Reviewer’s report

Title: The framing of the Australian news media’s coverage of medical tourism in low- and middle-income countries: a content review

Version: 1 Date: 2 October 2012

Reviewer: Catriona Bonfiglioli

Reviewer’s report:

1.a. Is the question posed original, important and well defined?
The research question posed by the authors should be easily identifiable and understood.
YES this paper asks the important and original question: How does news portray medical tourism?

1.b. The originality and importance of the study within the context of its field.
The growth in medical tourism and the debates about the risks and benefits for patients and health systems in source and destination countries justify an investigation of how the issue is presented in news media as news media are recognised as an important influence on what issues people are aware of and what aspects of issues are considered important. This investigation of appeals, risks and credibility of medical tourism detected in news media coverage provides valuable new insights into the kinds of media messages the consuming public are being offered by the news media. This paper builds on the work of Mason and Wright 2011 who analysed websites. While websites are likely to be an important source of information for people actively seeking information, news coverage, which has previously been shown to influence health behaviours, is likely to be a leading source of information about medical tourism for people who have not previously considered this approach to health care.

1.b Reviewers should ask themselves after reading the manuscript if they have learnt something new and if there is a clear conclusion from the study.

This paper demonstrates medical tourism is presented in a frequently positive light which may influence uptake of this practice which has mixed and potentially significant implications for individual health and health systems in both source and destination nations.

2. Are the data sound and well controlled?
If you feel that inappropriate controls have been used please say so, indicating the reasons for your concerns, and suggesting alternative controls where appropriate. If you feel that further experimental/clinical evidence is required to substantiate the results, please provide details.

The dataset is appropriate for this kind of qualitative investigation of the media
environment for decisions about whether to embark on medical tourism and policy makers' considerations of whether additional controls on this practice are required.

3. Is the interpretation (discussion and conclusion) well balanced and supported by the data?

The interpretation should discuss the relevance of all the results in an unbiased manner. Are the interpretations overly positive or negative?

Conclusions drawn from the study should be valid and result directly from the data shown, with reference to other relevant work as applicable. Have the authors provided references wherever necessary?

The conclusions are supported by the evidence presented.

However, some of the findings can be at least partly explained by a more sophisticated use of the concept of news values (see below).

Discretionary revisions

- May I suggest the authors revise the paragraphs which can be more deeply informed by news values (the authors provide a footnote referring to Allern's 2002 article on news values [see esp.p.140], however they could also use the up-to-date and accessible Conley and Lamble's The Daily Miracle and/or the seminal work of Galtung and Ruge to which Allern refers - see REFS below).

For example, in Methods paragraph 1, the authors seem somewhat surprised that the controversy and banned status of some medical practices is accompanied by news coverage. I would argue that these are exactly the reasons why journalists see them as newsworthy (because they satisfy well-recognised news values such as conflict/controversy, unusualness and human interest).

Also, in Discussion Paragraph 3, where the authors state that patient stories provide an "'authentic' contrast to the media presentation of statistics and research" perhaps they could note that 'human interest' is a well-established news value. It is true that reporters seek to 'illustrate' statistics with individual stories but this is because the statistics are newsworthy because of their impact on many and individual people, so if a person who has been hurt or benefited by medical tourism can be found then this aspect of the story satisfies the news value of 'impact' and that of 'human interest'.

In a related comment, in Discussion paragraph 4, the first sentence could also refer to human interest as a news value, rather than 'personal relevance' to audience members (as this study does not examine audience responses).

In Discussion paragraph 5, line 23-4, the authors refer to the contrasting appeals and risk reporting as offering audiences a choice: they could refer here to conflict as a news value. Offering conflicting information may well leave the issue up to individual choice, however the other possible outcome is that audiences will assume that there is disagreement about the risks and benefits of this practice and will feel a lack of leadership as to what is the right or safe course of action. The concept of balance is also widely understood among journalists as a
justification for providing comments from 'both sides of the story', although routine balancing may be considered inappropriate where a wide scientific consensus exists (i.e. climate change, vaccination -- see Oreskes and Conway 2010 and Boykoff and Boykoff 2005 for more on the issue of balance as bias)

REFS


4. a Are the methods appropriate and well described, and are sufficient details provided to allow others to evaluate and/or replicate the work? Please remark on the suitability of the methods for the study, which should be clearly described and reproducible by peers in the field.

The analysis of television and newspaper news for type of medical content, news actors present, and use of personal testimonials, appeals, risks and credibility is appropriate to answer the question: How is medical tourism portrayed by the news media? The data selection criteria and coding method are clearly described.

4.b. If statistical analyses have been carried out, specify whether or not they need to be assessed specifically by an additional reviewer with statistical expertise.

The statistical elements of this study are straight-forward and do not require specialist statistical review. Presenting categories as numbers/proportions present in news items is common practice in content analysis and presenting inter-coder reliability as per cent agreements is adequate.

5. What are the strengths and weaknesses of the methods?

Please comment on any improvements that could be made to the study design to enhance the quality of the results. If any additional experiments are required, please give details.

If novel experimental techniques were used please pay special attention to their reliability and validity.

The authors have used established coding categories to analyse their sample and build on the work of other scholars (notably Mason and Wright 2011). The categories chosen are relevant elements of news coverage which would have the
potential to influence audiences considering what position to take on medical tourism.

Discretionary revisions
- Intercoder agreement could be presented separately for each coding variable so readers can see which categories are the most reliable to use in future.
- Methods paragraph 4 and Appendix 1 acknowledge the work of Mason and Knight 2011 and Turner 2007 but it is not quite clear which categories are from these scholars and which are innovations added by the present authors. This may be solved by footnoting.

6. Can the writing, organization, tables and figures be improved?

6.a Although the editorial team may also assess the quality of the written English, please do comment if you consider the standard is below that expected for a scientific publication.

Minor essential revisions
- This paper requires spell-checking and proof-reading for accuracy and clarity. While there are very few errors they need to be corrected: for example:
  - Background paragraph 1, line 2, apostrophe should come before the 's' in nation's
  - Methods paragraph 1, line 8 authors have 'medial' where it should read 'medical'
  - Results paragraph 2, lines 5 and 7, authors use parentheses within identical parentheses and fail to include a closing bracket after (IVF). I suggest using [x(y)z] for clarity.
  - Results paragraph 2, line 14, authors use single quotation marks around the phrase 'interested parties' but do not attribute this quotation.
  - Results paragraph 3, line 3, where the authors use 'features' may I suggest they use 'characteristics' to avoid confusion because 'feature' is a journalistic word for a particular kind of journalistic product. [This change could also be made in Discussion paragraph 4, line 2]
  - In Discussion paragraph 6, eighth line from the end of this paragraph, please delete the word 'self'.

6.b. If the manuscript is organized in such a manner that it is illogical or not easily accessible to the reader please suggest improvements.

Discretionary revisions
- In Results paragraph 1, line 3, the authors refer to what proportion of total articles/news items were 'about Low and Middle Income Country health' (1,355/28,580) -- I would invite the authors to clarify whether the study sample for this manuscript was drawn from within a subset of items about LMIC health. If this is so, perhaps this information should be supplied in the Methods section and supported with a rationale.
- Results paragraph 2, line 8 - please include the total number of 'news actors'
detected before describing the breakdown of types.

- D4 belatedly presents the overall quantity of appeals, risks and credibility elements -- I would like to see these included in the results section [perhaps between results paragraphs 2 and 3] to provide an overview before the individual elements within these categories are discussed in the discussion section (results should first appear in the results section before being discussed).

- In Discussion paragraph 6, line one and Conclusions paragraph 1, line 3, I suggest changing 'treatment' to 'portrayal' as this is referring to a news item rather than a medical treatment and there is potential for confusion in using a medical term to refer to a news media phenomenon - prefer clarity to wit in this instance.

Minor essential revision

- In Discussion paragraph 4 the authors state that appeals are described as 'more abundant' than references to risk or credibility items but in Discussion Paragraph 5 these two elements are described as 'roughly comparable'. This is somewhat contradictory and should be reworded in line with the authors' own conclusions (informed as required by previous scholars' findings - such as Mason and Knight 2011).

6. c. Please provide feedback on whether the data are presented in the most appropriate manner; for example, is a table being used where a graph would give increased clarity? Are the figures of a high enough quality to be published in their present form?

Discretionary revisions

- While the tables are very helpful and should be retained in this or other form, I would like to see totals for each category included at the base of each column.

- There is some argument for separating the data into different tables for each category coded this would allow readers to compare the television vs newspaper coverage directly.

So, for example, medical focus could be presented thus:

Medical Focus Table

<table>
<thead>
<tr>
<th></th>
<th>TV n=x(%)</th>
<th>newspaper n=y(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetic surgery</td>
<td>20 (%)</td>
<td>29 (%)</td>
</tr>
<tr>
<td>Orthopaedic surgery</td>
<td>3 (%)</td>
<td>11 (%)</td>
</tr>
<tr>
<td>Stem cells</td>
<td>15 (%)</td>
<td>3 (%)</td>
</tr>
<tr>
<td>Dental</td>
<td>1 (%)</td>
<td>9 (%)</td>
</tr>
<tr>
<td>...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>x</td>
<td>y</td>
</tr>
</tbody>
</table>

While this would be time-consuming and result in many more tables, they would perhaps be easier to read and interpret.
Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

My PhD (completed 2005) was supervised by Simon Chapman who is lead author Michelle Imison's PhD supervisor (enrolled 2009--). I have co-authored research papers with Professor Chapman. Research I am leading is making use of television from the Australian Health News Research Collaboration.

Dr Stephen Schweinsberg is an academic at the University of Technology, Sydney, (where I am employed) however we have not collaborated on research projects or grant applications.