Health and Radio: an Analysis of Journalistic Practice

Amparo Huertas and Maria Gutiérrez

The generalist radios, public and private, broadcast informative news and spreading products that approach the topic of the health. The article summarize the main results of a research on the treatment and diffusion of these contents in the radio.

The information about topics of health have a direct influence in the daily life of the citizenship. That's the reason why the radio broadcasters must design responsible policies in order to promote habits and healthy guidelines of behaviour.

Keywords

Health, Radio, Programming, Catalonia, Spain, Journalism

This article is a summary of the research entitled "Presence and treatment of health content in generalist radio programming" financed by the Catalonia Broadcasting Council. The analysis has been carried out on the programming for the 2004/2005 season of all generalist broadcasters with coverage in Catalonia, Spanish (COPE, Onda Cero, Onda Rambla Punto Radio, RNE-Radio 1 and SER) and Catalan channels (Catalunya Ràdio, COMRàdio, RAC 1 and Ràdio 4, as well as the old Ona Catalana)[1]

The study has focused on radio productions that identify their main theme as *medical and/or health*, and it distinguishes between specialised programmes and sections of programmes (news and advertising). In the first case, a subdivision has been established that differentiates between three types of broadcast: those specialising in health in general (conventional and alternative/ complementary medicine), those that have a para-scientific approach and, lastly, those radio productions that develop specific health areas (defined using specific medical specialities and/or aimed at specific groups of the population).

1. Introduction. Health and communication

According to the WHO (World Health Organisation), health is a state of complete physical, mental and social well-being. Health is therefore something more than medical postulates and goes beyond the individual, as social behaviour also influences personal well-being. From this global perspective, it is obvious that the media must play a significant role in disseminating medical and health information.

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1 The full study can be consulted at www.cac.cat

What is true is that health has always formed part of the usual content of the media. There have even been key moments in the history of mass communication related to this area. For example, the outbreak of AIDS as leading media content in the eighties of the last century as a result of the public confession made by the North American actor, Rock Hudson, a victim of this disease. At first, the media believed this alteration of the organism to be a stigma related to certain social sectors, specifically homosexuals, and afterwards they gradually turned it into an essential concern for everyone (Sánchez Noriega, 1997).

This presence is now increasingly more notable. There is a calendar of commemorations dedicated to specific illnesses, something which regularly turns them into subjects of journalistic interest and may even be used as a reason to organise big televised events, such as the so-called *telethons*. Advances in the study of bioscience, and the consequent ethical debate, have also led to an increase and evidence of their treatment on the part of the media. Moreover, we should also note the appearance of communication offices within companies in the sector, especially in health centres and pharmaceutical industries, something which has facilitated access for journalists to this kind of information.

But apart from this presence for motives strictly related to contemporary issues, the disseminating function carried out by the media would be incomplete without the inclusion of health in the themes they cover. And this also continues to be one of the duties of the media: to provide citizens with basic health knowledge in order to facilitate the management of their own well-being and of their environment.

In this context, the role of radio, which has extensive experience in handling this kind of content, has been quite significant. In the collective memory of Catalonia are titles such as *Consultorio Sentimental Elena Francis*, created in 1948 at Ràdio Barcelona and sponsored by the Instituto de Belleza Francis (Balsebre, 2002). This programme, aimed basically at a female audience, covered among other issues those related to aesthetics and hygiene. And if we look at current programming, we can find programmes that have been broadcast for more than 10 years. This is the case of *Salut i Qualitat de Vida* and *La Rebotica*, currently broadcast by Onda Rambla Punto Radio and COPE, respectively.

2. General description of the methodological process applied to the research

There have been three main aims of "Presence and treatment of health content in generalist radio programming": to determine the incidence on programming as a whole of radio content that is specialised in health, to investigate how this content is treated by applying indicators to evaluate its quality and, lastly, to present proposals of good practice or recommendations.

In order to cover these general aspects, a methodology has been designed that includes both the gathering of quantitative data as well as the qualitative evaluation of the material under study. The application of an analytical file and the subsequent exploitation of the data with computer support (Microsoft Excel) have allowed us to investigate the following aspects more thoroughly:

- **Programming strategies**. Although it was important to detect the relative weight of specialised broadcasts in the whole content offered on radio, it was also important to determine the possible cases of direct competition arising when more than one broadcaster coincides in terms of day and time for the broadcast of specialist content, as both aspects determine audience consumption patterns. Moreover, the products have been conveniently identified according to type of broadcaster (public or private) and the area of coverage (Catalan or Spanish), which has allowed us to compare the differences, similarities and even the existence of common patterns of behaviour.
- **Types of programmes and sections: programme genres and format**. Firstly, the programmes have been classified according to genre. From the whole rage of generic categories, only three were necessary to apply: news, news-entertainment and participation. The format used has also been studied (magazine, interview programmes, etc.). In the case of sections, this issue has been resolved by paying particular attention to the presence or absence of a head collaborator. If this was the case, their basic details were gathered (gender and profession).
- **Characteristics of the units of analysis: journalistic genres**. This point has allowed us to delve more deeply into how content is treated formally and the conclusion

has been very evident: the interview is the most frequently used journalistic genre in programmes, news sections and advertising sections. Especially people invited by each broadcaster to talk about health, whose basic details have also been gathered (gender and professional sector represented).

- **Targets and audience**. When specifying the targets for each programme and section (informative and commercial), we have taken into account those defined by the broadcaster itself and those deduced from the recordings. Although most products are aimed at a general public, a logical fact given the generalist nature of the broadcasters analysed, it was also necessary to check the appearance of broadcasts aimed at specific sectors of the population. On the other hand, this observation has helped us to analyse the degree of adaptation of specialist language to the potential listeners.
- **The presenter, production team and figure of collaborator**. The main aim of this point has been to investigate the degree of specific knowledge of journalism and health on the part of the those people responsible for the broadcasts, in addition to the specific preparation for each broadcast.
- **Structure**. This point has allowed us to verify whether programmes have a set or variable structure. An analysis of the findings has shown that the organisational stability of content, in addition to helping selective reception, is directly linked to journalistic work of a serious nature. However, a variable structure is often a reflection of the excessive influence of advertising interests when selecting themes. With regard to sections, this has helped us observe whether the structure facilitates differentiation between informative and commercial sections.
- **Thematic and especially media content**. Based on this research, we have been able to determine the media specialities and themes that are more and less present in all radio content. We have distinguished between *conventional medicine, alternative/complementary medicine and para-scientific perspective*. A study has also been included of themes related to psychology, although this speciality is not recognised by doctors' colleges.
- **Weight and characteristics of commercial content**. In addition to studying advertising sections included within programmes, we have also investigated the existence or absence of advertising references (hidden advertising) in informative sections. On the other hand, and using all the content, we have also recorded the industrial and business sectors involved as advertisers. In this way we have looked more closely at advertising as a conditioning factor of health-related content related in the media.
- **Participation**. Based on the premise that one must be very careful when answering health-related questions on air, this point has served to see how different programmes handle listener participation. The contributions of listeners have been studied (gender, information provided and consultation type), the channels of participation activated (telephone, email, etc.) and the answers given by the radio channels (type of recommendations, medical speciality dealt with, appearance of names of drugs, etc.).
- **Internet resources**. All broadcasters in the sample have a portal that provides information on programming and is a means to communicate with those in charge of programmes and sections, among other services. In this point, we have analysed how the resources have been used that are placed on the internet and made available to radio listeners specifically in the area of health.

One of the first difficulties in this analysis was specifically delimiting the universe to be studied, particularly bearing in mind that our objective was to cover everything. Unlike television, access to information on radio programming is not easy and, in the case of locally broadcast programmes provided by national stations and news sections, there might not be any source of documentation available. And the only way to identify advertising sections included in programmes is by listening. Finally, through listening to different programmes and consulting the channels' websites, we were able to define a standard week for all the general content offered by radio corresponding to the 2004/2005 season and subsequently define the sample, which was suitably and totally recorded.

- **Selecting the sample of informative programmes and sections.**

  With regard to programmes, 13 spaces were detected on health, of which 7 tackled the theme generally, 2 treated it from a para-scientific perspective and 4 were

Table 1. Breakdown of the sample of specialised health programmes (2004/2005)

Broadcaster	Programme	Thematic content	Editions analysed	No. units of analysis
Catalan broadcasters				
COPE	***Tribuna médica*** *(D)*	General	4	8
	La rebotica	General	4	41
Onda Cero	***La salud en Onda Cero***	General	3	21
	Un mundo sin barreras	Disabled	4	6*
Onda Rambla Punto Radio	***Salut i qualitat de vida*** *(D)*	General	5	31
	Salud y calidad de vida	General	3	20
	Sense fronteres *(D)*	Para-scientific	3	15
	Luces en la oscuridad	Para-scientific	2	12
SER	***Vivir en salud***	General	4	4
	La salud en la SER	General	2	11
RNE- Radio1	***El club de la vida***	Elderly	10	9*
Spanish broadcasters				
COMRàdio	***Sense recepta***	Psychology	3	6*
Ràdio 4	***Punt G de les matinades***	Sex	4	2*
TOTAL	**13 programmes**		**51**	**186**

D: broadcast specifically for the local area.

*Only the units related to health have been analysed in depth.

Source: Authors' own work

Table 2. Breakdown of the sample of fixed informative sections on health of Catalan broadcasters (2004/2005)

Broadcaster	Programme	Section/Duration	Theme	No. editions analysed
Catalunya Ràdio	***La solució*** *(MG)*	In corpore sano/50'	Physiotherapy (sport)	1 (b)
		Centre mèdic/45'	Hospital medicine	1 (a)
		Naturalesa humana/50'	Psychiatry	1 (a)
		(No title)/45'	Psychiatry/psychology	1 (a)
		Fem dissabte/45'	General medicine	1 (b)
	Els matins de Catalunya Ràdio *(MG Matí)*	El desig/15'	Sexuality	2 (a)
COMRàdio	***Catalunya Plural*** *(MG Tarda)*	Les claus de l'èxit/30'	Psychology	3 (a)
		L'autòpsia/30'	News	3 (a)
		Còctel de passions/40'	Psychology/ sexuality	3 (a)
	Dies de ràdio *(MG cap de setmana)*	Millor és possible/20'	Varied (mainly nutrition)	1 (a)
	Tots per tots *(MG especialitzat)*	Un ronyó per herència/15'	Urology (nephritic illnesses)	4 (b)
Ona Catalana	***Accents*** *(MG Matí)*	Salut i farmàcia/15'	Pharmacy	2 (a)
	Un altre món (MG Tarda)	(No title)/15'	Psychology/ sexuality	4 (c)
RAC 1	***El món a Rac 1*** *(MG matí)*	La persona/25'	Psychiatry	3 (b)
			Nutrition and diet	3 (a)
	Tot és possible *(MG)*	(No title)/25'	Nutrition and diet	2 (a)
Ràdio 4	***Amb molt de gust*** *(MG Tarda)*	(No title)/20'	Sexuality/ News	1 (c)
TOTAL	**17 programmes**			**36**

Source: Authors' own work

specialised in a specific area. The latter, although their content was not 100% dedicated to health-related issues, were included in the study when it was clear that the broadcaster was giving priority to this area. With regard to informative sections, a total of 32 were detected, of which 17 were broadcast by Catalan stations and 15 by Spanish stations (only one being broadcast locally by a national channel). Once this universe had been established, a representative sample was selected. The size of the sample was determined based on the frequency each of the broadcasts (the greater the number of broadcasts of the same programme during one week, the more editions of this programme were included in the sample for analysis). 119 products were studied in total (51 different editions of all the programmes, entailing the study of 186 units of analysis and 68 examples of all the sections).

- **Selecting the sample of advertising sections**
  After detecting which programmes appear more often, the final sample size was determined by the frequency of the spaces affected. Given that there is no stable programming policy, unlike informative programmes and sections, it has not been possible to cover the whole universe and, therefore, this sample cannot be considered as representative of all the advertising sections of the 2004/2005 season. However, the period of time recorded, greater than two months, has allowed us to analyse 29 different advertising sections from 26 different advertisers.

3. Programming strategies

Health content is associated primarily with two programme

Table 3. Breakdown of the sample of fixed informative sections on health of Spanish broadcasters (2004/2005)

Broadcaster	Programme	Section/Duration	Theme	No. editions analysed
COPE	***La mañana*** *(MG Matí)*	*¿Qué me pasa doctor?/25'*	General medicine	2 (a)
		¿Qué me pasa doctor?/25'	Paediatrics	2 (a)
		¿Qué me pasa doctor?/25'	Geriatrics	2 (a)
		¿Qué me pasa doctor?/25'	Cosmetic and reparative surgery	2 (a)
	Las tardes con Cristina *(MG Tarda)*	*Amor y sexualidad/25'*	Sexuality	3 (a)
		(No title)/20'	General medicine	1(a)
	Los Decanos *(Informatiu amb entrevistes)*	(No title)/25'	Varied	2 (d)
ONDA CERO	***Gomaespuma*** *(MG Tarda)*	(No title / Fundación Gomaespuma)/15'	Varied	1(a)
Onda Rambla Punto Radio	***Campoy en su punto*** *(MG Tarda)*	Tren del placer/20'	Psychology/ Sexuality	2 (a)
	Punto en boca *(MG cap de setmana)*	Puesta a punto/15'	Family psychotherapy	3 (a)
RNE Radio 1	***De la noche al día*** *(MG Matinada)*	(No title)/50'	Psychology	2 (a)
	No es un día cualquiera *(MG cap de setmana)*	(No title)/10'	History and health	1(c)
SER	***Hoy por hoy*** *(MG Matí)*	(No title)/10'	History and health	3 (a)
	La ventana *(MG Tarda)*	Sexo a media tarde/15'	Sexuality	3 (a)
SER FM (local)	***El buscaraons*** *(MG)*	(No title)/30'	Psychology	3 (a)
TOTAL	**15 programmes**			**32**

Source: Authors' own work

Table 4. Breakdown of the sample of health sections for exclusively promotional purposes * (2004/05)

Broadcaster	Programme	Product	Sector	No. editions analysed
COPE	***La mañana*** *(MG Matí)*	Obergrass	Nutrition	1
	Las tardes con Cristina *(MG Tarda)*	Keren 2	Hair health	1
	La luna en COPE *(MG Matinada)*	Bio 10/Artifor	Alternative therapies	1
		Sindon/Tersa	Alternative therapies	1
	Al sur de la semana *(MG cap de setmana)*	Cofilac	Nutrition	1
	Los Decanos *(Informatiu amb entrevistes)*	Sistema integral Antidex	Prevention in the home	1
COPE FM (local)	***La gran Barcelona*** *(MG)*	Clínica Teknon	Health centre	1
	Odette i tu *(MG)*	Suplements Oikos	Alternative therapies	1
		Clínica Cruz Blanca	Health centre	1
	El gabinete *(MG)*	Centro Oftalmologia Bonafonte	Health centre	1
		Centro Estètica Dental Avançada	Health centre	1
		Imagine	Health centre	1
ONDA CERO	***Herrera en la Onda*** *(MG Matí)*	Almagra Forte	Nutrition	1
		Veneo	Nutrition	1
	Gomaespuma *(MG Tarda)*	Biofrutas Pascual	Food	1
		Zumo Sol Pascual	Food	1
ONDA CERO (local)	***Això no és tot*** *(MG)*	Centre on aprendre a respirar	Health centre	1
Onda Rambla Punto Radio	***Protagonistas*** *(MG Matí)*	Natur House	Nutrition	1
		Vive Soy Soja (Pascual)	Food	1
	Punto en boca *(MG cap de setmana)*	Minut Made	Food	1
		Instituto de Terapias Integrales y Enseñanzas Energéticas	Alternative therapies	1
Onda Rambla Punto Radio (local)	***La ciutat de tots*** *(MG)*	Policlínica Barcelona	Health centre	2
		Life Salut	Leisure and health	1
		Centre Estar Bene	Health centre	3
SER	***La ventana*** *(MG Tarda)*	Butterfly Master Plus	Rehabilitation	1
SER FM (local)	***El buscaraons*** *(MG)*	Institut d'oftalmologia Tres Torres	Health centre	1
TOTAL	**26 programmes**			**29**

Source: Authors' own work

*It's not a probabilistic sample, since not all the items of the universe have the same possibilities of being chosen for the sample.

genres: information and infotainment. The first covers all programmes that deal with health in general, while the second contains the rest of the sample analysed.

A clearly different behaviour appears with Catalunya Ràdio. This broadcaster, which only has news sections, includes almost all of them in the doyen of information programmes on public Catalan radio, namely *La solució.* The assiduity and duration of these sections means that some of their editions may be considered as specialised. In this way, Catalunya Ràdio shows a clear orientation towards a more information-based treatment.

As with the rest of the themed specialisations, such as the economy or culture, health does not achieve a very high percentage presence within the context of the overall programmes on offer. If we calculate the approximate percentage occupation of the most stable specialised content, i.e. including news programmes and sections, we can see that the average occupation rate for health never exceeds 4% of the weekly content offered in any case, with the exception of Onda Rambla Punto Ràdio. This station's weekly health-related content may exceed 5%, mainly because it broadcasts a local programme every day

throughout the week *(Salut i qualitat de vida)*, which is broadcast throughout Spain on Saturdays *(Salud y calidad de vida)*, as well as having the only two titles that deal with health from a para-scientific perspective, *Sense fronteres* (local) and *Luces en la oscuridad.*

As with the rest of specialised programmes, most of the broadcasts dedicated entirely to health are also concentrated at the weekend and the most common strategy is a single weekly broadcast placed on Saturday afternoon, before the sports programme. The result is direct and intense confrontation. In other words, the audience receives limited specialised content that largely coincides in terms of scheduling, a situation that makes it difficult to consume based on prior selection, also taking into the fact that only *La salud en Onda Cero* can be heard at any time from the channel's website. On this point, we should also mention particularly the case of Onda Rambla Punto Radio. The scheduling of its para-scientific programme, *Sense fronteres*, at 14.30 on Saturdays partly coincides with the rest of the specialised content offered and is just before *Salud y calidad de vida*, leading to ill-advised horizontal and vertical interrelations. The reason is that its time of broadcast favours direct competition between two highly differentiated approaches, para-scientific and scientific, both within the broadcaster as well as with the rest of the content offered, a fact that could lead to doubt and confusion among the audience.

Concerning the location on the grid of specialised news sections, the dominant strategy consists of scheduling them within the macro-spaces of infotainment with highly consolidated audience levels. For example, *La mañana* (COPE) includes four sections on different days of 25 minutes' duration, and *Catalunya Plural* (COMRàdio) offers three sections on different days of over 30 minutes' duration.

Lastly, the advertising sections, which are logically on private stations. In the 2004-2005 season this kind of section was detected within programmes by COPE, Onda Cero, Onda Rambla Punto Radio and SER, all private Spanish broadcasters. It should be noted that, unlike the news sections, they have a highly significant presence within local magazine programmes, a very attractive space for advertisers interested in the Catalan market. Based on data obtained in this study, it can be shown that the programmes with most commercial sections related to health were *La ciutat de tots* (Onda Rambla Punto Radio) and *Odette y tú* (COPE-OM). COPE even presents specially designed formulas to include advertising. *El gabinete* is a clear example of this, being structured entirely around this kind of content.

4. The differentiated role of public radio

Public radio, both Spanish and Catalan, has common characteristics that, in general, differentiate it from private radio.

- Public radio avoids commercial interests in dealing with health within its programmes. Although it is true that the Spanish station RNE (Radio 1 and Ràdio 4) is forbidden any advertising income, those that can make use of this source of financing, Catalunya Ràdio and COMRàdio, always opt for traditional radio ads, which are clearly differentiated from the actual programmes (and which have not formed part of this research). Only one exception has been detected. This is the section *Centre mèdic,* within the programme *La solució* (Catalunya Ràdio), which had the presence of different professionals from the Centre Mèdic Teknon, a company that sponsors the space according to the announcements made by the specific radio ads.
- Public radio contains the greatest number of spaces aimed at specific groups of the population. Although this kind of content is very small, we must not forget that the broadcasters analysed are generalist, and public radio makes its differentiated role very clear by introducing spaces aimed at specific targets. So RNE-Radio 1 broadcasts the only programme for the elderly, *El club de la vida*, where not only health issues are dealt with. The most notable exception appears on the private station, Onda Cero, with *Un mundo sin barreras*. Sponsored by the ONCE Foundation, its aim is to integrate people with disabilities into society.

5. The peculiarities of private Catalan radio

Within all the content offered by private radio, we must distinguish between the Spanish and Catalan stations. While the Spanish stations cover the three kinds of radio

products analysed in this study (specialised programmes and informative and commercial sections), private Catalan stations only have informative sections within non-specialised programmes.

Compared with all the content offered by private Spanish stations, the number of products from private Catalan radio may be considered low and its relationship with commercial purposes is practically inexistent. This last peculiarity is even more significant when we observe that, as has been mentioned before, many of the spaces produced by Spanish stations for local audiences include a significant number of advertising interviews, mostly of health centres located in Barcelona. In other words, an interest is detected on the part of the Catalan health sector towards radio advertising, but it seems as if it only receives a response from the Spanish stations within their local programming.

6. Main objectives: dissemination and prevention

Dissemination and prevention appear as the main explicit aims in all the kinds of products analysed. Even in broadcasts with a commercial basis and in para-scientific spaces at least one of these interests can be observed.

Looking more closely at the obligation to provide the audience with a means to look after their health, these broadcasters promote patterns and habits of behaviour aimed at preventing possible illnesses. The point of departure is based on the idea that the individual is responsible for his or her own well-being. Perhaps this is why all the programmes analysed have coincided in giving the following advice or recommendations insistently:

- **Visit the doctor if you notice anything different**. Sick people are encouraged to following the treatments recommended by their doctor and to consult a specialist if they have any doubts.
- **Keep a positive attitude at all times**. In this respect, the most typical arguments refer to pre- and post-surgical situations.
- **Follow a correct diet.** The Mediterranean diet has been the most highlighted. Normally, programmes follow a coherent discourse, although divergent messages have also been found within the same space as a result of broadcasting advertising from the food sector. One of the aspects that most catches the attention is that industrial products enriched with certain properties may be recommended and, at the same time, listeners are not given advice on products that already contain these ingredients naturally.
- **Do physical exercise**. This advice is quite recurrent. Two ideas have flourished in most discourses. On the one hand, the fact that, in order to do exercise, you do not necessarily have to go to a gym and, on the other, the recommendation to walk every day for more than 20 minutes.
- **Avoid self-medication**. In general, this is focused on the problems that can result from administering drugs without a prescription.
- **Explicit defence of the Spanish health system**. The public health system has been treated excellently by all the broadcasters, apart from para-scientific programmes where, even explicitly, private health cover may be recommended. This clear defence of the public health system has been reflected fundamentally in the open recommendation to attend public centres and also by the percentage of representatives from this sector who have taken part in the broadcasts analysed. Out of the total guests that have taken part in the spaces representing a health centre, 60% come from the public health system. *La Rebotica* (COPE) warrants a special mention, where the people in charge often broadcast from different provincial capitals, which they take advantage of to invite the people in charge of health for the autonomous community in question, be they ministers or directors of hospital centres. However, in spite of all this contradictory actions have been detected, such as *La Salud en Onda Cero* where, although its discourse is in favour of the public health system, more guests are invited from the private sector.

7. Dominance of simple language

The interest in disseminating has also been evident in the use of mostly simple language, where the broadcaster makes an effort to explain the concepts and technical points that may hinder comprehension of the message. However, examples have also been found where pseudo-scientific

language has been used. Although these are a few particular cases, most of which come from advertisements for unrecognised therapies, it should be noted that this practice harms the image of alternative medicine accepted by professional colleges. Specifically, there are two types:

- Use of vocabulary not recognised by the scientific sector, the use of which is often justified, curiously, by stating the need to use jargon. An example: people talk about "psycho-biological therapies" instead of "therapies of regression to the past", to try to give them a more scientific image.
- Use of vocabulary recognised by the scientific sector but distorting the meaning. In this way, although the terms exist, they cannot be explained, as this would reveal their inappropriate use. For example, the ITIEE centre is presented as specialised in "applied psychology" but at no point is the real meaning of the initials explained on air ("Instituto de Terapias Integrales y Enseñanzas Energéticas" or institute or integral therapies and energy education).

8. Production of content

Given the repercussion this content can have on the audience, it seems evident that the people in charge of producing it should have some specific knowledge of journalism and health. In the case of programmes, the most typical situation is that the person present and the person directing are one and the same, with a career dedicated almost entirely to this area. In fact, there are editors with more than 10 years' experience in the area of audiovisual communication and health, the voices of whom are automatically related with medical issues: Dr. Bartolomé Beltrán (Onda Cero), Mr. Ricardo Aparicio (Onda Rambla Punto Radio) and Mr. Enrique Beotas (COPE). As can be seen, only Dr. Beltrán meets the profile of doctor-communicator. The rest are specialised journalists.

However, an analysis has shown that the fact that the director/presenter is a professional with extensive experience is not sufficient guarantee of the quality of the final product. Documentation and preparation prior to each broadcast is also essential. In some units of analysis, a certain abuse has been noted of improvisation such as an absence of references to information sources, the provision of imprecise data or a disordered development of the interviews.

Having a production team is therefore fundamental to select, organise and document the issues that must be dealt with in each broadcast. *La Rebotica* (COPE) and *La Salud* (SER) are particularly good examples of this. There are two producers behind these two programmes. Jurcam Produccions is the production house specialising in radio in charge of the COPE space and Contenidos e Información de Salud, SL, a company that publishes the *Gaceta Médica* and the e-zine *El Global*, supports *La Salud*.

Another way of providing quality content is by means of a stable expert collaborator; this is the strategy employed by *La Salud en Onda Cero* and *Vivir en Salud* (SER), and also a large number of the informative sections. These collaborators are fundamentally doctors or specialised journalists.

In general, the profile of collaborator, and also of the one-off expert guest, corresponds mostly to doctor/male. It seems obvious that, if the illness is the main theme, the medical collaborators will play a fundamental role as a source of information. However, a reason has not been found to justify the high presence of male professionals. The small number of women present coincides, however, with the fact that women dominate certain products, specifically as a collaborator responsible for informative sections focusing on psychology, sexology and nutrition/diet. Although the most worrying figure is that practically all collaborators on para-scientific programmes are women, a kind of content whose main target is also female.

9. Presence of different medical specialties

Health problems are the *leitmotiv* of most of the radio products analysed, irrespective of whether the content is merely informative or with a commercial agenda. Most of the units analysed have dealt with a specific illness, providing information on its characteristics and symptoms, with the aim of encouraging prevention. This information is clearly aimed at the ill person, with little attention paid to carers and family. This implies that information on the more immediate news (congresses, scientific discoveries, employment problems in the health sector, etc.) is in the hands, almost

exclusively, of strictly news programmes (main news services and hourly bulletins).

But not all specialties occupy the same time on air. Moreover, this study has established a direct relationship between the theme in question and the kind of radio product:

- Conventional medicine, with endocrinology/nutrition standing out significantly from the rest of the specialties, has been the main content of programmes dealing with health from a general perspective. All basically deal with physical well-being.
- Psychology, a specialty not recognised by the Official College of Doctors of Barcelona, has been the main theme dealt with by the rest of the content offered. This specialty has focused on mental and social well-being, with psychologists being the undeniable protagonists of this area of programming.
- The presence of alternative or complementary medicine is minimal and, unfortunately, radio practice has tended to place it within para-scientific programmes, mixing specialties that are already recognised by the WHO with other practices such as esotericism. This harms the consideration deserved by alternative medicine and at the same time is a symptom of the manipulation affecting the sector.

In parallel with the minority presence of alternative medicine, the study also notes a very limited presence of rare illnesses. The WHO has described more than 5,000

Table 5. Medical specialties dealt with on specialised programmes and in informative sections on health (2004/2005) (Number of units of analysis-programmes and of editions-sections)

Specialties	Programmes	Informative sections	Total
Conventional medicine*			
Allergies	6	1	7
Angiology	1	-	1
Cardiology	5	-	5
Surgery	4	3	7
Dermatology	7	-	7
Endocrinology/Nutrition	25	8	33
Stomatology/ Orthodontics	4	-	4
Pharmacology	7	2	9
Geriatrics	3	2	5
Gynaecology	3	5	8
Family medicine	2	1	3
Preventative medicine	1	-	1
Neurology	4	-	4
Ophthalmology	4	-	4
Oncology	9	-	9
Ear, Nose and Throat	2	-	2
Paediatrics	2	3	5
Pneumology	3	-	3
Psychology**	1	26	27
Psychiatry	1	6	7
Rheumatology	3	-	3
Traumatology and orthopaedics	1	-	1
Urology	2	3	5
TOTAL	**100**	**60**	**160**
Alternative medicine			
Phytotherapy	3	-	3
Homeopathy	1	-	1
Sintergetica	1	-	1
Sophrology	1	-	1
TOTAL	**6**	**-**	**6**

Source: Authors' own work (only informative units have been included that explicitly deal with one or more specialties).

* Medical specialties according to the Official College of Doctors of Barcelona.

** Psychology is not recognised as a medical specialty.

illnesses of this type, 80% of which are congenital. This world organisation believes that greater specific training is required of medical personnel in order to encourage correct information for these patients, who often suffer marked social isolation. It is evident that the media, in this case radio, could also increase their influence in this respect.

10. Influence of the advertising sector

An analysis of the commercial sections included in programmes has allowed us to detect clear examples of hidden advertising. On many occasions only by listening attentively and critically can one distinguish them from the rest of the messages, as formally they have no remarkable differences. The structure of advertising sections is always defined by the characteristics of the programme it's in, and forms are used that are fully integrated in aesthetic terms. They can even be preceded by an announcement in a strictly informative style. The only exception is to be found when the section is broadcast just before the advertising block and without any separating element: the presenter gives way to a narrator, who develops the section and, then, the typical radio ads are heard.

On the other hand, the dominance of interviews in all kinds of products also makes it difficult to identify this parcel of products and, even more significantly, confers clear journalistic connotations:

- Many advertising interviews start with a comment on the news item (e.g. recent technological innovations, new surgical treatments or the announcement of activities, as if it were an agenda) and then the presence of the guests is justified by the need to delve more deeply into the theme.
- Some sections appeal to the requests of anonymous listeners. A comment may be made about the arrival of an email or a telephone call asking for the theme in question to be dealt with.
- Some commercial units state that their sole interest is to spread knowledge.

It is therefore only possible to clearly identify advertising sections when the content is based exclusively and repeatedly on the object or service being advertised, and this is not always the case.

In general terms, the sector with most advertising presence is that of food, specifically the area of foodstuffs classified as functional, nutritional complements and methods for losing weight. Secondly come private medical centres (for conventional medicine, cosmetic medicine and alternative therapies). It should be noted that the Spanish broadcasters dominate the former while the Catalan programming dominates the latter.

The influence of advertising was also analysed on informative programmes and sections. In the case of programmes, only two broadcasters incorporate high amounts of advertising interviews, *Salut i Qualitat de Vida* and its Spain-wide broadcast (Onda Rambla Punto Radio). Out of the 136 units analysed from the programmes, 37% have an evident commercial purpose and a large proportion of this number (80%) correspond to these two products. Commercial presence in sections presented as news is minimal.

11. Radio consultation

Participation is not a characteristic element of this kind of content. However, when it is used, it plays an essential role:

- *La Salud en Onda Cero* is the only programme that dedicates a significant amount of time to medical consultation, combining it with the information. However, in some broadcasts unadvisable practices have been detected. For example, when the listeners explain on air the treatment their doctor has recommended without sparing any details, including the names of the drugs. This kind of participation could lead to unadvisable behaviour among those listeners who identify with what is being broadcast.
- The two spaces of a para-scientific nature, both on Onda Rambla Punto Radio, also incorporate participative sections. In fact, it is an advertising format, as all the dialogues end up with a suggestion that they need to talk personally with the person responsible for answering their questions.
- Lastly, 40.5% of the informative sections include participation, of note being Catalunya Ràdio and RAC 1. The structure of the content offered by these two stations always includes consultation (by telephone or

email). Moreover, we have detected efforts to stop the participation from becoming a private medical consultation. This strategy has been made clear by listeners to specific questions being asked not to name pharmacological treatments and with the presenter taking on the role of intermediary between the listener and the doctor.

12. Internet resources

This is an aspect that was still in the early stages during the 2004/2005 season. The use of email was almost not exploited at all and only occasionally was it used as a means of consultation. Programme information on websites is limited to the minimum. With regard to online broadcasts and *a la carte* radio service, Spanish broadcasters have a clear advantage over the Catalan stations.

13. Key recommendations

Irrespective of their owners, generalist broadcasters have the social responsibility to offer products of an informative and instructive nature that deal with health. Given the peculiarities of this kind of content, a result of its direct incidence on everyday life, broadcasters must design responsible policies of action that promote healthy habits and patterns of behaviour.

These policies should guarantee, at least, the following aspects:

- Offering information on conventional medicine and alternative medicine, in addition to including rare illnesses on the media agenda.
- Attending to the whole population in the area of health.
- Consulting qualified and reliable sources of information.
- If they include commercial elements, formulas should be encouraged that allow listeners to clearly differentiate these from the strictly informative units.
- The inclusion of commercial units must not impair the quality of the final radio product.
- In no case should radio replace medical consultation.

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