIN about hard-hearted journalists and decry the lack of sensitivity that would allow a television reporter to ask a grieving mother how it felt to watch her son drown, I'm going to make an argument that ends with a potentially unpopular conclusion: Forget compassion;

give me journalists who do their jobs.

Compassion, at least as it plays out in the reporting of people-in-need stories, distracts journalists from telling citizens stories they *need* to hear. Compassionate reporting also results in the news organizations participating in the same kind of institutional unfairness they are often seeking to expose.

Consider these recent examples:

An adorable 6-year-old girl from the suburbs of Portland, Me., Norma Lynn Peterson, was introduced to the community as she prepared for a fund-raising potluck supper on her behalf. Norma Lynn needed a liver transplant. She was a candidate at the Pittsburgh transplant center and, relatively speaking, she was in pretty good shape.

As a result of coverage by the three network affiliates and the newspaper, the Portland community opened its heart to Norma Lynn. Five months after the initial coverage, she got her liver, after collecting more than \$100,000 in private donations, donated air ambulance service to and from Pittsburgh, a camcorder and a puppy.

A Dartmouth biology professor, Christopher Reed, needed a bone-marrow transplant to combat leukemia. News media were quick to respond with front page and top-of-the-program stories about the popular professor's desperate search for an unrelated donor.

Several hundred people showed up to be tested for the possibility of a match, each with the \$75 in hand that the commercial marrow

bank required for testing. No match was found for Christopher Reed, but the marrow bank had hundreds of new potential donors it could add to its computer list.

The Burlington (Vt.) Free Press covered the story of Sue Jackman, a vivacious 30-year-old wife and mother who needed a bone-marrow transplant to combat breast cancer. Finding a donor was no problem. As this was to be an autologous transplant, Sue would be both donor and recipient.

The problem was a balky insurance company. Blue Cross/Blue Shield of Vermont called the treatment "experimental" and refused to pay. Within two months of the news coverage, Sue Jackman had received \$20,000 in private donations and the insurance company became the first in the Blue Cross/Blue Shield family to cover bone-marrow transplants for the treatment of breast cancer.

A *Houston Chronicle* reporter, Dianna Hunt, wrote an article on the problems pregnant women have in getting treatment for drug addiction. In doing the story, Dianna championed the case of "Bridget," a cocaine addict in her eighth month of pregnancy. Repeated calls by Dianna to hospital administrators, social workers and a judge resulted in an in-patient placement for "Bridget."

On the surface, these sound like success stories, the kind of stories news organizations



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like to point out to prove that they do more than publish the negative news in the community. But beneath the surface, each is an example of compassion preventing journalists from doing their jobs.

The journalistic job is to fulfill the social function of the institution. All First Amendment and economic considerations aside, news media play a unique role in society. The role of news media is expressed a little differently in every textbook and in every news organization's mission statement, but my favorite expression of it was offered to me a decade ago by veteran Washington reporter George Reedy. The news media, said Reedy, exist to tell people what they can expect from society and to tell them what society expects from them.

I like Reedy's formulation because it is succinctly universal. This is what a news organization does regardless of whether it is privately, publicly or governmentally owned. This is what it does in its most censored, as well as in its most unregulated, interpretation.

Reedy's definition can be refined to better describe the news media's social function in the United States. Here, society expects citizens to take an active part in running their country. Therefore, the news media's

primary social function is to tell people what they need to know for self-governance.

News media can do many things besides meeting their social function. They can supply the comics, advice columns, human-interest stories and the sports pages. But no matter how good a job they are doing at these tasks, if they're not telling people what they need to know for self-governance, they're not a mass-market news publication or program. The basic moral responsibility for news media is to do this job.

Keeping in mind the journalistic social function of telling people what they need to know for self-governance, let's consider what stories people need to hear about the examples I offered earlier.



Norma Lynn's liver transplant

Citizens need to know about organ transplants, when they are needed and when they are not. They need to understand why children's livers die, particularly because the cause is often genetic and discoverable prior to birth.

Citizens need to know how and why extraordinary health care procedures like

Liver would mean life for 6-year-old

By **PATRICIA MCCARTHY**
Staff Writer

WINDHAM — When 6-year-old Norma Lynn Peterson heard her parents talking about raising money for the liver transplant that could save her life, she emptied her piggy bank and presented them with her life savings.

"I can save money, too," she told her mother and father, Doreen and Louis Peterson. "Here, I can put this toward our fund-raising."

Transfixed during a television episode of "Care Bears," smiling through the gap where two top front teeth once were and talking about the boys in her school, Norma Lynn looks and acts like any other normal kindergartener.

She is quick to giggle, and she is a beautiful child — long, thick, almost-black hair cropped off in bangs that highlight a striking pair of bright, big, blue eyes.

But Norma Lynn's body cannot produce a chemical that protects the liver. Last June, doctors at Children's Hospital in Pittsburgh predicted she would die within 18 months if she doesn't get a transplant.

The child has suffered through stomach pains since she was born, and the family pediatrician diagnosed the problem last April.

She has alpha one antitrypsin deficiency, an extremely rare disease that surfaces only when both parents carry the gene. Subsequent testing showed that her two sisters, 2-year-old Sarah and 8-year-old Jessica, also carry the gene but don't have the disease. The Petersons have been called to Pittsburgh twice



Staff photo by David MacDonald

Norma Lynn with her parents, Louis and Doreen Peterson.

— in December and January — with high hopes that a compatible organ was available. Both times, including one when Norma Lynn was already in surgery, doctors found the donor's organ was defective.

"It's very scary," 28-year-old Doreen Peterson said. "I have a beeper with me all the time. They call you and say they've got a liver. We always have our bags packed."

Edward H. Jandreau of Windham has helped revive

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[COURTESY PORTLAND
PRESS HERALD]

Cancer creeps into woman's life

Bristol woman seeks Vermonters' help

By Kent Shaw
Free Press Correspondent

BRISTOL — Sue Jackman never thought much about cancer until the disease killed her mother in 1976. Her next encounter with it didn't come until more than a decade later.

Now Jackman, 33, thinks about cancer a lot.

She's had a double radical mastectomy to stop the disease's spread in her body. But the latest news, only 3 weeks old, is that cancer is threatening her life once again.

"The second (time) is a worse shock than when you have it for the first time," Jackman said. "You know there are thousands of people out there who have been through it and lived, and you get a lot of support from that. But you know that second time — well, it's a whole lot different."

Today, Jackman is facing another grueling round of chemotherapy before a four- to six-week stay at Dartmouth-Hitchcock Medical Center in Hanover, N.H., in anticipation of a chancy bone-marrow treatment that doctors say is her only chance of living beyond the next six months.

With medical benefits exhausted, she has no way of paying the estimated \$100,000 it will take to give her about a 50-50 chance of surviving.

Jackman's mother succumbed to breast cancer in 1976, six months after giving birth to her seventh child. Doctors approved plans for Jackman to bear a child in 1981. July 14 of that year, she gave birth to a healthy 7-pound, 14-ounce girl named Samantha.

Because she was breast-feeding, and because her breasts were enlarged for lactation, a mammogram failed at first to detect what surgeons would later find to be a 4-centimeter-wide tumor. Jackman underwent the mastectomy in early March 1989, recovered quickly, and re-

turned to her work as a saleswoman for Arrow Electronics.

"I worked throughout all of it," she said. "I don't think I called in sick once."

Regular checkups followed. Earlier this month, the bad news hit. A new growth was detected on her chest. Worse, by far, further testing showed that cancer has invaded her skeleton, striking her left elbow — perhaps other places, too.

Doctors have told her bluntly that she could expect to live another six months.

The Dana Farber Cancer Institute in Boston has rejected her plea for treatment.

The pioneering program available at Dartmouth-Hitchcock has made it plain that, risky as their regime might be, proof of financial solvency is going to be at least one criterion of admission.

Only seven women have entered Dartmouth-Hitchcock's program: One is dead, three are showing signs of cancer recurrence and four are apparently disease free.

"It's a hard choice," she said. "Right now I have six months to a year to live. But I could go into this research program and be dead the first day. Some women have looked at that guaranteed one year — a year is a long time — and they've said, 'I'll take the year.'"

In the little-tested procedure that gives Jackman her only shot at longevity, her bone marrow will be removed, treated with highly toxic chemotherapy agents and returned to the bone — in hope of defeating the cancer "from the inside out," as Jackman puts it.

Jackman and her husband, Paul, have embarked on a struggle easily as foreign to them as facing deadly diseases.

"We have always been pretty proud that we've been able to do it, money-wise, on our own," Sue Jackman said. "We've been independent, financially."

Turn to **CANCER, 38**



organ transplants are funded. They need to know why they are so expensive and why there are 164 heart transplant centers and 114 liver transplant centers—in some instances, three in the same city. They need to know that transplant centers consider financial as well as clinical factors in determining whether someone is a suitable candidate for a transplant.

Citizens need to know how and why organs are allocated as they are. They need to know what can be done to encourage donations and they need to know how candidates for transplants use politics, money and the news media to decrease their waiting time for an organ.

These weren't the stories told in Norma Lynn's case. In fact, in two and a half hours of television time and several hundred newspaper column inches, readers weren't even told that Norma Lynn's parents had insurance that paid 80 percent of her medical costs.

Nor were they told that when Norma Lynn was recovering from transplant surgery under the glow of television lights and public attention, a woman from Portland became Maine's first recipient of a heart-lung transplant. This woman died in the operating room; her husband prepared to hitchhike home to their 4-year-

old daughter. He didn't have the money for bus fare.



Sue Jackman and the insurance company

Citizens need to know that medical payers, whether insurance companies or state Medicaid systems, or even the federal government, work from a set of limited resources. Some medical care is provided; other medical care is not. Citizens need to know the criteria by which this rationing is done and how to have input to influence those criteria. They need to know that lobbying for new coverage is like squeezing an air-filled balloon; some needy people will give up something to help other needy people.

The readers of the Sue Jackman stories weren't told about this. In fact, I didn't hear the last piece of it until the medical director of the Vermont Blues told me that at the rate that health insurance costs and salaries are rising, by the year 2004, it will cost employers in the state of Vermont more to provide health coverage for their workers than it will to pay them for their work. He said that it was like watching

the end of the world and all he could do was keep paying the bills.

Citizens need to know how bone-marrow donation differs from solid-organ donation. They need to know that bone-marrow donors need to be living donors and that bone marrow, like other blood products, replenishes.



Christopher Reed and bone-marrow donation

Citizens need to know that unlike the single, government-regulated network relating to solid organ transplantation, there are several bone-marrow registries internationally, and at least two unrelated registries in the United States. They need to know that potential recipients are charged to search these computer indices for possible matches. They need to know that bone-marrow registries charge between \$45 and \$75 for potential donors to be typed and added to the computer and that most of these donations come in through media-led community appeals to help a local, needy individual. They need to know that these searches rarely turn up a donor for the local person in need.

Again, these weren't the stories that New Hampshire audiences were told. Like natural disaster stories, stories of human need tend to be one-sided and heroic rather than critically reported.

And what do citizens need to know about pregnant cocaine addicts? They need to know why treatment isn't available. They need to know how priorities in social services are determined. This isn't the story *Houston Chronicle* readers got.

It's obvious in each of these cases that these "policy" stories would have detracted from the human drama stories. Certainly, reporters told me just that in all of these cases. That's part of what I mean when I say that this kind of compassionate journalism distracts reporters from doing their jobs.

These death-defying medical miracle stories are the easy stories to tell. They're one-sided and narrow in scope. But they are not part of what it means for journalists to meet the primary social function of journalism.

It is possible for news organizations to do things other than meet their social function. They can run crossword puzzles and comics—as long as they also tell citi-

zens about tax laws and zoning restrictions.

By way of analogy, then, if news organizations tell the policy stories that are generally missing, it should then be OK for them to tell the Norma Lynn story and the Christopher Reed story and the Sue Jackman story and the Bridget story. Right? Wrong.

Here the problem is not one of distraction, but one of fairness.

News organizations can't provide the same kind of coverage for every person in similar need. Even if news organizations were willing to help fund-raise for every case, it wouldn't work. Eventually, the philanthropic dollar is used up. Sooner rather than later, people tire of hearing the same story and stop shelling out.

Individuals need to be compassionate; institutions, like news organizations, need to be fair. There's a subtle irony created when news media act for the benefit of a single individual. In both the Sue Jackman vs. the insurance company story and the pregnant drug addict story, we had journalists who were appalled that institutions didn't help these individuals in need.

They were right to be outraged. It's hard to justify a government or an agency denying treatment without compelling evidence that the denied treatment differs in kind from those that are provided.

The journalists' work implicitly asks, "How can these powerful institutions care for some and leave others to die?"

But when news media do the Sue story and the Bridget story and ignore the Luther story and turn down the Nancy story, the news organization becomes just one more of those powerful institutions that care for some and leave others to die.

Disasters that affect the community at large, like earthquakes and floods, give news organizations opportunities to rally behind a community cause, to broadcast need and deliver assistance in special ways. Every person affected has an equal chance of reaping the benefits of newsroom intervention. But rallying around an individual's cause produces questionable reporting and lousy public relations. It leads the community ultimately to see that the news organization is no less unfair than the system it seeks to expose. *MJR*

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