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Abstract
This is a journalism project, a collection of short pieces published through STAT News. STAT is a Boston Globe media partner that specializes in reporting stories on medicine, health, and scientific innovation.

My work explored and examined topics through first-person accounts by field experts and physician-researchers. At STAT I worked closely with professional journalists and editors, who guided me through high quality reporting and honed my skills in science journalism. This project is a collection of individual articles communicating topics in science and medicine to a broad audience.

Background
• Professional science journalism began in the 1890s, and its role has since evolved and been hotly debated.¹
• Scott Eggener wrote in an article on JAMA Network, “as long as a discrepancy exists between medical wisdom and the health of the population, there will be a valued role for the medical journalist.”²
• On science narratives, former editors of the New England Journal of Medicine said, “the problem is not in the research but in the way it is interpreted for the public.”³

Aims
1. Hone my interviewing and reporting skills.
2. Interview sources and identify 3-5 focused perspectives per piece.
3. Publish 4-6 pieces of science journalism.

Example Headlines & Excerpts

Study: 2% of women have ‘persistent’ opioid use after childbirth
Persistent opioid use was seen in 1.7% of women with vaginal deliveries and 2.2% of those with cesarean deliveries. […]

In this study, the biggest factor associated with increased odds of developing persistent opioid use is the first fill of a prescription, not the type of delivery.

5 burning questions about using artificial intelligence to prevent blindness
Unlike other AI in medicine, the IDx system is the first autonomous model approved for use in clinical settings. “Autonomous AI is something very specific. It assumes medical liability. It makes a clinical decision without a physician,” Abramoff said. As a result, the company assumes liability for the diagnoses.

New guidelines aim to enlist primary care physicians in transgender care
Gillian Branstetter, spokesperson for the National Center for Transgender Equality, an advocacy group, applauded the new guidelines for emphasizing the importance of education for primary care providers. “Over half of all transgender people have had to teach their provider about their health care,” she said.

After limits on residency work hours, did doctors perform worse? New study says no
A limitation of the study, mentioned by both Desai and the authors, is that it looked only at one specialty — internal medicine doctors. Surgeons and other doctors who perform procedures may be affected differently by hour restrictions because it would limit the number of procedures they perform under supervision.

Learnings
Through the process of crafting stories — reading journal articles critically, following curiosity, building rapport with sources, and asking some difficult questions — I realized that my education in how to be a good journalist was not dissimilar to my education in how to be a good doctor.

In both, there are fundamental and repeatable methods, rules of engagement, and valuable expert consultation all for the sake of crafting a narrative that drives a conversation (or diagnosis and plan) forward. This project, and working at STAT’s headquarters, inspired me to take my role a step further, both as a future physician and a science journalist, to consider the moral weight of my work.

As Brooke Borel wrote in The Guardian, there is a moral imperative behind the work of science journalists. Borel says that their work “is to look at power structures, to see who is included in the work and who is excluded or marginalized, whether because of gender or race or any other identity.”⁴ Science journalists must examine agendas, incentives, and conflicts of interest on top of the interesting and wondrous science at hand. This imperative also applies to the practice of medicine, and I hope to honor it throughout my career.

References