

Journalists and health care professionals: what can we do about it?

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Abstract

How can we bring together journalistic and strategic communication approaches in order to produce changes in newspaper coverage of health?

Based on a long-term research project, and on a master teaching program, developed in Portugal, this paper aims to give an account of the research design we have created in order to study this equation. We share with other researchers the belief that the focus in health communication should not be in finding ways of changing individual behaviour, but on promoting adjustments in professional cultures. In order to reach this goal, one needs to integrate journalism studies and strategic communication concepts, together with the knowledge of health professionals and journalists. This endeavour is not an easy one, though, and depending on its specific national context, is shaped differently. Regarding the Portuguese experience, at the research level, a thorough study of newspaper coverage on health issues is required, to better understand the process of news making and sources selection. A detailed analysis of sources' discourse in the construction of news is also essential, because the existence of a recurrent source does not necessarily mean a trade off between the journalist's point of view and the source's viewpoint. At the same time, it is of the utmost importance to better understand journalists' perceptions and expectations on health issues and health professionals' strategies for dealing with newspapers, their efforts as media stakeholders and their expectations. This information can, therefore, be used to promote a better dialogue and understanding between these two professions. It seems apparent that educational efforts are needed at both ends. Journalists need to better interpret the subtleties of medical science, and editors should be persuaded to give health issues the salience they deserve. But we do believe that the key to accomplish a useful coverage of health lies with health care professionals, that is, with working with them to promote a better use of their communication channels, by acquiring skills in journalistic practices and enlarging and diversifying their media representatives.

Introduction

In this paper we outline the main concepts, aims, and methodology of an ongoing research project at University of Minho, Portugal, focusing on the relationship between health representations in the news and production practices involved in this type of media coverage.

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Media health research is a field of study that has been subject of attention from many media researchers at an international level, but, due to structural reasons, research conducted in Anglo-Saxon countries has had a larger audience. It is known by now what are the main interests and also the main absences in this type of research. Previous studies have focused mainly on mass media depictions of health and disease and on written texts, especially from newspapers, with more sporadic studies involving analysis of production and of reception (Seale, 2003; Hodgetts and Chamberlain, 2006). Research into news media's reporting of health, disease, illness and health risk concur to the idea that mass media have been central to the social construction and public perception of these issues, as well as for what it means to be a healthy person or a sick one (e.g. Lupton 1993). Regarding mainstream newspapers, this research highlights the predominance of a biomedical frame in news coverage (Gymny, 2002; McAllister, 1992) and the tendency to depoliticize health through an emphasis on individual responsibility (e.g. Wallack, 1990; Clarke and van Ameron, 2008) and on biomedical technologies (e.g. Clarke and Everest, 2006), as well as a neglect of critical public health perspectives (e.g. Lupton, 1995; Kippax and Race, 2003; Waldby, 1996; Crawford, 2006). At the audience level, research has shown the active processing of media health messages, and the complexity of reception processes, meaning that diversity in responses can not be equated with diversity of meaning: the fact that there is "resistance" to "medicalized" coverage does not necessarily mean audience "freedom" or "power" (Miller, 1998: 210). Substantially fewer studies are oriented to analyse news production practices involved in health coverage (e.g. Hodgetts et al 2008). These studies reveal several sub logics that play a significant role in health reporting, the conflicting interests that shape media agendas and the inconsistency between the imperatives of science and medicine and those of journalism (Meyer, 1990; Klaidman, 1990; Dearing and Rogers, 1992). On this subject, the typical focus of most research is on the "miscommunication" of medical knowledge (Schuman and Wilkes, 1995).

In Portugal health and disease issues have not been on the agenda of media researchers. In any case, not in a systematic way. There are, of course, some studies on the manifest content of HIV/AIDS press coverage (e.g. Ponte 2005; Traquina, 1998), on the process of sourcing aids news (Santos, 2000), and on newspapers' discourse on drugs addiction and addicted people (e.g. Pinto-Coelho, 1993; 2005). But one cannot say that this research compounds a field of media studies on health. This underdevelopment is noticeable when it comes to media education at universities, where one cannot find any

kind of degree about media and health. This research team intends to contribute to the advancement of the relationship between these areas, by conceiving a research project focusing on the general theme of health in news texts and on news production practices, and by launching a master's degree.

Questions and Aims

We decided to focus on the coverage of health and illness issues in general, and not in a particular disease, or only on health issues or illness ones, aiming thus to overcome the excessive research focus upon illness. Also because we share the idea that any understanding of illnesses through media coverage must be considered alongside the conception of health depicted by the news. Health and disease should not be seen as opposite, but as implicating each other (Radley et al ,2006), meaning that a full understanding of what they represent in newspaper coverage can only be achieved if we are able to grasp the full picture. In addition, we intend to articulate this interest with a better knowledge of news sourcing and production practices of health and disease stories. Despite official sources have great visibility in the journalistic discourse, whatever the subject is (they have routine channels permanently opened, directed at newsrooms, have public notoriety, participate in mediatised events...), we will also consider for analysis specialized sources, whether they are institutional (speak for a group) or not (speak for themselves). At this level, health professionals will deserve a particular attention, because they represent a type of “legitimate knowledge” acquired by either through their position or through their professional practice. This means that they are licensed and legitimated to talk about several dimensions of health and illness, because they are a link between the health system and patients. In this way we hope to highlight the media strategies used by the sources, the factors that shape these attempts, as well as to give an account of the way the interaction between source strategies and media “factors” influences the news and may explain similarities as well as differences in the coverage of health and disease issues.

Main conceptual tools: journalism and health in the news

This research project departs from an assumption: it is necessary to produce changes in the way newspapers cover health issues and the best tactic to achieve this goal is to

bring together journalistic and strategic communication approaches. This concern is viewed as a path to an ultimate concern: to improve the quality of media information on health issues, in order to empower individuals, by providing them with better knowledge, which will enable them to be more critical and proactive, as potential or actual patients and as citizens. Our belief is that this type of change will be achieved by understanding and promoting change in the professional cultures of health professionals (sources) and journalists, especially when it comes to the aspects directly associated do the production of news material on health.

These assumptions and this purpose relate two major concepts: “journalism” and “health”. These are complex, multifaceted and evolving concepts. Nevertheless, this research design results from an option, when considering possible theoretical approaches to “journalism”, “health” and the “mediatisation of health”. We will briefly address the boundaries and meaning of each of these concepts (health and journalism) and explain how they articulate in this model. To begin with, we address both notions from a sociological point of view, that is, we view journalism as a social activity, produced and received in a social context, and we consider “health” as a public good, as “public health”.

As for journalism, we support the notion that it participates in a process of “social construction of reality” (Neveu, 2005: 103), in the sense that it has the ability to set the agenda for public debate and takes the public agenda in consideration to define what is news. This point of view is, therefore, incompatible with the perspective of a helpless and passive audience. The dimension of “construction” brings us to the idea that the production of news is a process, which engages a set of activities and journalistic routines (as factors of production): one major subject of analysis in this study.

This is the approach also taken by McNair (1998), when defending the need to “understand the impact of journalistic media on, and their contribution to, the workings of contemporary” (3) societies, and the importance of realizing “the social determinants of journalistic output – those features of social life and organization which shape, influence and constrain its form and content” (3). This takes us to another object of study in this research – the journalistic text – therefore seen as “the product of a wide variety of cultural, technological, political and economic forces, specific to a particular society at a particular time” (McNair, 1998: 3).

The role of media in society (and the way society organizes itself) has been seen by the sociology of journalism in the form of a debate between two different ways of looking

at it: the paradigm of “competition” (McNair, 1998), also referred to as “normative” (McQuail, 2003); and the paradigm of “dominance” or “alternative”. The first has been traditionally taken as reference to research and journalism education, as well as it is commonly accepted as a guide by journalists, at least as expressed in their professional discourse. This model expresses the ideal or “how things are supposed to be” (McNair, 1998:19), and it is based on the notion that journalism should function as a watchdog, in a democratic, liberal and plural society. The accomplishment of this task lies in the independence of journalists and media organizations, from political power (by private ownership) and from economic power (by diversity of ownership and, subsequently, by plurality of perspectives and true competition of thought).

This approach has been criticized for its impracticability: although it expresses how journalism should be, it is not matched by the real performance of journalists and media organizations. According to the “dominance” or “alternative” paradigm, journalism is “part of a cultural apparatus, the primary function of which is to maintain relations of domination and subordination between fundamentally unequal groups in society” and it serves “not the public (...) but the dominant, private, selfish interests of a society” (McNair, 1998: 22). The role of the media, therefore, lies on disseminating ideology on behalf of the groups whom they report, but they also function as an outlet for communicating the already existing ideological system. This happens in a society divided into dominant and subordinate groups, and journalists perform this role whether they are aware of it or not.

As far as our research is concerned, we do not believe that assuming this tension as a theoretical approach is the most productive program. We do believe that the “competition” paradigm needs to be readdressed, under a critical point of view, which does not mean that it should be done in light of the “degree of conspirational intent” (McNair, 1998: 31) implied by the “dominance” model. For that reason, we propose to “break away from the competition-dominance, normative-critical, liberalism-materialism frameworks, focusing instead on the dynamics of the production environment and the relative impact of the elements within that environment on the form and content of output” (McNair, 1998: 33).

In this framework, our task will lie on confronting this environment, in order to map its outlines, and to predict, whenever it is possible, how certain events will be reported and to estimate the possible effects of that information on society (citizens), knowing that the power and effect of all those factors of production (internal and external to

newsrooms) can be changed by the actors that have roles to play in the process. All these factors can be empirically observed and analyzed and, consequently, made and opened to debate.

At the level of journalism practice (news production and publishing), health issues are especially important, for a number of reasons: because they concern a “public good”; because of their considerable impact on people’s perceptions about those issues; and, consequently, because they enable research and debate on the social representations constructed by “health journalism”.

Thus, the study of news material on health issues immediately entails a great challenge: the meaning of health itself. The most common definition is the one stated on the Preamble to the World Health Organization Constitution: “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”. Nevertheless, this concept of health has raised some concerns, because it emphasizes a state which is very difficult to attain, and because it implies a strict partition between physical, mental and social levels. Currently, research has been pointing out other perspectives, which deal with health, and illness through a multidimensional approach in which individuals, but also society (throughout several social areas such as politics or economy), perform decisive roles (Herzlich, 2004). We do not share such radical thesis as René Dubos’, for whom “there is no universal definition of health”, but we do believe this is a social field in constant development, whose borders should be delimited considering two main variables: actions undertaken and actors. In such a framework, we are interested in actions that promote people’s physical, mental and social well being and in the individuals/actors in charge of those actions, which involves, from start, particular attention to public health understood as:

- Knowledge: an organized set of information which gathers data from several domains (Medicine, Epidemiology Demography, Sociology, Law, etc);
- Practice: “to do” abilities, materialized in the execution of health policies, in medical services management or in biomedical practices.
- A collective phenomenon: social perceptions on the concept of life quality, as the cause of the equilibrium of individuals and society.

A wide field is, therefore, opened up to biomedical professionals, to the people in charge of creating and managing those policies and structures devoted to ensure our physical/mental/social well being and to everyone covered by these acts: all of us, as

citizens, to whom health is a crucial public good. This is, thus, our research theoretical framework.

Methodology: research objectives and tasks

We intend to examine health and disease representations in the news. Our aim is to show the range of the coverage and to examine common features of news media treatment, as well as changes in health and disease reporting from 2008 to 2010. We will look for differences within the coverage in both topics, as well as across them, and we would like to identify the limits of press reporting. The central questions of news angles, news values (Galtung & Ruge, 1965) and access to news (who is quoted and how) are also a part of this analysis.

One purpose of the study is to examine production processes within health source organisations and media institutions. This includes investigating the way in which health and disease news are constructed, journalists' news gathering activities and the editorial process. We will examine journalists' accounts of their reporting on health issues, aiming to show journalistic perceptions of what constitutes a health story, of their relationship with official and non official sources, and with the public, and the interaction of traditional journalistic norms and editorial processes with these perceptions. We also wish to explore the relationship between health sources and media organisations, as well as competition and co-operation between those sources. Studies of source-media relationships emphasise the contest between sources, the crucial role of official sources, and the diversity of media strategies and tactics they use to influence the media. But as stated by Gans (1981), the relationships between sources and the news media are a dance, and in this dance sources also attribute power to the news media. As a result, it is also essential to observe how health sources deal and evaluate health and disease coverage, and how media institutions can influence sources on which they report.

A comprehensive research on the news production processes on health issues involves, therefore, going beyond news texts. It also requires knowing how health news sources are organized, finding out how journalists think about health journalism and promoting the appreciation of health news by specialized sources. This research consists of observing the key moments of health news making through these focuses, organized in

two major tasks: the analysis of texts (products) and the study of production processes (through the actors involved).

The first task involves the study of published material on health issues under two different perspectives: in an extensive logic, by mapping the field, according to a set of variables; and in an intensive logic, by carrying out discourse analysis on a number of selected news. To undertake these tasks, news texts from daily newspapers will be chosen. As for newspapers, they will be selected according to criteria based on their periodicity and their editorial policy: a weekly broadsheet newspaper, a daily broadsheet newspaper and a daily popular newspaper. As for texts themselves, no selection process will be undertaken, since all published news on health will be considered.

Our purpose, at this point, is to study only news articles (news, reports and interviews), leaving aside opinion texts. We intend to measure (statistics methods) the following variables: most frequent diseases; news angles; news location; and causes for the production of news. Our work shall consider four variables which will be decomposed in several categories. On the first variable we will group the diseases as they keep “showing up”. On the second one, theme categories will be used in order to assess news angles (for instance: healthcare politics, health business/economy, clinical practices and treatments, risk situations, prevention, negligent and illegal practices, single stories and other categories). On the other hand, news location will be inferred from two main categories – national and international -, the first being decomposed in “north”, “centre”, “Lisbon area” and “South and islands”, while the second is divided in all the continents of the world. Ultimately, it will integrate categories which can explain the reasons why any specific subject became news: events, scientific reunions, scientific articles, press releases/conferences, official inaugurations/visits, rewards, manifestations, others.

At the same time, we will try to find out who are the news sources in those texts, through six variables: number of sources, their geographic location, genre, identification, status and medical specialty. The first variable would be numeric and up to number four. The location from where the sources speak would have the same categories as the “news location” variable, as we have explained in the last topic. The genre would be displayed in three categories: male, female, unclear (for non-identified or collective sources). The identification of sources would also integrate three categories: identified, non-identified, anonymous. The “status” variable would be

divided into four large categories: officials (not elected or appointed sources), institutional specialized (those from the health sector that speak in groups), not institutional specialized (speaking individually) and non-specialized. Each one of them would integrate micro-categories that would be directed into the various professions (doctors, nurses, pharmaceuticals, etc.). Doctors establishing themselves as sources of information for journalists would also have another vector for analysis: the medical expertise they represent. Each one of these variables would always have a category named “not applicable”, for cases not comprised in the study. These two tasks follow a single quantitative methodology. Each variable shall have the same categories, which will be aggregated in SPSS (Statistical Package for the Social Sciences).

In the second moment of this first task we will carry out a detailed discourse analysis of news texts, to understand how they draw on or address themselves to the speech or writing of sources, and how they position themselves in respect to those other discourses. Empirical analysis of health news frames reveals structural biases towards the presentation of medical perspectives and stories. McAllister (1992) explains this acceptance of medical discourse by the news media through three news production factors: objectivity, source dependence and the rhetorical necessity of turning the strange into familiar. At the same time, this author also points to the idea that there are possibilities for exceptions to this reciprocity. Issues of health are essentially political issues, and as such they are controversial by nature, what might result in a strong scrutiny and accountability of medical and public health research and delivery, as it is the case of HIV/AIDS (Miller et al, 1998). More recent studies point to the emerging figure of the lay hero in media health stories (Seale, 2002) and a slight move beyond the biomedical frame (Bardhan, 2001; Wallis and Nerlich, 2005). Medical source dependence (Karpf, 1988; Nelkin, 1987) may be changing and may not mean an acceptance of the medical ideological authority, that is, the adoption of the medical interpretation framework and the exclusion of oppositional voices or the lack of criticism of medicine in news. In order to better understand this complexity and diversity, we cannot limit our research to the identification of the dominant frames used in media coverage of illness and of its sources. We also need to identify the voices – those speaking or those whose speech is represented - reporters choose to use in their stories, how they use them, what they use them for and how they choose to put certain voices together in their stories (Fairclough, 1995; Moirand, 2007). The mere fact that a plethora of voices is included in news texts does not mean that all the voices are equally

valued by reporters. So, we want to show the ordering and hierarchization of voices in news reports. Another important dimension is the degree to which boundaries are maintained between reporting and reported voices. The analysis of intertextuality lends itself useful to another purpose: to identify strategies for framing the reporting voice, and, through this, to reveal the subtle ways used by the reporter to manage the interpretation of the readers. In the analysis of these different dimensions of intertextuality, more explicit and more subtle ones, we will pay attention to several dimensions of language, selected according to our different goals: vocabulary, use of direct and indirect quotations, aspects of grammar, and distribution of information. We will apply this analysis to a corpus of texts, selected according to the prominence they get from our previous tasks. After conducting an intensive pilot study on a set of texts, we will identify a small set of features that are relevant to our question, and start looking for a pattern from which we will start developing conclusions.

The second task in the project has we have explained previously, is directed towards the study of production processes (through the actors involved). Like the first task, it is divided in two moments: semi-directed interviews to journalists (who usually work on health subjects) and to the sources of the news.

Since there are few Portuguese journalists working on health subjects we will try to interview them all. We shall proceed in that way through semi-structured interviews, to explore the following aspects:

- What is news on the health section (news values).
- What is standard and practice on health journalism: does the journalist inform or educate for health?
- Health information sources: appreciated communication channels.
- Health information sources and journalists: what kind of relationship is there?
- Perceptions on public expectations.
- Ways of involving reception on what is published: analysis of eventual platforms for dialoguing with the readers.

These interviews will then be analyzed using content analysis instruments.

Then our investigation will move towards gathering information on media strategies used by institutional and medical sources to promote information dissemination and influence media agenda setting. In this stage, our research aims to improve understanding of health organizations behavior towards mass media, as privileged channels to reach major publics. To carry out this “strategic planning and program

development research” the qualitative evaluation methods can be very useful (Lindenman, 2006). As so, we have decided to carry out semi-structured interviews to key organizational members (those in charge of media relations policies and practices) as well as to medical sources, to obtain information that is both descriptive and explanatory in nature. These interviews will be also oriented to the analysis of media performance, as we intend to confront sources with media messages and other aspects of media coverage. Through that procedure we expect to access the sources viewpoint on the quality of media health information.

In short, the research is supported by an interdisciplinary approach that looks for crossing knowledge from different fields. All tasks swirl around each other, as some are the bottom layer of others, and a variety of methods and research techniques will be applied. Through this design we expect to develop an internationally known investigation focus which is still incipient in Portugal.

Concluding Remarks

The media health research project presented in this paper is still in an early stage of development. The research group just began selecting and gathering news on health issues – regarding 2008 and 2009 - in order to start the first task: the analysis of media coverage. However, we are already aware of the limitations that will occur in our study, in spite of considering that those restrictions are part of the selection process inherent to scientific investigation. First of all, we believe that it would be useful to study the reception process carried out by media audience on health issues. The project is oriented, at this point, to the examination of the production point of view (sources and journalists), and it is not yet prepared to consider citizens expectations and judgements. This is merely due to financial restrictions, because, naturally, our purpose to bring together journalistic and strategic communication approaches in order to produce changes in newspaper coverage of health only makes sense because of its ultimate goal: to improve the way people in general understand health issues, so they can adopt an active role in that process of communication (as patients and as citizens). This is closely related to the assumption we share with McNair (1998), that “journalism is a key resource in supporting our role as citizens in societies which claim to value de democratic process. If that is true we clearly have an interest in understanding how it works, in being able to read it intelligently and to criticise it when necessary” (16, 17).

Another limitation that we have identified in our project is the focus on printed press. This option was taken considering some practical reasons, as our facilitated access to printed media through online platforms. However we are aware that it would be important to consider other media channels that present different editorial logics. The inclusion of television news will be a future step.

This project also has a social motivation and the research group intends to bring the results to public knowledge. To achieve that purpose we are planning to create a biannual *newsletter* which will promote a debate on the newsworthiness of certain diseases. The *newsletter* will include relevant articles, academic analysis and testimonies of specialized sources and journalists, and it will be diffused – through a mailing list – to hospitals, medical associations, other healthcare institutions and media editorial staffs. Besides that activity, we intend to promote a final conference gathering health communication academics, journalists and specialized health sources, to promote debate and widespread diffusion.

These expected results should be useful in order to detect flaws, promote diversity and the education about health issues. Throughout our work we will have two main concerns: to contribute to developing academic studies about health communication; and to help healthcare practitioners and journalists to better interact with each other, in order to produce quality information for the public. Our investigation plan was built having these two aspects in mind, and they are the reason for the methods we have chosen.

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