Despite her many professional accomplishments, Nancy Snyderman, MD—head and neck surgeon, network medical correspondent for nearly 25 years—might best be remembered for the take-out soup incident of 2014.

Snyderman was caught violating her self-imposed 21-day quarantine after returning from reporting on the Ebola epidemic in Liberia for NBC News in October. She was spied waiting in a car while a companion ducked into a New Jersey restaurant to pick up a to-go order of soup (http://nydn.us/1e1MEhY). Snyderman apologized and resumed reporting in December, but she departed NBC in March.

"Covering the Ebola epidemic last fall in Liberia, and then becoming part of the story upon my return to the US, contributed to my decision that now is the time to return to academic medicine," Snyderman said in a statement (http://bit.ly/1A09RuJ).

When she resigned, however, Washington Post media critic Erik Wemple conceded the incident was blown out of proportion. In his blog post entitled, "Yes, we did overreact to Dr. Nancy Snyderman’s Ebola screwup," Wemple wrote that she might have been a victim of the hype and hysteria in the United States about Ebola’s threat.

Snyderman is among several high-profile physician broadcasters criticized recently for becoming “part of the story,” as she put it. CNN’s Sanjay Gupta, MD, was called out for exploiting victims of the 2010 Haiti earthquake and violating their privacy by treating them in front of a camera.

Gupta prompted similar ethical concerns after the network aired footage of him treating victims of the recent Nepal earthquake (http://bit.ly/1FdYDDn). Columbia University cardiac surgeon Mehmet Oz, MD, MBA, and his eponymous syndicated show spurred 10 physicians to write in April to Columbia University College of Physicians and Surgeons Dean Lee Goldman, MD, calling for Oz’s dismissal as vice chair of surgery. Oz “has repeatedly shown disdain for science and for evidence-based medicine,” the physicians wrote (http://bit.ly/1IgY9NX).

These situations highlight what 1 journalist, who also is a physician, calls the potential “minefield” of navigating 2 professions that have different ethical standards and goals.

“Think it’s really important for physician-journalists to define their role,” Tom Linden, MD, director of the medical and science journalism program at the University of North Carolina (UNC) at Chapel Hill, said in an interview. As a psychiatrist who couldn’t shake journalism’s pull, Linden spent 3 years in the mid- to late 1980s as a morning reporter for a local NBC affiliate in California and saw patients in the afternoon. “I had very strict rules. I would never see a [new] patient who called and said, ‘I saw you on TV,'” he said. “I would also never use one of my pa-
“I think there is a danger with physicians on television seeming to be an expert on everything, as opposed to being a journalist looking at both sides of the issue.” —Robert Bazell, PhD

Who’s the Expert?

Ashton is not the only television physician who’s drawn Schwitzer’s ire over cancer screening recommendations. In 2013, he criticized urologist and prostate surgeon David Samadi, MD, for saying on the “Today” show that no complications arise from prostate cancer screening and that men should get a baseline prostate specific antigen (PSA) test at age 40 years (http://bit.ly/1z9u8O9).

However, the USPSTF recommends against routine PSA screening for men at average risk of any age (http://bit.ly/UfANpa), while the American Urological Association guidelines note that its greatest benefit appears to be in the 55- to 69-year age group, although even those men should discuss the pros and cons with their doctors before deciding whether to proceed (http://bit.ly/1KK6WJ3).

“I’ve been very clear about PSA screening,” Samadi, chief of robotic surgery at New York’s Lenox Hill Hospital, said in an interview. “PSA is one of the only screening tools we have. To wait for everyone to [reach] the age of 55 to do screening, that’s going to cause a lot of metastases.” He said that conclusion was “my own personal take of everything that I’ve read.”

For the past 5 years, Samadi has appeared weekly on the Fox News show “Sunday Housecall.” If prostate cancer screening comes up on the show, Samadi said, he feels comfortable giving his opinion. “I don’t find it a conflict of interest.”

Robert Bazell, PhD, would disagree. “I think there is a danger with physicians on television seeming to be an expert on everything, as opposed to being a journalist looking at both sides of the issue,” Bazell said in an interview.

While working 38 years as a medical and science reporter for NBC News, he said, “I never considered myself anything but a journalist,” despite his doctorate in immunology. Two years ago he left NBC to become an adjunct professor of molecular, cellular, and developmental biology at Yale.

“It’s all in the presentation,” he added, noting that “this doesn’t go on just in national TV situations.” On many local television news shows, he said, physicians are presented as all-knowing oracles simply because they have a medical degree.

Mike Cirignano, MD, says his 21 years as a full-time internist have prepared him well for his twice-a-week segments on the Philadelphia Fox affiliate’s “Good Day” morning show, a gig he’s had for a decade. In his
practice at the University of Pennsylvania, “I’ve come across virtually every malady you could think of,” he said in an interview.

But if he’s working on a story outside his area of expertise, he’ll run his report by a colleague in the relevant specialty. For example, he said, “if one of the Phillies has an orthopedic injury, I know what I’m going to say, but I will fact-check with an orthopedist just to make sure.”

Crossing the Line?
As Samadi sees it, Oz has crossed the line into entertainment. “Mehmet Oz is trying hard to give good medical information, but good medical information sometimes can be boring,” said Samadi, adding that he knows Oz from his time at Columbia. “Is he purposely trying to deceive the public? I highly doubt it. But it’s the nature of TV.... Do I think he’s made mistakes? I think there have been some cases where he’s probably exaggerated more than he should.”

Christina Korownyk, MD, and colleagues at the University of Alberta in Canada wondered how much of what television physicians such as Oz recommend is supported by evidence.

“We had so many patients asking us about recommendations they had seen on different shows,” Korownyk, a family medicine physician, said in an interview. So she and her coauthors, mostly primary care physicians, randomly selected 40 episodes of “The Dr. Oz Show” and 40 of “The Doctors,” another popular TV show that features 6 physician co-hosts, and identified and evaluated recommendations made on each program.

They found at least 1 case report or stronger evidence to support 46% of the recommendations in the Oz show and 63% of the recommendations in “The Doctors” (Korownyk C et al. BMJ. 2014;349:g7346). They also found evidence that contradicted 15% of the Oz show recommendations and 14% of “The Doctors” recommendations. And they found no evidence related to the rest of the recommendations on the shows.

Although a large portion of their recommendations lack supporting evidence, no one has formally assessed how many viewers actually follow them, Korownyk noted.

The JAMA Forum
Learning About Competition From the UK’s National Health Service

Austin B. Frakt, PhD

The United Kingdom’s National Health Service (NHS) is a nationalized health care system—meaning its physicians are employed by the government. From that familiar fact, many conclude that the United States—with its competitive, private market-based delivery system—has nothing to learn from the NHS. That’s wrong.

What’s wrong with this thought is that it equates “competition” with “private.” In fact, competition can exist even in a nationalized health system, and it does among NHS hospitals. Moreover, studies of NHS hospital competition illustrate just how important it is, leading to better management, higher quality, and lower mortality.

Since 2006, NHS general practitioners have been required and paid to ensure that their patients are aware of 5 choices of hospital. Hospital quality data are available to patients to help them make this choice. Those choices affect hospital revenue because the government’s diagnosis-based payments follow the patient. This encourages hospitals to compete for patients on quality. The only way for a hospital to thrive is to improve its attractiveness to patients. Hospital managers who do so can receive higher pay. Those who don’t might be fired. And failing hospitals are at heightened risk of closure.

In a study published in the American Economic Journal: Economic Policy in 2013 (http://bit.ly/1CBEckG), researchers found that this 2006 policy increased competition among hospitals, changed where patients chose to receive care, and decreased length of stay and mortality. They estimated that a 10% decrease in hospital market concentration would result in a 2.3% reduction in length of stay (the baseline mean length of stay was 1.2 days) and a decrease of 2.9% in 30-day mortality after