Deciding which critically ill person gets coverage

By Deni Elliott

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Skyrocketing medical costs. Growing competition for available donor organs and other life-saving treatments. An increasingly media “savvy” public who knows that news coverage of their family member’s illness can mean thousands of dollars for medical bills and the difference between life and death.

Add these factors up and the only answer is: Newsrooms can expect a proliferation of requests for “help” from people vying for coverage of their loved one’s plight. The call which now comes to the news desk every few months about the sick child needing money for a bone marrow transplant or the loving mother of four waiting for a kidney donor will eventually be coming weekly, maybe daily.

So how are newsrooms handling these requests for coverage? How should they be?

Response to the problem of medical need runs the gamut from community newspapers like the Free Press in Mankato, MN, giving everyone at least a “mention” to newspapers like the Atlanta Journal and Constitution having an informal policy against doing stories on individual cases.
“I have to say to them that there are lots of people that need money for medical care, but who don’t get the opportunity to raise money through the news media,” he said.

King handles the problem by trying to help readers understand the broader social issues. He writes about the increasing shortage of donor organs, the high costs of health care, and about the inequity of who gets specialized medical attention.

Dick Knox, senior medical writer for The Boston Globe writes about individual need cases only as illustration of the larger problem of public policy.

“We have decided in this country that police and fire services ought to be universally available no matter who needs them. We haven’t decided that with medical care.”

Other news organizations report on individual cases if they are considered “special.” A case which succeeded in meeting this criteria involved 7-year old Norma Lynn Peterson from Windham, ME. She received a new liver at the Pittsburgh transplant center last July. News coverage netted her family $100,000 to help offset medical costs not covered by insurance. She also got a video camera, a truckload of toys, and a new puppy from strangers alerted to her situation.

The news directors from Maine’s three television stations said that how the community responded to the little girl made her news. But Norma Lynn’s parents and their main fund raiser see it differently.

The news coverage caused the overwhelming community response, they say, not the other way around. The family’s fund raiser knew if one television station came out to just one event, the rest would follow. And, they did.

Norma Lynn was not the only sick child in Maine last summer nor the only transplant recipient. She was not the patient with the most financial need.

But she was the only one who got news coverage.

Maine’s TV news directors all agree that they wouldn’t cover every sick child in need of financial assistance. “Our business is not to raise money,” Jeff Marks, news director at WCSH-TV, said, “our business is to tell an interesting story.”

“If we tried to do every transplant, we’d be doing the transplant hour,” said Jim Sanders, WGME-TV news director.

If news organizations choose to cover individual need cases, they should do more than allow the medium to be used for fund raising. Since the station or newspaper is, in effect, endorsing private contributions by providing news coverage, it should at least give the audience information about how that money will be used.
What are the limitations on how donated money can be used?

The determination that one person’s need is newsworthy must be stronger than good P.R. Economic realities guarantee that editors and news directors who decide these stories ad hoc will soon be faced with explaining to a relative why last week’s bone marrow transplant was news, but this week’s isn’t.

For further analysis of this issue, see “When journalists play God“.

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