

Comments by John Costa, Editor-In-Chief, The Bulletin, to the Central Oregon Medical Society and the Central Oregon Independent Practice Association on the Occasion of their Combined Meeting, May 11, 2009

Good evening and thank you for inviting me to speak, and, of course, for listening.

But, more importantly, thank you for all you do in our community.

And a special thanks from me, both as an individual and the editor in chief of The Bulletin and Western Communications.

My family and I – my wife and three children – have called on your expertise, and have never been disappointed.

Nearly a decade ago, I came into this hospital for heart bypass surgery.

The care was superb.

And as an employer, I have watched scores of my fellow journalists come to you and your colleagues for care, which has been excellent.

In no small measure, these experiences lead to impressions, positive ones for sure, that influence the coverage of the medical community by The Bulletin.

So, again, thank you.

My time is limited, so I thought I would focus on just a few items that touch upon the relationship between the medical community and the media.

One is **how The Bulletin's health care coverage has evolved over a decade**, and why it has done so.

Another is the **importance of information**, and the possibilities and limitations that affect what we do, and how you respond or play a role in it.

Yet another is the very sensitive subject of **lawyers, lawsuits and media coverage**.

And the final, perhaps the most important, subject I would like to talk about is The Bulletin's approach to the **feud broiling between this hospital and its affiliates and the Bend Memorial Clinic**.

First, and briefly, to **The Bulletin**.

A decade ago, there was no health or medical reporter at the newspaper and the relations between the newspaper and the medical community were, at best, strained.

Why? I don't know. And now, that's unimportant.

What is important is that in the last ten years The Bulletin has assigned three reporters -- not to mention editors, photographers and designers -- to the coverage of health and medicine, publishes a weekly health section and a quarterly magazine – Pulse.

The reason is simple.

Our readership, which continues to grow, demands it.

Since I have been editor, we have done four very extensive – and expensive -- surveys, measuring what our readers deem most important in the newspaper.

The surveys are one of the tools – very important ones – we have used to build a very successful newspaper.

With each of those surveys, health and medicine as a category has climbed the information ladder to the top rung.

What the readers tell us they want in information is best summed up in three words --- access, cost and effectiveness.

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There is another **constituency hungry for information**: those who rely directly or indirectly on the health care industry for their livelihoods.

We get calls from nurses, lab techs, vendors, people who earn their living servicing the health care industry, tax assessors, other companies – all wanting to know the economic state of the local health care system.

Given the economic impact that you all have on the local economy, it's very understandable.

When we add a fourth reported to health care coverage, this will be the area of concentration.

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There are many **sources of information** for The Bulletin to use.

There is an explosion in computerized health and medical data coming from government, universities, research and consumer groups, insurers and others.

That's not going to change.

In fact, we are only at the beginning.

As public resources pick up more and more of the nation's medical tab, the pressure for more information will be irresistible.

And that information will end up in newspapers, on websites, and other mediums.

You know that in Oregon, there is a growing constituency for mandatory reporting of hospital data. It's only a matter of time. It's going to happen and that data is going to be public.

The Bulletin's editorial page has supported that requirement, though we have also argued for major tort reform to make sure that the information is not simply a treasure trove for lawyers, but serves the higher purpose of informing the public in critical decisions it has to make.

The most important media-medicine interaction that we at The Bulletin have is with you.

In virtually every story, our reporters are writing about local care, local patients and their outcomes and they are doing it by talking to you.

For the most part this goes very well.

I think it is a sign of the respect and trust we have in each other that most doctors are very willing to speak openly with our reporters.

But there are challenges in this relationship.

One of them is HIPPA, and the others are our publication standards.

Not a lot of journalists – at least the thoughtful ones – are going to argue with a presumption of patient privacy.

But it is our experience in some situations that the patient or his or her family is all too willing to talk with a reporter. And it's the doctor or treating institution that invokes HIPPA.

Intended or not, this comes across to the reading public as hiding, or that something mysterious is at hand. That's too bad and, I believe, damaging to you.

One of the stock in trade stories at The Bulletin is the tale of the patient with challenging medical problems who is being treated well and effectively in our community.

And those stories in which the doctor is talking are among the best read in the newspaper and do nothing but advance the public's faith in our local medical community.

Your successes and valiant efforts are important for the public to read, and we are proud to present them.

What is frustrating to journalists is that when a story that is complex or potentially not so positive comes along, some of the very folks who were eager to talk about the positive stories are no longer available.

The story still gets published, but instead of a thoughtful explanation by a professional, the reader is told the medical community will not comment.

As I said, I understand the instinct, but it is damaging.

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One of the ways in which The Bulletin is unique is in its **publication standards**, particularly regarding sources.

These standards confuse and frustrate many who deal with our reporters, health professionals included.

The bottom line is: The Bulletin will not publish a story from its own staff based on anonymous sources alone. Very, very few newspapers have this standard.

We will listen to sources off the record, but to be published the material must have names attached or be based on documentation.

We receive mountains of materials from members of your community who do not wish to be named.

While the information is probably true, we won't publish it without a name or confirmation. This frustrates some of your colleagues who talk to our reporters, but this is for everyone's protection, not the least of which is The Bulletin's.

Sources have to understand that there is not a magical information tree somewhere that gives us the on-the-record or documentary confirmation needed for publication.

If you won't put your name on a remark or observation, it won't get published.

I am sure you would not want someone criticizing you without a name attached.

The moral here is to make sure you understand the terms of engagement with a reporter. If you want to be off the record as a source, make sure the reporter understands that ahead of time.

And understand that unless we can confirm the information, we can't publish it.

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One of the areas of contention between newspapers and the medical community – all over the country, not just at The Bulletin – is the reporting of **malpractice lawsuits and other legal proceedings**.

As frustrating as this may sound to you, there is no absolute threshold for publication.

We receive dozens of lawsuits, including those involving the medical community, everyday.

They are recorded in the agate type of the news of record. The vast majority never go beyond that.

But a few do. So, why?

Classically, the rationale has been that the story involving the lawsuit has information that would be valuable – not just titillating -- to a reader.

Or, and this is where the decision making gets dicey, the potential consequences of the lawsuit are so large for the public, that it should be aware of the threat.

An example:

Suppose someone or another institution filed a suit against St. Charles that, if successful, could significantly alter, reduce, close or force the sale of the hospital.

Should the public read a story about that threat when filed, or await a verdict?

What if St. Charles were a public hospital, existing on tax dollars?

Should the public read of a suit that could threaten its investment?

Do we wait for a trial, when most of these cases are settled with non-disclosure clauses, or do we adopt a separate standard?

These are not as easy as you would imagine to call.

But, in any event, over the last two or three years, at the encouragement of friends in the medical community, we have significantly raised the threshold for publication of many of these suits.

We are very close to a standard that demands a case against a doctor go to court before we write about it in detail.

It's not a standard that I am completely comfortable with, but I have grown less comfortable with a standard that broadcasts an accusation simply because someone has paid a filing fee.

This is imperfect at best and will not get substantially better, in my opinion, until we adopt substantial tort reform that takes the penalty out of disclosure.

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Finally, a few words about the **ongoing struggle between St. Charles and the Bend Memorial Clinic**.

Knowing only the broad outline of the debate, I have no idea what the resolution of this is. But I am sure of two things.

One, the outcome of this fight will in no small way determine the future of health care in Central Oregon.

Whether or not BMC or this hospital survive, or whether there are different owners or new competitors, this region will be greatly impacted for better or worse by the wisdom and decision making of those involved.

And two, given the stakes involved for the public, this will not be a private struggle.

We understand why the decision makers may be reluctant to talk to us, but given the enormous impact it will have on the public, the public deserves to know about it and we have a responsibility to tell them about it.

You can help us make it a complete and understandable story, or it will come out in dribs and drabs, which makes it hard for the public to understand.

Without your help there is also the risk that we will present something that is misleading, not because it is incorrect but because it is incomplete.

But we would be irresponsible if we did not pursue it for the public whose support is essential to the future of the medical community.

Frankly, this situation is disheartening in the extreme, and a recent incident underlined the destructive potential of this demoralizing contest.

You read about it in The Bulletin.

BMC filed a police complaint saying that employees of the Cascade Health Care cancer center were using computers to access patient information at BMC.

We had heard about the complaint weeks before it appeared in the newspaper, but published it only after the Bend Police Department said it was taking the complaint seriously.

On its face, it is potentially a crime, so, of course it is a story if, as suggested our major health care institution is being investigated by the police.

Whether it really is a crime in the end, we'll see.

In any case, we were flooded with phone calls after publication.

The callers were not critical of The Bulletin. They – including hosts of doctors – were instead stunned that the state of affairs between Cascade Health Care and BMC had fallen to such a desperately low level.

What I took from this is that the last thing that the citizens of Central Oregon, who have been so generous in supporting these institutions, will tolerate is Neff Road becoming the Mason Dixon line of local health care.

