

Exploring the Concept of 'Biocommunicability' through an Analysis of Journalists' Talk about Reporting the 2009 Swine Flu Pandemic

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Abstract

In this paper we examine the concept of 'biocommunicability' as a lens through which to make sense of journalists' talk about their health reporting practices. In particular, the paper focuses on journalists' experiences of reporting the 2009 swine flu pandemic, with reference to how they dealt with conflicting viewpoints, how they perceived their roles in relation to official public health messages and how they negotiated the flow of information. The study involved interviews with 24 journalists, most of who worked for the mainstream press. Biocommunicability emphasises that discourses about health are not only important because they disseminate health information but because they project ideologies of communication, by which is meant assumptions and expectations about how health information is or should most properly be produced and circulated (Briggs and Hallin, 2007). We are interested in the models of biocommunicability projected and endorsed by journalists as they talk about their reporting experiences. We identify tensions between different models, as journalists variously imagine their audiences and make assumptions about their expectations and likely responses to certain messages. By their nature, emerging infectious diseases tend to be politicised in as much as medical/scientific details are often uncertain or in dispute. These circumstances, together with the often contradictory communication goals of public empowerment and public compliance during such times, may explain the general endorsement in journalists' talk of a public sphere or a patient – consumer model of biocommunicability. We suggest the concept of biocommunicability offers a useful lens through which to approach journalists' talk about their health reporting practices and forms of health communication more broadly.

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Introduction

In 2009, pH1N1 (swine flu) became the latest Emerging Infectious Disease (EID) to capture global public health attention. In June that year, the World Health Organisation (WHO) declared it a pandemic. The disease was the topic of sustained media coverage in Australia from late April to mid-July as governments implemented measures initially to prevent and then to contain the spread of the virus in Australia and, particularly, to protect groups deemed to be at increased risk if they were to contract the influenza (Fogarty et al., 2011: 181; Holland and Blood, 2010).

Several studies have looked at the media's portrayal of infectious diseases, including swine flu, but these studies tell us little about how journalists think about their work. By investigating journalists' reflections on their reporting we can gain an insight into their practice (see Allan, Anderson and Petersen 2010; Bakir, 2010; Cottle 2000: 427–448). This paper reports on some of the findings of our interviews with Australian journalists about their experiences of reporting on the swine flu outbreak. We examine issues such as how they saw their audiences and sources of information, and their own role in circulating public health discourse. The following quote from a newspaper journalist reveals how she cast herself in the role of containing the panic that was being generated by different sources and, in doing so, positioned herself as both an audience member and producer of health news:

...you've got the head of the AMA [Australian Medical Association] talking like it's the end of the world, and you've got the WHO declaring it's a threat to all of humanity. I mean it was very difficult with that backdrop to have reporting that was not fuelling that panic, but at the same time not underplaying it because it was a huge issue, and we didn't know how many deaths were going to occur. I mean even me personally, as a fairly scientifically minded health reporter, I was listening to *Lateline* and watching the TV and some of the experts were saying it was going to wipe out, you know, hundreds of thousands of people, and I was just thinking 'okay, that's quite scary'. So to try and then be the person who is a conduit for that information and to make it make sense and to make it accurate and balanced and not fuelling any sort of hysteria, that was definitely challenging.
(Health reporter, newspaper)

This quote captures the way journalists position themselves within flows of health information and in relation to different audiences and producers of health information. In this way it provides a useful introductory point for the concept of biocommunicability we will explore throughout the paper. It also resonates with Briggs and Nichter's (2009: 192) observation that media and other familiar actors in EID dramas 'monitored and assessed each other's compliance with the moral imperative to circulate information and foster vigilance while allaying fear'.

Theoretical context

Theoretically, we combine a critical realist approach to news production (Lau, 2004: 693–711; Wright, 2011: 156–171) with work from medical anthropology on the idea of 'biocommunicability' (Briggs, 2005; Briggs and Hallin, 2007, 2010; Briggs and Nichter, 2009). In response to the thrust of some social constructionist criticisms of news, Lau argues journalists are not critical sociologists and news is not social science. Similar criticisms can be directed at critics of media reporting of health and medicine who often cast the media in the role of public

health advisor (i.e. endorsing the model of biomedical authority) and, in turn, place too much emphasis on how news accounts depart from expert knowledge. Such criticisms tend to be underpinned by certain assumptions about the status and certainty of 'expert' knowledge compared to the ignorance or lack of knowledge of the 'lay' public (Wynne, 1996: 44–83). Useful here is Tulloch and Zinn's (2011: 1–16) observation of risk reporting being about 'discursive power as much as it is about knowledge'. Similarly, health reporting is as much about who is in a position to control the discourse and set the dominant frame as it is about questions of right or wrong, truth or falsity. The concept of 'biocommunicability' also points not just to the issue of who is in that dominant position, but who is projected to have the authority to hold such a position, and how others are positioned accordingly.

Biocommunicability emphasises that discourses about health are not only important because they disseminate health information but because they project ideologies of communication – the assumptions and expectations about how health information is (or should most properly be) produced and circulated (Briggs and Hallin, 2007). In developing the concept of biocommunicability, Briggs and Hallin (2010: 150) are responding to the need for cross-fertilisation between fields of health communication, journalism and political communication. They note also that a parallel body of literature dealing with biosociality and biopolitics (Foucault, 1997) has paid relatively little attention to the media. Furthermore, they suggest that health reporting raises questions about 'the shift toward neoliberalism and its relation to the public sphere' (150). In particular, they argue:

If news coverage of health represents a key site for understanding the production of the neoliberal subject addressed by scholars of 'biosociality,' it also represents a key site for understanding the barriers to that production and the contradictions of neoliberalism. (Briggs and Hallin, 2007: 45)

Texts produce their own communicability, constructing maps of the origin and proper circulation of the 'information' they provide. These maps can be traced by looking at what is said in a text as well as what is implied. Through interviews with journalists and health professionals, for example, it is possible to elicit their ideological constructions of science and medicine, communication and the media, and the publics they address (Briggs and Hallin, 2010).

Models of biocommunicability

Briggs and Hallin (2007, 49) identify three predominant models of biocommunicability: biomedical authority, patient-consumer, and public sphere, each of which they argue constitutes a pedagogical project. Each orders, hierarchically, sites and subjectivities, 'the purported flow of health information between them,' and interprets the 'observed or potential medical impact of these circuits'. Importantly, these models 'exist in complex relations of interdependent tension' and more than one can exist within a single text.

The medical authority (doctor's orders – passive patient) model posits that people should accept medical information only from their family physician. This rarely exists in its pure form in health reporting in the mid-20th century. Briggs and Hallin (2010: 152) note, however, that it is 'powerful as a residual value' and it combines with other models. They suggest it has been eclipsed to a large extent by the patient-consumer model as a consequence of the increasing role of market relations in the sphere of health. Foucault's concept of 'governmentality' usefully captures this model and the emphasis it places on 'the active responsibility of each individual to

rationality maximise his or her own health and wellbeing'. In this model, the lay reader is addressed as 'an active seeker of information, which he or she is expected to gather, sift, evaluate, and use to make health choices' (Briggs and Hallin, 2010: 152). The role of journalists within this model is one of helping consumers exploit the range of options available to them rather than aiding medical authorities in communicating to an ignorant public.

The public sphere model imagines audiences as citizens first and foremost. According to this model the health information that circulates in the mass media is 'assumed to be useful because it helps citizens and policy-makers to make collective decisions about the public interest' (Briggs and Hallin, 2010: 152). This less common model suggests that health issues should be open to public debate and conflicting views allowed to be heard, notwithstanding the fact that some groups will have more opportunity to have their views heard than others. The public sphere model also disrupts lay – professional hierarchies (Briggs, 2011). It assumes that there will be debate within the specialised public sphere of the medical community, that the corrupting forces of political and economic interest also exist within it, and that the public has a right to observe and to judge it (Briggs and Hallin, 2007).

Public sphere cartographies of health information often focus on 'cases in which circulation gets blocked by secrecy, disinterest, or corporate greed'. In such cases journalists cast themselves as bearing three crucial roles: 'deciding which knowledge should be public; finding information that has been withheld or improperly channeled and making it public; and constructing the boundaries of public discourse about health' (Briggs and Hallin, 2010: 157). Importantly, the shifts toward patient – consumer and public sphere models are not necessarily separate and opposing developments. In fact, the two often work together in the case of health reporting about controversial issues in which stories assume the same characteristics as political reporting.

The study

The study involved semi-structured interviews with 24 Australian journalists and news managers about their experiences in covering the swine flu pandemic. The majority of participants worked with mainstream print media, though journalists from radio, television and medical publications were also interviewed. Participants were asked a series of questions related to: the nature of their reporting role; the key stories they could recall; how their understanding of the story changed over time; whether differences of opinion among their sources was a help or a hindrance; the constraints they faced in covering the story; the sources they valued; and whether they saw their role as promoting or scrutinising public health messages. For this paper we are interested in the models of biocommunicability projected and endorsed by participants and thus our selection of quotes has been made in order to illustrate how different models can be seen to function in journalists' talk about their reporting practices. Our main focus areas are how journalists dealt with conflicting viewpoints, perceived and evaluated sources, imagined their audiences, and saw their own roles and responsibilities.

Analysis: Differences of opinion among experts

Journalists said it was important for coverage to be informed by as many sources as possible and for differences of opinion to be aired. But the desire to reflect different views was also accompanied by concern about its potentially harmful consequences. The vaccine and other protective measures were two topics about which journalists found reporting conflicting views a

challenge. The existence of conflicting expert viewpoints not only compromises biomedical authority but for journalists it can create difficulties in terms of story framing and construction:

... in terms of trying to synthesise, you know, the information that we were giving, what emphasis you place on it and how much to make of one doctor who said 'I'm not giving the vaccine' kind of thing. (News manager, medical publication)

Reporting posed a particular dilemma when positive claims of risk seemed to undermine mainstream public health advice. This was the case with contested expert claims about the safety of the vaccine:

I guess I was quite concerned when I was particularly writing about the adverse reactions [to the vaccine], to make sure that I was, really struck a balance between pointing out the risks and not just completely scaring people off getting the vaccine at all, that was a big concern with me and for me... (Newspaper journalist)

One newspaper journalist said they were contacted by the Health Department expressing concern that a story they wrote would persuade people not to have the vaccine. While acknowledging it can be a fine line, the journalist projected confidence in being able to distinguish between opinions unworthy and worthy of news space and did not shy away from reporting conflicting views:

...unless it's, you know, if someone's just raising opinion and it's just rubbish, you know, I don't think those people, those views, should necessarily be given any space. But I think when it's a sort of legitimate point of view that's different to perhaps the mainstream, what governments are telling people, I think it's reasonable to give that side of things, you know, a bit of space as well. (Medical editor, newspaper)

Here we see an apparent endorsement of a public sphere model of biocommunicability with journalists casting themselves in the role of determining what views are and are not acceptable to be reported. The comment invokes the idea of a spectrum of reasonable opinion. Regarding the vaccine, we might see the anti-vaccination lobby at one end and the Government, which has a high stake in promoting vaccinations they have invested money in and secured access to, at the other. It would not be in its political interest for the public to question its value or the amount of taxpayer money spent on it or, indeed, for journalists to be reporting contrary expert views about its safety and implementation. Yet these issues are legitimate reporting topics and, within a public sphere model of biocommunicability, it would not be in the interests of informed public debate for legitimate concerns about the vaccine to be ignored by journalists and, indeed, experts for fear of repercussions for undermining public health advice. That said, not all groups or individuals have the necessary capital and media access to express dissenting or contrary views publicly.

Another journalist emphasised the need for experts to acknowledge the pros and cons of different approaches. Demonstrating that they were aware of different schools of thought was seen as a way of winning the trust of journalists and the public. This comment suggests an approach that would bring the public into the decision-making process:

I think what they should do is also say to the public 'look here's what we have to weigh up, here is the risk of doing this, here is the risk of doing that' and so that

the public is aware of the risk assessment process and that helps them make their own judgments too about how to conduct themselves. (Radio news manager)

This view assumes being made aware of the processes by which risks have been assessed will assist people's decision making. On the other hand, such transparency may also exacerbate people's confusion about how to act, contributing to their sense of disempowerment in the face of contested expert risk assessments. This concern was captured by another journalist who was pregnant at the time of reporting on swine flu and who struggled with the conflicting advice that was being provided for pregnant women, who health authorities had identified as a particular risk group. Her comment reveals the kind of quandary conflicting expert advice can pose for journalists, particularly when they identify with a particular segment of their audience:

I was working on the swine flu [story] and I was pregnant and there was no way I was going to walk around with a face mask, I think it was just over the top advice, and I actually don't feel it was warranted, and as I said there was conflicting information about that, and I don't think it was my responsibility, probably it was my responsibility to put it out there, but also put the opposite opinion from someone else, but I think it also gives women mixed messages, so I'm sort of caught about you know what to do. (TV journalist)

This concern about confusing pregnant women with mixed messages appears to project a different model of biocommunicability to that invoked in the previous comment, which emphasised instead the capability of the audience to manage conflicting opinions and use their own judgment. These reflect different assumptions about their audiences and their likely responses to certain messages. The TV journalist continued:

...there's got to be one line I think because I mean we've always been told to get two points of view, two sides to a story, but when you're dealing with a crisis you don't want many sides, you want the one, because otherwise people get confused, and being pregnant at the time I was pretty confused myself. (TV journalist)

Underpinning this comment is a sense of nostalgia for a model of biomedical authority that would protect audiences from having to deal with conflicting medical opinion; the idea that they need to receive a unified message in order to know how to act. Here journalists are cast in the role of transmitting a single expert/official line about risks but this is undermined by the existence of divided medical opinion. In contrast, patient – consumer and public sphere models position audiences as active and able to make rational decisions even in the face of conflicting 'expert' information. On the one hand we see a tendency to favour a public sphere model in which open public debate about public health issues is encouraged and where attempts to hide conflicting medical viewpoints from public view is discouraged as not, ultimately, in the public interest. Yet, there is also a more precautionary stance shaped by a concern about the potentially harmful impact that conflicting advice might have on audiences.

Relationship to official public health messages

Journalists were asked to comment on whether they saw the role of the media as one of scrutinising or promoting public health messages. Most agreed it was a bit of both. While recognising the importance of providing public health information, there was resistance to a

biocommunicable model that positions journalists as, or rewards them for, promoting public health messages without scrutiny:

...but if we're talking about public health people like governments or people hoping that your stories might serve a public health strategy – well, I don't know how good any journalist would feel to say 'Yes, your story's exactly what our public health strategy requires'... (Newspaper journalist)

This model, which casts journalists in the role of public health advisor does not sit easily with the occupational ideologies of 'objective journalism':

Yeah, I guess that you know as a news reporter your loyalty is to the facts and putting them out there in a neutral sense and as an educator you would be perhaps wanting to skew things towards persuading people towards doing the right thing for themselves and the community in a public health sense, and the story that I did on the insurers and the vaccines was a case in point where I was reporting the news straight and other people's perspective was that that undermined public health messages and therefore that was bad reporting. I would say it was good reporting, it just happened to be at odds with those public health messages. (Newspaper journalist and news manager)

This comment is consistent with a non-interventionist journalistic role in that it conveys the idea that the journalist saw it as their professional responsibility to report the facts rather than uncritically promote the official public health discourse. The comment positions readers as more than mere receptacles of the official public health line and as entitled to be told about issues that may undermine it. As in a public sphere model, journalists position themselves against those 'other' people who would wish to censor messages that appear at odds with the official line.

Journalists' perceptions of their audiences typically influence their reflections on the question of whether they see their role as one of promoting or scrutinising public health messages. While journalists are disposed to providing their audiences with mobilising information (i.e. public health advisories or warnings), this can come into tension with their scrutinising role:

I mean I think it's more to scrutinise, but you know it's also important that people have accurate and clear information about what they can do to protect their own health, and that is why people value newspapers just as much as catching out the mistakes and you know making sure that the information is accurate, so yeah it's a bit of both I guess. (Newspaper journalist)

A sense of duty to protect the public, evident in the following comment, projects a view of readers as vulnerable and reliant on media for public health issues or advice. Yet, the hint of controversy sees the public recast as active and critically engaged with scrutiny of government actions:

... I'm the type of person like I want to get public health messages out there and try and protect the public by doing that but having said that if there was an issue that was particularly controversial I guess I would scrutinise it... (Medical reporter, newspaper)

These comments could be seen as evidence of how patient-consumer and public sphere models of biocommunicability overlap in journalists' accounts of their roles and responsibilities in

relation to communicating public health information. This accords with Briggs and Hallin's observation that the two models often work together in the case of health reporting about controversial issues.

Negotiating sources and the flow of information

Most journalists mentioned official sources, such as the WHO website and commonwealth and state government health officials and websites as useful sources. However, frustration with what were perceived as attempts by the commonwealth government health authorities to 'manage' or 'control' the news during the pandemic was a common theme. The routine practices of government officials were seen as a way of appeasing journalists without actually providing any substantial and practical information. Those who worked for medical publications had particular concerns. One editor made a distinction between the lack of an organised response to the pandemic in terms of providing useful information, and the highly organised, stage-managed nature of official communications about it:

It [the Government's response to the pandemic] didn't feel organised at all. It felt you know the organised thing was that you knew that the Chief Health Officer would do a press conference on a certain day but whether they actually gave any information that was useful or not you know was another thing altogether.
(Editor, medical publication)

This comment in some ways resonates with Briggs and Nichter's (2009: 194) observation about the official public health discourse of H1N1: 'Its power emerged especially in posing as a reliable guide to how circulation [of the discourse] was actually taking place'. Underpinning these frustrations appears to be tension between a form of government communication that is perceived to privilege controlling the discourse over empowering publics.

There was explicit criticism that the government appeared to be putting its pandemic communications strategy ahead of providing people with basic information so they could make their own decisions. One journalist argued this was based on the misguided assumption that communications professionals are in the best position to tell people what to and what not to worry about. A newspaper journalist said:

...the information we were getting about this important public health issue was not necessarily just the facts about what's happening but a decision had been made about what information to give out at what time so as to best serve the public health outcome which I've got to say was disappointing. I thought the idea was just to tell people the truth – simple as that.

Journalists also felt restricted in how they could report swine flu because of the unwillingness of sources to offer more reassuring frames, even though such views seemed to be a widely held privately:

I mean, I suppose it was hard because the signals coming from the authorities, even when they were believing that it was not going to be that bad, they couldn't say that just in case it was, and yet we're all knowing that, and it's very difficult to write that without having them say it. So they're, and they're essentially wanting you to write that but not helping you do it. It's quite tricky so... (Newspaper journalist)

This, too, emerged in our interviews with experts, some of whom spoke about a reluctance within the expert community to speak out in this way for fear that they would be seen as undermining the government's public health messages (see Holland et al., 2012: 657-671).

These comments reveal assumptions about how information should be flowing, with journalists resisting the carefully packaged performance approach in favour of a more public sphere kind of model that values informed public debate and discussion. On the other hand, some journalists responded favourably to the Government's approach to managing the flow of information. It may be that the regularity of sound bites served the needs of television journalists more than newspaper journalists. One praised the accessibility of government and public health officials:

I think one thing that was interesting was that there was very clear lines of communication about who was giving out the information of swine flu, there was Nicola Roxon [Health Minister] and Jim Bishop (Chief Health Officer) that was it. So you knew that they were the 'go to' people... (TV journalist)

There was also reflexivity on the issue of bureaucrats being guarded with their comments to the media. A medical publication journalist argued journalists must take some responsibility for 'over-blowing things and trying to trip people up every five minutes'. This, they argued, resulted in an 'artificial', rather than a 'real' conversation:

...there are some journalists who don't operate that way so, you know, I guess from a bureaucrat's point of view, well, who do you trust and who don't you trust, you know it's better just to treat them all the same so, yeah, I think there are cross purposes really and unfortunately the people who suffer are the community because they don't really find out what's going on. (Journalist, medical publication)

This characterisation of the relationship between journalists and their sources as one of antagonism points to the consequences of journalists overstepping their role to scrutinise and to hold knowledge and power holders to account. Not wanting to play this kind of media game, a natural response from sources is to opt for a more tightly controlled approach to engaging with the news media.

Discussion

Wilkins (2005: 247–254) argues 'news journalism... is subject to the same normative standards as other social institutions when combating disease: minimise harm'. He says it does this in three ways: providing information about the disease; acting as a conduit for information between the public and those with decision-making authority; and monitoring how well institutions have responded to particular events. Moreover, he argues, to a greater extent than some other institutions, news journalists have responsibility for helping others to evaluate the effectiveness of institutional actions. On this view, a journalist's responsibility is not simply to report 'the facts' but to make sense of and contextualise the actions and statements of officials and other key newsmakers for their audiences. This tends to project a public sphere model of biocommunicability, where journalists are positioned as holding powerful groups to account for their actions and decisions and, importantly, how information is or is not flowing.

In general, findings from our study show that journalists share Wilkins' assertions about the role of journalists in reporting during EIDS and seek to enact these various roles, though they also

reveal the challenges they face in doing so. One problem in Wilkins' conception of the functions of the news media to minimise harm is the idea that what constitutes 'harm' can easily be determined, when not everyone agrees on what healthy behaviours are or on the risks of not practicing such behaviours (Holmes et al., 2009; see also Holmes, 2008: 349-360). As our study has shown, judgments about harm, including the potential harmful impacts of news stories, often depend on subjective assumptions and expectations about the needs and dispositions of imagined audiences. These assumptions and expectations will variously shape journalists' reporting practices. Journalists also recognise that their ability to perform their roles is compromised when bureaucratic sources take a stance of generalised distrust towards them based on their expectations of being taken out of context or otherwise undermined.

Journalists' comments in the main suggested that they cast their audiences as active information seekers, certainly receptive to the stories they produced. However, one outcome of casting them in this role, which reflects some of the contradictions of the neoliberal model more broadly, was that some journalists felt uneasy about presenting conflicting medical viewpoints. They viewed their audiences as active, engaged, even critical citizens at the same time as being vulnerable to confusion and in need of protection in the face of mixed messages. Thus, while we do see evidence of the patient – consumer and public sphere models of biocommunicability, this was often tempered by a recognition that medical and government authorities continue to carry weight when it comes to the decisions people make about their health. This seems to concur with the 'residual value' that the model of biomedical authority retains as it combines with other models of biocommunicability (Briggs and Hallin, 2007). Furthermore, while Briggs and Hallin (2007: 51) note that the hierarchical biomedical authority model is no longer dominant in health care coverage, at times it is 'present essentially as an absence, as a nostalgic contrast to neoliberal models of biocommunicability'.

Health reporting that emphasises conflicting medical advice in some sense undermines the hierarchical model of biomedical authority as well as revealing the ambivalence of the neoliberal (patient – consumer) model where the burden of choice and the absence of certainty can just as easily seem terrifying as liberating (Briggs and Hallin, 2007: 56). Briggs and Hallin (2007: 57) write that within the neoliberal model,

Journalists waver among several stances, sometimes assuming the trustworthiness of biomedical information, sometimes striving to fill the gaps that result from its unreliability, scarcity, or excess – as in the case of stories of Internet health 'rumors' or on conflicting studies – and sometimes acknowledging the frustration of consumers or professionals with the persistence of those gaps.

Each of the stances that Briggs and Hallin referred to were evident in our interviews with journalists. While our focus in this study is the communication priorities of journalists, research shows that public health officials and scientists-researchers identify similar dilemmas when communicating with the public during a health crisis. These relate to how much information to provide, how transparent to be, and how much to shape the message (Holmes et al, 2009). That study also found that mass media was identified by each of these groups as the primary means of reaching the public and of ensuring 'effective communication' (800). This signals the importance of a collaborative rather than combative relationship between journalists and their public health sources. This could involve authorities taking some reporters into their confidence and conducting regular briefings during public health events like that of the swine flu pandemic.

While journalists face competing demands at such times, so too do governments and health authorities. Formal debriefings between these groups after such events may be one way of facilitating two-way learning and a more constructive, engaged and open public debate during the next disease outbreak (Sweet, Holland and Blood, forthcoming).

The concept of biocommunicability directs us to consider journalists' reflexivity with regard to health reporting in terms of how they think about the potential impact of their stories and their responsibilities in relation to different stakeholders (i.e. audiences, editors, employers, public health officials, sources). It may be that the communication priorities of journalists are at times in conflict with those of their sources and publics, which explains criticisms of media coverage of health and medical issues. However, as we found in interviews with experts who were key media sources during the swine flu outbreak, some aligned themselves more closely with journalists in favouring a public sphere model than their own colleagues who they perceived to be toeing 'the party line' and compromised by their links with vaccine manufacturers (Holland et al., 2012: 657–671). A focus on biocommunicability is one way of ensuring that we do not essentialise or generalise about the roles and responsibilities of various actors, including journalists, in communicating health discourses.

Conclusion

Our aim in this paper has been to build on the concept of biocommunicability, including its utility as a concept with which to analyse the content of interviews with journalists and for making sense of the conditions that shape journalism practice in the context of EID. EIDs must be considered a particular type of health story that places demands on journalists that are different to more routine contexts of health newsgathering and reporting. By their nature, EIDs tend to be more politicised in as much as medical-scientific details are often uncertain and emphasis is on public health measures that governments can take until more evidence is accumulated. It might be suggested, for example, that in the context of an EID outbreak the nature and hierarchical order of authority is more dispersed. The medical profession does not control the knowledge and to some extent is reliant on the measures put in place by governments. These circumstances, together with the often contradictory communication goals of public empowerment and public compliance during such times, in some ways explain the general endorsement in the talk of journalists we spoke to of a public sphere or a patient-consumer model of biocommunicability. In our ongoing analyses of interviews and focus groups with members of the public about their understandings of swine flu, we are looking at what their views reveal about models of biocommunicability and how they can inform theorising around this concept. For now, we suggest the concept offers a useful lens through which to approach journalists' talk about their health reporting practices and health communication more broadly.

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