

Harvard Medical School rescinds controversial media rules

On 25 August, students at Harvard Medical School (HMS) received an e-mail message about changes to the student handbook, including a new policy about interacting with the news media that triggered a controversy. The wording of the policy suggested that students could only talk to the media after approval from administrative officials. Although that policy was quickly rescinded, conflict continues over the policy's objective.

The administration blames the controversy on a misunderstanding and denies any intention of limiting free speech. "The intention was to guide students when communicating various nuances of patient confidentiality and to let them know that there are valuable resources

available through the offices of student affairs and communications and external relations," Nancy Oriol, dean of students at HMS, told *Nature Medicine* via email. In fact, the policy did state only that students "should"—not must—contact those offices before interacting with the media.

Some Harvard medical students, however, suspect that deeper issues were at stake. Nate Favini, a second-year HMS student and chair of the student council advisory board, believes that the policy arose from students voicing their objections to a variety of issues, including the school's connections with the pharmaceutical industry that could contribute to conflicts of interest. "Whether or not the policy was intended to silence these critics, forcing them to have their message approved by the HMS communications office would have been an effective tool for keeping them quiet," Favini says. Late last winter, several students from the school were quoted in a *New York Times* article that examined the financial support some faculty receive from industry.

Not all HMS students agree, however. Julian Johnson, a third-year student and former president of the HMS student council, says, "this policy was more of an offer to students to say, 'here's a resource that you can use if you are anxious about communicating with the media and are not sure what you can and cannot say.'"

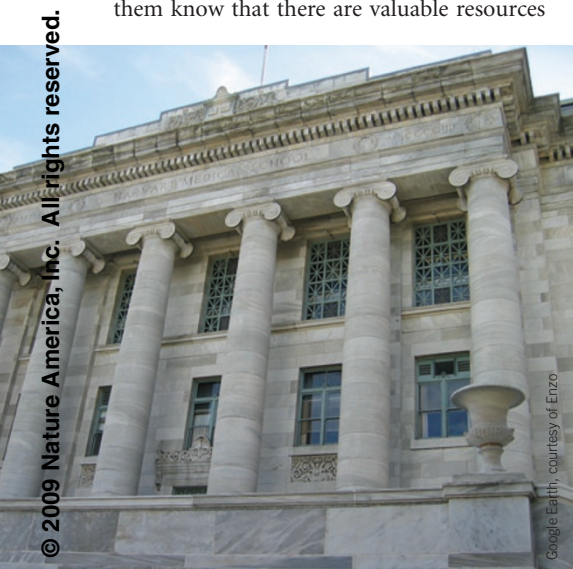
Some outside Harvard, though, judge such policies more harshly. Lauren Hughes, president of the American Medical Student Association, says, "We encourage students to speak up for themselves and oppose

any policy that would curtail their freedom of speech." She adds, "Restrictive policies significantly affect student engagement in activism."

Moreover, the original HMS media policy largely stood alone. Hughes says, "I'm not aware of another school that has stated anything like this." In fact, medical schools tend to have no media policy at all. Robert Alpern, dean of the Yale School of Medicine, says, "our policy for the medical school community is that if you speak to the press you speak on your own behalf, and you should be clear you are not representing the views of Yale." At the same time, Alpern sees the value of working with a school's public affairs staff. "It's always a good idea for anyone speaking with the press to speak with public affairs at the school first," he says. "However, in general, our policy is that we would never limit the free speech of the community."

In the end, the HMS policy spawned healthy changes. Regardless of the actual stimulus behind the original media policy, it brought students and administrators together to discuss various issues on 8 September. As a result, they decided that there is no need for any media policy for the students, but they will keep working on guidelines related to patient confidentiality. In addition, some students are proposing a "medical student bill of rights." As Favini says, "this idea could prevent future policies that infringe on student rights and serve as a resource for students who face disciplinary proceedings because of unjust policies."

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Free to speak: Students voiced concerns



'Propaganda index' proposed for medical literature

The inappropriate 'spin' of biomedical results is rife and could be countered in part by using a 'propaganda index', said experts at the sixth international congress of the Peer Review and Biomedical Publication in Vancouver this September.

Some papers make a drug look better than the data really supports, says Doug Altman of the Centre for Statistics in Medicine in Oxford, UK. They do this through choice of language or selective emphasis of certain parts of the data. "I have reviewed some quite nauseatingly written papers," Altman says. Perhaps

even worse, he adds, some papers focus on secondary conclusions or massage the data to reach some other statistically significant conclusion.

To make a start at quantifying the problem of spin, Isabelle Boutron, who was previously at the Centre for Statistics with Altman but is now at the University of Paris Descartes, examined 72 clinical trial reports. The articles, all published in December 2006 in the PubMed database, each had a clear primary objective but statistically insignificant findings.

She and a colleague read the papers separately and noted phrases that

indicated spin. For example, a paper might say that results "approached but did not reach significance," or "would have been statistically significant if we had a bigger sample"—both of which mean the same as, but sound more positive than, "our results were not statistically significant."

Boutron and her co-investigator only counted the instances of spin that they agreed could be classified as such. All told, they identified spin in the conclusion of half of the papers, Boutron says. More than 40% of them had spin in two or more sections, such as the methods or discussions. "These papers are riddled