

Misconceived
Representations of 'The RU486 Debate' in the Media

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Abstract

Under the Ultrasound

In December 2005, a cross-party coalition of female senators presented a Bill to Parliament that changed the way Australian women could have abortions.

‘Misconceived: Representations of RU486 in the Media’ is a quantitative and qualitative content analysis of newspaper coverage leading up to the passing of the Therapeutic Goods Amendment (Repeal of the Ministerial Responsibility for Approval of RU486) Bill 2005 in February 2006, together with an extensive literature review. Analysing all coverage discussing RU486 in three publications – national newspaper *The Australian* as well as Sydney-based *The Daily Telegraph* and *The Sydney Morning Herald* – over a five month period, the study was chiefly concerned with the way RU486 and key stakeholders in the story were framed.

The Bill sought to remove the power of veto the Health Minister held over abortifacients coming into Australia, instead assigning the power to the Therapeutic Goods Administration (TGA). One abortifacient in particular, known as ‘RU486’ or mifepristone, was already in use in many other countries. When the Bill was successful in February 2006, the TGA could assess RU486 and Australian doctors could prescribe medical abortions as an alternative to the already legal surgical abortion.

This study positions itself within the established fields of theory and research surrounding interactions between science and the media, science and politics as well as science and ethics. Previous studies assessing the way science is framed in the media informed the direction of the quantitative and qualitative content analyses.

The quantitative analysis found statistical evidence strongly suggesting the invocation of the wider ‘abortion debate’ utilised throughout the coverage, although

the Bill itself was about regulation of abortifacients, not the procedure itself. It also found that despite journalists' use of a wide range of sources, stakeholders presented in the 'leads' of articles preserved the status quo and favoured government or 'anti-Bill' sources over those in support of the Bill, thus challenging the status quo. The articles analysed fell short of meaningful engagement with the wider issue of Australia's high abortion rate, based on the proportion of coverage relating to the underlying causes of Australia's high abortion rate. The majority of coverage focused on the detail of the Bill rather than the 'horse race' of political manoeuvring behind it, suggesting a reluctance to revisit the issue after the parliamentary vote was taken. Throughout the coverage there was strong use of emotive language, which could be seen to obstruct objective engagement with the facts of the Bill.

Using McKee's 'commutation test', phrases deemed to indicate a particular frame were singled out for qualitative assessment. Four main frames were established relating to the wider abortion debate; portrayals of the medical profession, the use of medical jargon and the rhetoric of risk and claims that 'accountable' politicians should be in charge instead of the unelected Therapeutic Goods Administration (TGA). Within the broad framing of the medical profession, the work of Karpf provides the scaffolding for an updated interpretation of the 'medical', 'consumer', 'look-after-yourself' and 'environmental' approaches.

Interviews were also conducted with three journalists involved in reporting the stories, one from each of the newspapers and three key medical spokespeople frequently mentioned in the coverage, adding a further layer of meaning to the analysis.

DECLARATION

Statement of original authorship

I certify that this thesis does not, to the best of my knowledge and belief;

- i. incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education;
- ii. contain any material previously submitted or written by another person except where due reference is made in the text; or
- iii. contain any defamatory material.

Signed:

Jenna Daroczy

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Introduction

Conception

In the life of every successful physician, there comes the temptation to toy with the Delilah of the Press – daily and otherwise. There are times when she may be courted with satisfaction but beware: Sooner or later she is sure to play the harlot and has left many a man shorn of his strength, viz the confidence of his professional brethren.

- William Osler, 1907¹

In a national capital, not far away...

It was a busy week in Canberra, Australia. Every journalist had a story to chase, an expert to interrogate, an angle to nail. Political correspondents, medical and science reporters, religious affairs editors and opinion columnists sifted through mountains of material to find their own take on the story of the week.

Inside and out of the National Parliament, every politician had an opinion to contribute, a tale to tell, a position to promote or defend. Media releases, doorstep press conferences and surreptitious phone calls were churned out by the minute and speeches ran late into the night.

It was a week that saw debates flare over technical process, ministerial responsibility, morality and ethics, women's rights, medical risks, nationalism and race. Leader of the Democrats, Lyn Allison, said it was about giving women options. Prime Minister John Howard said it was about accountability. Tony Abbott said it was a measure of confidence in his abilities as Health Minister and Shadow Health Minister Julia Gillard said "For God's sake Tony, it's not all about you!"² Western Sydney MP, Danna Vale, even suggested it would see Australia "abort itself out of

¹ Karpf, A, (1988) Doctoring the Media: The reporting of health and medicine, London, Routledge pp3-4

² Peatling, S., "Yes, but abortion pill fight isn't over" in *Sydney Morning Herald*, 10 February, 2006

existence and into an Islamic state”.³ Immigration Minister Amanda Vanstone said she would “have a cup of tea and a cucumber sandwich with Mrs Vale to explain things to her”.⁴

This broad diversity of views arose from just one piece of legislation, introduced to the Senate by a cross-party coalition of female senators – which was in itself highly newsworthy. All this political and media interest was generated by the Therapeutic Goods Amendment (Repeal of the Ministerial Responsibility for Approval of RU486) Bill 2005.⁵

The Bill was introduced to Parliament by Nationals Senator Fiona Nash on December 8, 2005 and supported by co-sponsors Senator Allison, Labor Senator Claire Moore and Liberal Senator Judith Troeth. It sought to remove the power of approval for abortifacients from the Minister for Health and give that responsibility to the Therapeutic Goods Administration (TGA), a panel of medically trained professionals responsible for regulating every other drug in Australia.

At the time, abortion in Australia was not illegal and did occur, but only as a surgical abortion, performed by a doctor rather than via medication. If successful, the Bill would clear the way for one drug in particular to be administered in Australia. Known to doctors as mifepristone, it was mostly referred to throughout the debate as RU486 – RU for Roussel Uclaf, the manufacturer and 486 from the laboratory testing.⁶ Thus the debate centred on the specific merits and flaws of RU486 as a visual representation of the abstract amendment.

After the Bill was presented on December 8, a Senate Inquiry was commissioned to report back within three months. Following lengthy and passionate

³ Farr, M., (2006) “No backdown on Islam claim - Vale defends RU486 clanger” in *The Daily Telegraph*, 15 February, 2006

⁴ Farr, M., *ibid.*

⁵ de Costa, Caroline, (2007) *RU486 – The Abortion Pill*, Boolarong Press, Queensland Australia, p103

⁶ de Costa, *ibid.*, p6

debate in both Houses of Parliament in February, 2006 the Bill was passed by the Senate in a conscience vote, 45 votes to 28 on February 9 and ‘on the voices’ in the House of Representatives on February 16.⁷ RU486 could now go before the TGA without Ministerial involvement.

Methodology for marking mifepristone in the media

As with most political and scientific or medical issues, the majority of Australians learned about it through the media. This thesis examines the way in which the issues surrounding the Bill were covered by the print media in Sydney through a quantitative and qualitative content analysis of five months of that coverage – from the application of Dr de Costa to prescribe RU486 in October 2005 to the success of the Bill in February 2006 – complemented by a lengthy literature review.

Chapter one, the literature review, seeks to locate the arguments of this thesis in a theoretical context. Utilising the works of philosophers and historians of science, media academics, political theorists, scientists analysing the media and journalists analysing science, a rich field of discussion is explored and sets up the field for chapters two and three.

The quantitative analysis is presented in chapter two. Using a Factiva search for the term ‘RU486’ in News Limited publications *The Australian* and *The Daily Telegraph* and Fairfax’s *The Sydney Morning Herald* between October 1, 2005 and February 18, 2006, 125, 81 and 88 articles respectively (294 in total) were found and analysed. (Each publication will hereafter be referred to respectively as the *Australian*, *Telegraph* and *Herald*.) The Letters to the Editor page each day was

⁷ de Costa, Caroline, (2007) RU486 – The Abortion Pill, Boolarong Press, Queensland Australia, p119

counted as a single article, although, as indicated in some parts of the analysis, letters are counted individually.

To enable a detailed and comprehensive analysis and in recognition of time and space constraints, the research focuses on only three newspapers, each representing a different style of publication. The *Herald* and *Telegraph* are directed at an exclusively NSW-based readership, while the *Australian* is sold across Australia. The *Herald* and *Australian* represent broadsheet values, though to differing degrees, while the *Telegraph* is a tabloid format. Each newspaper reported the bulk of their RU486 coverage using Canberra-based journalists, supplemented with journalists located in the other capital cities, representing similarities in news-gathering resources available.

The quantitative analysis consists in largely replicable surveys, including counting the number of occurrences of select terms; of particular stakeholders in the articles' leads; the journalists covering the stories as well as their specialist area of reporting and the number of mentions various stakeholders had throughout the coverage. Marginally less replicable, the articles were classified as to whether they were episodic or thematic and passages deemed particularly descriptive, emotive or otherwise indicating a particular perception were singled out for assessment in the qualitative analysis. The methodology for identifying these passages was a basic interpretation of McKee's 'commutation test'⁸, where phrases or words within the section are replaced with a similar but different one to see if the meaning is altered. In this case, passages are included if they can be reasonably seen to contradict another viewpoint also represented in this debate.

⁸ McKee, A., (2003) *Textual Analysis – A Beginner's Guide*, Sage Publications, London, p107

Chapter three uses the unique results of chapter two in a qualitative study, grouping the passages extracted according to the prevailing frame or viewpoint they presented of the debate. These frames were largely informed by the health and medical media literature explored in chapter one's literature review, however the many points of intersection between so many fields of study generated original twists on established frames as well.

The qualitative analysis also conducts original research, using interviews with key stakeholders emerging in the RU486 story to add depth and a different perspective to the results. Interviews were conducted with one journalist from each publication who had generated a significant proportion of the articles as well as three medical sources who had been quoted and referred to extensively throughout the debate. Patricia Karvelas from the *Australian*, Sue Dunlevy from the *Telegraph* and Stephanie Peatling from the *Herald* were Canberra-based journalists and consented to lengthy telephone interviews. Dr Andrew Pesce, who was a member of the executive board of the Australian Medical Association (AMA) through the RU486 debate, is currently an obstetrician/gynaecologist at Sydney's Westmead Hospital and consented to an interview in person. Dr Christine Tippett, who was acting President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) during the debate (now current President) spoke at length in a telephone interview. Doctor Caroline de Costa is Professor of Obstetrics and Gynaecology at James Cook University, Queensland and is the author of *RU486 – The Abortion Pill*,⁹ published in 2007. She is also one of a very small number of Australian doctors who are licensed to prescribe RU486, was a key advocate throughout the RU486 debate and consented to an interview via email. Ideally

⁹ de Costa, Caroline, (2007) *RU486 – The Abortion Pill*, Boolarong Press, Queensland Australia

interviews would have been conducted in person, but excepting Dr Pesce, all interviewees were based outside of NSW. The quotes from these interviews are used throughout chapters two and three to contribute to relevant debates, rather than confining them to a qualitative discussion.

Chapter One

A Fertile Field

Throughout the newspaper coverage analysed and from interviews with the journalists involved, terms such as ‘pro-life’ and ‘pro-choice’ as well as the wider rhetoric of the abortion debate is assumed knowledge among the Australian readership. Precisely because of this familiarity, many stakeholders employed this ‘frame’ for their arguments during the RU486 debate. However, the foundations for the way science and health policy are discussed in the media are much broader and go further back than this particular debate. Academics from media studies, cultural studies, gender studies, political studies, history and philosophy of science, public policy, economics and more have contributed to a fertile field of theory, which deserves further exploration before propagation of the many-branched tree concerning print media representations of RU486.

A marriage of convenience? Science and the media

Maier-Liebnitz says science and journalism should “be natural friends everywhere”,¹⁰ as both aim to deliver truths about the world in an objective manner. Many authors, dissecting the ways in which science and the media interact with each other, have commented on the number of similarities in goals and methods of the two, particularly in their claims to impartiality and balance (see for example Blum, Knudson and Heinig, 2006; Hayes and Grossman, 2006; Nelkin, 1987). Further, the two disciplines can be seen not only to share many traits, but also be inextricably linked to one another. Science’s vital contribution to progress in contemporary

¹⁰ Bogdanor, V., (Ed) (1984) *Science and Politics: The Herbert Spencer Lectures 1982*, Oxford University Press, New York USA, p84

society means the media cannot fail to cover its new developments and the media's agenda-setting role means that if science wants to be perceived well, disseminate information and receive both public and private funding, it must work with the media to ensure accurate and positive, or at least balanced, coverage. As Nelkin says, "the question is no longer whether science will be covered in the press, but how it will be conveyed".¹¹

While these authors are representative of widespread feeling that the common aims and methodologies of science and the media should see them co-exist in harmony, the reality is far from that ideal. Nelkin notes that both 'camps' recognise flaws in the current situation, with Hayes and Grossman describing a "clash of cultures".¹² Both Karpf¹³ and Allan conclude there is a reciprocal relationship that deserves closer scrutiny, calling for "a critical engagement with scientific and media discourse that accounts for the complex ways in which they strive to engender certain preferred ways of talking about the nature of reality".¹⁴

A number of authors bring their backgrounds in science into their analysis of the science/media relationship found in media representations, or in their writing about the way scientists perceive the media to work. The recurring objection scientists have to media portrayals of scientific issues speaks volumes about the very nature of the conflict between science and media: it is grounded in genre. Allan describes perceptions of the media as of "a superficial world driven by a frenzied obsession with entertainment over information",¹⁵ while Karpf's chief concern is that the media is "alarmist and sensationalist, fanning controversy", raising expectations

¹¹ Nelkin, D., (1987) Selling Science: How the press covers science and technology, WH Freeman and Company, USA, p69

¹² Hayes, R. and Grossman, D., (2006) A Scientist's Guide to Talking to the Media: Practical Advice from the Union of Concerned Scientists, Rutgers University Press, New Brunswick, New Jersey and London, p4

¹³ Karpf, A, (1988) Doctoring the Media: The reporting of health and medicine, London, Routledge

¹⁴ Allan, S., (2002) Media, Risk and Science, Open University Press, Philadelphia USA, p2

¹⁵ Allan, S., *ibid*, p1

when there may be no justification for it.¹⁶ Thompson finds opinion columns particularly offensive in their resemblance to “Old Testament prophets re-stating God-given Truth”,¹⁷ while Nelkin is critical of what she sees as reluctance to engage deeply with the ethical, social or legal issues arising from new technologies in favour of high-conflict stories.¹⁸

Farrands concedes some areas of scientific endeavour may warrant the highly focused coverage delivered by mainstream media, particularly in areas such as public health where there is need for public awareness, but overall is critical of the coverage on behalf of “mature communities [who] deserve mature treatment”.¹⁹ Seale acknowledges the vast differences between scientific and tabloid writing and appreciates the ability of the tabloid to engage audiences, but expresses concern it may lead to a ‘dumbing down’ of debate.²⁰ Karpf has possibly the most enlightening viewpoint on the ‘clash’, noting that, when writing about medical issues, both media and science “assume that there’s an unproblematic and scientific thing called medicine, which the media should reflect or convey”.²¹ Engaging more closely with the norms of journalism, Mooney observes that in their quest to present ‘balance’, the media often give equal space to opposite sides of a scientific debate when one side or the other has the bulk of scientific support or weight.²² Nelkin finds the same problem, but says journalists are never going to satisfy all sides. Balancing the article

¹⁶ Karpf, A, (1988) Doctoring the Media: The reporting of health and medicine, London, Routledge, p4

¹⁷ Thompson, K., “Family, Children and Violence” in *Moral Panics*, Routledge, London, 1998, p93

¹⁸ Nelkin, D., (1987) Selling Science: How the press covers science and technology, WH Freeman and Company, USA, p51

¹⁹ Farrands, J. L., (1993) Don’t Panic, PANIC! The use and abuse of science to create fear, Text Publishing Company Pty Ltd, Melbourne, Australia, p46

²⁰ Seale, C., “Health and media: an overview” in *Sociology of Health and Illness*, Vol 25, No 6, 2003, pp518-9

²¹ Karpf, A, (1988) Doctoring the Media: The reporting of health and medicine, London, Routledge, p8

²² Mooney, C., (2004) “Blinded by Science: How ‘balanced’ coverage lets the scientific fringe hijack reality” in *Columbia Journalism Review*, Issue 6, November/December, 2004

angers scientists who claim their own work is more rigorous, represents consensus and to present it otherwise is irresponsible and often ‘scare-mongering’, but to favour the scientific ‘establishment’ lacks balance and can be seen as deferring to patriarchal power structures, particularly in medicine.²³ Media representations can be seen to be torn between the scientific detail and due process on the one hand and the need for social context and ethical consideration on the other.

Given the multi-faceted and often tenuous nature of the relationship between science and the media, the proliferation of texts aimed at creating media-savvy scientists is not surprising. A key technique utilised by a number of the ‘how-to’ manuals employs different ‘frames’ to understand what a journalist is looking for in writing science and health stories.

More than a peripheral issue – Framing science

Entman discusses the notion of applying ‘frames’ to media texts in order to ‘fill in blanks’ in the mind of the reader, leading the reader to certain assumptions depending on the frame employed by the author.²⁴ In the context of science journalism, a number of authors believe journalists will only write about issues that fit into a number of predetermined frames (including Best, Dennis and Draper, 1977; Golden, 2005; Thompson, 1998). Karpf proposes four frames for interpreting health coverage as a subset of science coverage, providing robust and widely applicable frameworks for analysis: the ‘medical’ approach, the ‘consumer’ approach, the ‘look-after-yourself’ approach and the ‘environmental’ approach. Each of these approaches proves instrumental in the RU486 framing, which will be covered in

²³ Nelkin, D., (1987) *Selling Science: How the press covers science and technology*, WH Freeman and Company, USA

²⁴ Entman, R. M., (1993) “Framing: Toward Clarification of a Fractured Paradigm” in *Journal of Communication* Vol 43, issue 4, pp51–58

more depth in chapter three when discussing portrayals of the medical profession.

However, the approaches can be further unpacked here first.

The ‘medical approach’, when taken by the media, idealises science and technology as providing answers through progress, providing ‘magic bullets’ for illness and frequently employing ‘breakthrough’ and ‘scientist as hero’ rhetoric. Although writing nearly twenty years ago, Karpf notes the frequency of stories in the mainstream media celebrating the work of the medical establishment and argues:

...it’s (partly) because journalists have so enthusiastically adopted a belief in the efficacy of medicine that they’re attracted to stories of breakthroughs and cures. In other words, the medical orientation favoured by doctors has itself, to some extent, generated the media excesses which doctors deplore.²⁵

Further, the ‘medical approach’ “invokes genetic or physiological explanations for phenomena which could also be explained socially or psychologically, from alcoholism to crime to postnatal depression”.²⁶

The ‘consumer approach’ can be seen as an adaptation of the ‘medical approach’ in a modern, capitalist context, with Karpf charting a change in focus from the doctor as authority to the patient being in control. It represents a shift in power to the previously disenfranchised, but now increasingly financially empowered, patient, who became the ‘consumer’ of medical ‘services’. Karpf affirms the role of the women’s liberation movement of the late 1960s and 1970s in cementing the consumer approach:

Medicine became an early target, partly because, with the medicalisation of reproduction, the healthy woman (in contrast to the healthy man) could expect to come into intimate contact with the medical profession at regular periods in her life, over contraception, abortion and childbirth. The women’s health movement refined and

²⁵ Karpf, A, (1988) Doctoring the Media: The reporting of health and medicine, London, Routledge, pp4-5

²⁶ Karpf, A, *ibid*, p11

significantly developed the critique of professional power by analysing the gender aspects of medical ideology and the doctor-patient relationship: it wasn't simply doctors and patients, it was usually male doctors and female patients and accompanying the prescriptions came prescriptive notions of how women were meant to be.²⁷

As various groups in society came to demand more control over their bodies, shades of grey began to appear about what was the 'best treatment' or 'best use' of emerging medical technologies. Instead of deferring to the doctors' opinions, the 'consumers' wanted to make decisions for themselves. Karpf says this saw the emergence of the 'look-after-yourself' frame. Responding to individuals taking on more responsibility, doctors saw a chance to combat lifestyle diseases with their patients' proactive approach by focusing their energies on public health campaigns.²⁸ As well as empowering patients to take care of themselves, there was a demand for discussion about the various ethical and moral ramifications of treatments and technologies as a "response to the consumer critique of medicine and public anxiety about medical power".²⁹

The fourth and final frame, the 'environmental approach', has been lamented by many authors as the least utilized frame, because they claim it offers the most potential for clear and informative health media coverage (for example, Bell, 1998; Best, Dennis and Draper, 1977; Golden, 2005; Nelkin, 1987). It locates the causes of diseases within the environment, supporting arguments that link poor health to factors like low income, few health resources and/or high unemployment.

A range of other frames has been proposed by various authors, including Brown, Chapman and Lupton, who defined seven frames around AIDS coverage, as

²⁷ Karpf, A, (1988) Doctoring the Media: The reporting of health and medicine, London, Routledge, p59

²⁸ Karpf, A, *ibid*, p18

²⁹ Karpf, A, *ibid*, p62

well as noting levels of authority given to stakeholders, which influences who has the ability to alter the framing of an issue.³⁰ Seale discusses the notion of ‘media templates’ and ‘media twitches’ when “certain items become news because they disrupt expectations in an emotionally stimulating way”.³¹ One of the most notable ‘twitches’ in the RU486 story focused on the divide along gender lines in Parliament rather than the traditional party lines. Another frame is suggested by Golden, who charts the increasingly predominant trend of giving a ‘human face’ to health issues through the US coverage of Foetal Alcohol Syndrome (FAS). The use of a ‘face’ for an otherwise abstract or technical concept has gained increasing popularity, particularly with the rise of the tabloid.³² It can be seen throughout the RU486 debate in the very fact that, for many people, the debate became about the specific merits and flaws of RU486 as an individual abortifacient, when the legislative change was far broader.

A second opinion – challenges to traditional medical authority

It is not just the scientists who face difficulties conveying their desired message – journalists face the unenviable task of attempting to report news that satisfies all parties. In addition to delivering enough technical detail to gratify scientists, the message must be accessible and interesting to a broad spectrum of readers. This is made even more difficult by a regular and recurrent lack of visual opportunities and points of reference easily recognised by the layperson. Hayes and Grossman

³⁰ Brown, J., Chapman, S. and Lupton, D., (1996), “Infinitesimal Risk as a Public Health Crisis: News Media Coverage of a Doctor-Patient HIV Contact Tracing Investigation” in *Social Science Medicine*, Vol 43, No 12, pp1685-1695

³¹ Seale, C., “Health and media: an overview” in *Sociology of Health and Illness*, Vol 25, No 6, 2003, p520

³² McNair, B., (2000), *Journalism and Democracy: An evaluation of the political public sphere*, Routledge, London

recommend scientists use imagery in their descriptions to journalists,³³ while journalists often seek to personalise the story with a ‘face’. Increasingly the use of specific scientists or government figures as spokespeople for the general populace is being replaced with lay people, as Golden describes in the FAS case with Melissa and Simone, young sufferers of FAS.³⁴ A number of authors have noted this trend away from medical ‘establishment’ spokespeople (for example Best, Dennis and Draper, 1977; McNair, 2000; Thompson, 1998), including Maier-Leibnitz, who says that in spite of a long tradition of scientists being widely believed to be acting in the best interests of the populace, the media is increasingly discrediting scientists. Some of this can be attributed to a number of scientists-as-advocates in the 1960s, as well as the reluctance of the scientific field to be seen as 100 per cent committed to findings or inferences from studies.³⁵ Allan suggests this increasing reluctance on the part of scientists to give definitive risk statements is linked to a series of public events where science was seen to have failed society, such as the inability of science to predict or contain Mad Cow Disease in the UK.³⁶ In the medical profession, the contemporary case of Dr Jayant Patel in Queensland, Australia can also be seen to contribute to a decreasing lack of faith in the scientific status quo.

The battle for authority in health issues is particularly noticeable in the RU486 debate because so many stakeholders sought credibility. Scientists, whom Nelkin says previously enjoyed a reputation as “a neutral source of authority and a basis for

³³ Hayes, R. and Grossman, D., (2006) A Scientist’s Guide to Talking to the Media: Practical Advice from the Union of Concerned Scientists, Rutgers University Press, New Brunswick, New Jersey and London, pp60-65

³⁴ Golden, J., (2005) Message in a bottle: the making of Fetal Alcohol Syndrome, Harvard University Press, England

³⁵ Maier-Leibnitz, H., (1984) “The responsibilities of scientists” in Vernon Bogdanor, (Ed) Science and Politics: The Herbert Spencer Lectures 1982, Oxford University Press, New York USA, p83

³⁶ Allan, S., (2002) Media, Risk and Science, Open University Press, Philadelphia USA, pp70-1

just solutions in controversial public affairs”,³⁷ are now not only under attack from both ‘pro-life’ and ‘pro-choice’ lobby groups, but the situation is further complicated by the intervention of politicians.

Political pills and the risks of rhetoric – use and abuse of medical jargon

According to Price, politicians have long been wary of the challenge scientists pose to the political process, both because scientists can contradict the factual basis for a government’s preferred policy and also because scientists “favour more popular participation in both policy-making and administration”³⁸. Similarly, politicians are aware of the threat to their power posed by the media and when the media and science combine, Nelkin says:

...by their focus on controversial issues, they [the media] stimulate demands for accountability, forcing policy-makers to justify themselves to a larger public. By their use of images they help to create the judgemental biases that underlie public policy.³⁹

There are myriad examples of the influence strong media coverage has had on scientific policy, including ultrasounds in Norway,⁴⁰ compulsory HIV-testing of medical staff in Australia,⁴¹ recombinant DNA, cancer treatments and food contaminations⁴² to name a few. In encouraging scientists to speak to the media,

³⁷ Nelkin, D., (1987) Selling Science: How the press covers science and technology, WH Freeman and Company, USA, pp71-2

³⁸ Price, D. K., (1984) “The established dissenters: scientists and America’s unwritten constitution” in Vernon Bogdanor, (Ed) Science and Politics: The Herbert Spencer Lectures 1982, Oxford University Press, New York USA, pp31-2

³⁹ Nelkin, D., (1987) Selling Science: How the press covers science and technology, WH Freeman and Company, USA, p80

⁴⁰ Saetnan, A. R., (1996) “Speaking of Gender... Intertwinings of a Medical Technology Policy Debate and Everyday Life” in Merete Lie and Knut H. Sorensen, (Eds) Making Technology Our Own? Domesticating Technology into Everyday Life, Scandinavian University Press, Oslo, Norway

⁴¹ Brown, J., Chapman, S. and Lupton, D., (1996), “Infinitesimal Risk as a Public Health Crisis: News Media Coverage of a Doctor-Patient HIV Contact Tracing Investigation” in *Social Science Medicine*, Vol 43, No 12, pp 1685-1695

⁴² Nelkin, D., (1987) Selling Science: How the press covers science and technology, WH Freeman and Company, USA

Hayes and Grossman also encourage them to speak about the wider policy considerations of their research. They quote former US National Science Foundation administrator and science advisor to President Clinton, Neal Lane, who said:

The risk of not speaking up... is that if people are allowed to let special interests, narrow ideologies, or political agendas trump the truth in science, then two things will happen: we will get bad policies (even dangerous ones); and the public will begin to lose trust in the value of science and the government's ability to use science for the public good.⁴³

Louw says every successful politician should be able to generate media attention to work for them on particular issues.⁴⁴ Politicians can be seen to play on the media's desire for both balance and conflict as well as science's reluctance to sway from the limited conclusions to be made from research. Redefining the scientific concept of 'risk' to suit their own purposes is further political exploitation, as Brown, Chapman and Lupton found in their study of AIDS coverage aptly entitled, 'Infinitesimal Risk'.⁴⁵

While science adheres to cautious statements about levels of risk, Farrands notes society is feeling less safe than ever even though risks are lower than ever.⁴⁶ Allan observes a similar trend, linking it again to a decline in trust for authority figures, which he charts back to scientists refusing to state 100 per cent certainty on matters of risk. He states as evidence a report tabled in British Parliament pointing to a decline in trust in science.⁴⁷ Nelkin comments that the media tend to reject

⁴³ Hayes, R. and Grossman, D., (2006) A Scientist's Guide to Talking to the Media: Practical Advice from the Union of Concerned Scientists, Rutgers University Press, New Brunswick, New Jersey and London, p159

⁴⁴ Louw, P. E., (2005) The Media and Political Process, Sage Publications, London, UK, p26

⁴⁵ Brown, J., Chapman, S. and Lupton, D., (1996), "Infinitesimal Risk as a Public Health Crisis: News Media Coverage of a Doctor-Patient HIV Contact Tracing Investigation" in *Social Science Medicine*, Vol 43, No 12, pp 1685-1695

⁴⁶ Farrands, J. L., (1993) Don't Panic, PANIC! The use and abuse of science to create fear, Text Publishing Company Pty Ltd, Melbourne, Australia

⁴⁷ Allan, S., (2002) Media, Risk and Science, Open University Press, Philadelphia USA, pp70-71

scientists who will not commit to a firm position, as “they suspect that those scientists who claim lack of knowledge are trying to withhold information, to maintain secrecy, or to give them the ‘runaround’”.⁴⁸

Allan finds a sizeable discrepancy between ‘scientific risk’ and the risk deemed appropriate by the public, noting that the general public does not often realise that even the most common medication comes with risks, which are just generally not as well publicised.⁴⁹ Unfortunately, the Utilitarian⁵⁰ medical reality of accepting a small risk of mortality for the greater good can be exploited in the world of politics, used to create moral panics about the value of life and realities of medical practice.

‘Get off my moral slippery slope!’ Should science be allowed to play?

In a secular society, common values are difficult to agree upon beyond those enshrined in law and custom. However, Karpf identifies a frame sometimes adopted by the media which appeals to a nationalistic, “surely we can all agree...” rhetoric, generally in relation to ideas surrounding sexual behaviour, gender, parenting and childhood. She says the media do not create the moral panics, rather that the panics reflect society’s mood, however the media may “amplify them beyond recognition”.⁵¹ In attempting to explain the lure of the morality frame, Thompson says its invocation suits the needs of both the journalists who want to sell newspapers and politicians who want to appeal to safe associations with notions of family, or *Gemeinschaft*.⁵² Science has a long history of association with moral panics, as

⁴⁸ Nelkin, D., (1987) Selling Science: How the press covers science and technology, WH Freeman and Company, USA, p69

⁴⁹ Allan, S., (2002) Media, Risk and Science, Open University Press, Philadelphia USA, pp89-95

⁵⁰ Mill, J. S., (1962) Utilitarianism; On liberty; Essay on Bentham / John Stuart Mill; together with selected writings of Jeremy Bentham and John Austin edited with an introduction by Mary Warnock, Collins, London

⁵¹ Karpf, A, (1988) Doctoring the Media: The reporting of health and medicine, London, Routledge, pp138-9

⁵² Thompson, K., “Family, Children and Violence” in *Moral Panics*, Routledge, London, 1998, p88

recently as test-tube babies⁵³ and Dolly the cloned sheep in the 1990s (which Priest argues set a precedent for scientists and ethicists to be juxtaposed by the media⁵⁴) and as far back as the fictional science in Shelley's *Frankenstein* in the 19th century.⁵⁵ A recurrent concern for the moral implications of science is linked to a perception of science as being separate from society and working towards its own goals and ambitions with little social input. Perpetuating this notion in contemporary society, says Farrands, is a lack of media coverage of the everyday workings of science leading to a common perception of science as being removed from society, objective and 'amoral'.⁵⁶ Taking technological determinism⁵⁷ to its furthest extension, moral panics often position society as constantly rushing to keep up with the 'out of control' pace of science.

Conversely, writers from within the 'Sociology of Scientific Knowledge' (SSK) movement find science to be a reflection of its cultural context and place in time. Therefore authors such as Saetnan see media coverage of science as an indicator of the social forces influencing scientists and scientists as humans reacting to society, rather than the other way around.⁵⁸ While Hayes and Grossman do not espouse the SSK approach, they discuss the role of groups of scientists as activists who seek to ensure better coverage of the wider social impacts of their science by improving the quality of engagement with the media sphere.⁵⁹ In an attempt to

⁵³ Karpf, A. (1988) Doctoring the Media: The reporting of health and medicine, London, Routledge, pp140-1

⁵⁴ Allan, S., (2002) Media, Risk and Science, Open University Press, Philadelphia USA, pp201-2

⁵⁵ Allan, S., *ibid*, p178

⁵⁶ Farrands, J. L., (1993) Don't Panic, PANIC! The use and abuse of science to create fear, Text Publishing Company Pty Ltd, Melbourne, Australia, p29

⁵⁷ Smith, M. R. and Marx, L., (1994) Does Technology Drive History? The Dilemma of Technological Determinism, MIT Press, USA

⁵⁸ Saetnan, A. R., (1996) "Speaking of Gender... Intertwinings of a Medical Technology Policy Debate and Everyday Life" in Merete Lie and Knut H. Sorensen, (Eds) Making Technology Our Own? Domesticating Technology into Everyday Life, Scandinavian University Press, Oslo, Norway

⁵⁹ Hayes, R. and Grossman, D., (2006) A Scientist's Guide to Talking to the Media: Practical Advice from the Union of Concerned Scientists, Rutgers University Press, New Brunswick, New Jersey and London, pp168-171

counterbalance the ‘hijacking’ of their motivations and goals, Hayes and Grossman continue to urge scientists to speak to the media in logical ways to counter sensationalised ideas. Scientists need to be open, they argue and confess bias, interest and subjectivity, risking loss of authority so that an open and informed debate can be held.⁶⁰

Moving on...

The depth and breadth of theory and research evident here as a sample of the work already being done in this field shows it is fertile indeed. Using the points of reference in the rivalries between science and the media; between the traditional and alternative medicine as well as with advocacy groups; between science and politics and throwing moral and ethical issues into the mix, quantitative analysis of the RU486 case study has a rich base from which to grow.

⁶⁰ Hayes, R. and Grossman, D., (2006) A Scientist’s Guide to Talking to the Media: Practical Advice from the Union of Concerned Scientists, Rutgers University Press, New Brunswick, New Jersey and London, pp162-3

Chapter Two

Doing the numbers on RU486

Quantitative content analysis provides statistical analysis on the way conventions of the press contributed to representations of the RU486 debate. Counting the prevalence of terms commonly associated with the wider abortion debate suggests the invocation of that frame, as does an assessment of the prevailing sources quoted throughout the coverage. Sources are counted for their occurrence in the lead paragraphs of articles, the results of which suggested a strong tendency across the publications to favour the status quo, in this case the ‘anti-Bill’ side of the debate. An examination of the themes covered by the articles reflected the preference for the status quo, with a general reluctance of the newspapers to question the deeper causes behind Australia’s high abortion rate and instead favouring issues raised by the main stakeholders. The way these issues are framed is evaluated through a word count of emotive terms, which found a degree of ‘dog whistle politics’ at play.⁶¹

Life or Choice – one or the other?

One of the dominant frames used in the RU486 debate invoked the wider rhetoric of the ‘abortion debate’. Methods of invoking the frame will be further explored in chapter three, however in this chapter the use of quantitative analysis strengthens the claims of the frame’s widespread presence. Taking an approach that is widely replicable, the publications’ articles were screened for use of the terms deemed to be the most overt indicators of abortion rhetoric: ‘pro-choice’ and ‘anti-

⁶¹ Poynting, S. and Noble, G., “‘Dog-Whistle’ Journalism and Muslim Australians Since 2001” in *Media International Australia, incorporating Culture and Policy* no 109 (November 2003), pp41-49

choice’; ‘pro-life’ and ‘anti-life’; ‘pro-RU486’ and ‘anti-RU486’; ‘pro-abortion’ and ‘anti-abortion’ (see Table 1).

Table 1. ‘Pro/anti’ rhetoric as percentage of total RU486 articles.

Term	Telegraph		Australian		Herald	
	No of articles	% of total	No of articles	% of total	No of articles	% of total
Pro-choice	5	6	12	10	12	14
Anti-choice	1	1	1	1	2	2
Pro-life	5	6	21	17	13	15
Anti-life	-	-	-	-	-	-
Pro-RU486	-	-	4	3	-	-
Anti-RU486	1	1	3	2	1	1
Pro-abortion	6	7	6	5	5	6
Anti-abortion	20	25	23	18	14	16
Averages	6.3	7.6	10	8	7.8	9

From these tables, it can be seen that ‘anti-abortion’ was the most widely used term by all three publications, even compared to the more specific terms relating to RU486. All journalists interviewed agreed these terms were vital to making the debate easily accessible to ‘time-poor’ readers. However, another more interesting explanation for the popularity of these terms lies in their role in creating what Clive Seale calls a ‘twitch’,⁶² a situation where expectations are reversed to create interest to the reader, as well as further corroborating the existence of the expectation or frame in the first place. As parliamentarians began to make their RU486 voting intentions public, increasing numbers of self-described ‘pro-life’ or

⁶² Seale, C., “Health and media: an overview” in *Sociology of Health and Illness*, Vol 25, No 6, 2003, p520

‘anti-abortion’ (not necessarily the same thing) politicians pledged their support *for* the Bill, seemingly in contradiction to their expected position. In fact, in many of the news articles, terms like ‘pro-choice’ or ‘anti-abortion’ were used to describe a figure before noting their counter-intuitive vote or statement. Particularly notable and repeated instances included the ‘pro-life’ Health Minister who said he objected on *medical not moral* grounds; the ‘pro-life’ Treasurer whose life experience led him to vote *for* the Bill and ‘pro-choice’ biologist and gender studies Professor, Dr Renate Klein, who was lobbying *against* the Bill.

Notable also from these statistics is the stark imbalance between the ‘pro’ and ‘anti’ versions of the same word. The term ‘pro-choice’ is used in an average of 10 per cent of articles compared with ‘anti-choice’ in 1.3 per cent; ‘pro-life’ is used in an average of 12.6 per cent while ‘anti-life’ is never used; and ‘anti-abortion’ is used in an average of 19.6 per cent where ‘pro-abortion’ is used in an average of 6 per cent. The prevalence of one term over the other in traditional content analysis would suggest utilising Barthes’ theory of ‘exnomination’,⁶³ the idea that specifically named groups are exceptions to a ‘norm’; for example discussing a politician who abstains from voting implies the majority voted. Exnomination would here suggest the ‘norm’ positions, then, to be ‘anti-life’ and ‘anti-choice’, positions very few are likely to embrace. The cleverness of the lobby groups’ self-selection of these terms can then be seen as a subtext accusing the rest of the population of not valuing ‘choice’ or ‘life’. It is further evidence, not only of the embedded abortion framework through the debate, but also the need for very careful analysis of statistics relating to this coverage and a wider awareness of the abortion debate and its history. Best, Dennis and Draper write:

⁶³ McKee, A., (2003) Textual Analysis – A Beginner’s Guide, Sage Publications, London, p106

It is one thing to suggest that the media's coverage of news and current affairs is in various ways *inadequate*: it is quite another to suggest that it portrays reality in such a way that it is likely to act as an *obstacle* to the more open and informed public discussion of news and current affairs issues.⁶⁴

Even the medical community was divided on the merits and detractions of the 'pro/anti' rhetoric. Professor de Costa described it as "mostly, extremely annoying and restrictive",⁶⁵ while Dr Pesce of the AMA said the widespread use of the abortion rhetoric didn't necessarily equate to poor journalism, rather:

I think it's useful because then people know what you're talking about and if it [the pro/anti phrases] doesn't suit the occasion then you can use other phrases to clarify. And that's, essentially, what it comes down to. It's not a bad, simple label for a complex issue.⁶⁶

While the journalists interviewed stated a categorical aim to not confuse the content of the Bill facing Parliament with the issue of abortion, only the *Australian* took the seemingly simple step of altering the language to reflect the real issue at hand. It was the only of the three newspapers to use 'pro-RU486' and used 'anti-RU486' more frequently and proportionally than the other two papers. It is, of course, entirely possible the other two publications used other methods to clarify their sources' positions, but this twist on the established frame suggests *The Australian* was perhaps most effective in narrowing and specifying the terms of the debate.

⁶⁴ Best, G., Dennis, J. and Draper, P., (1977) Health the Mass Media and the National Health Service, Unit for the Study of Health Policy, Department of Community Medicine, Guy's Hospital Medical School, London, p57

⁶⁵ de Costa, Dr Caroline, Professor Obstetrics and Gynaecology, James Cook University, Cairns, Queensland, Australia, interviewed August 29, 2007

⁶⁶ Pesce, Dr Andrew, former Federal Councillor representing Obstetricians and Gynaecologists on the Federal Council, the National Australian Medical Association, interviewed August 29, 2007

What would they know? Assessing sources

While the debate was essentially about health policy, which would make politicians and health experts seem the most suitable sources for the coverage, further proof of the abortion framework is evident in the other sources quoted. Dividing them loosely based on affiliation, most sources were political, medical or part of an abortion-related lobby group, see Table 2.

Table 2. Range and frequency of sources: S-sources, Q-quotes and A-average

Group	Telegraph			Australian			Herald		
	S	Q	A	S	Q	A	S	Q	A
Political	103	366	3.5	114	499	4.3	74	277	3.7
Medical	13	38	2.9	14	31	2.2	12	30	2.5
Abortion-related lobby	11	12	1.1	6	10	1.6	13	23	1.8
Religious	2	2	1	1	1	1	16	20	1.25
Academic	3	4	1.3	4	4	1	2	3	1.5
Layperson	5	9	1.8	1	1	1	1	1	1

The 'sources' relates to the number of unique sources used in the coverage, the 'quotes' refers to the number of sources multiplied by the number of articles the source was quoted in and the 'average' is a rough indicator of the likelihood a source from that genre would be quoted. So for example, the *Telegraph* spoke to 103 different politicians over the five-month period. Over that time, the *Telegraph* quoted various politicians 366 times. Therefore, a politician quoted in the coverage could expect, statistically, 3.5 quotes, compared with someone from the medical field who may only expect 2.9 quotes, or a religious figure could only expect 1.

Across the publications, voices of politicians were more likely to be heard, followed by those in the medical domain. The broadsheets then favoured the voices of the lobby groups most, while the *Telegraph* was more likely to speak with a ‘layperson’ on the street or who had an experience related to RU486. Academics were fourth most utilised by the two News Ltd newspapers (the *Telegraph* and the *Australian*) while the *Herald* was equally likely to cover a religious, academic or layperson in fourth, fifth or sixth place. A slightly higher rate of coverage of religious figures in this debate by the *Herald* could be attributed to a division of labour not seen in the other two papers. Instead of blending the comments of religious spokespeople with other articles, as did the *Telegraph* and *Australian*, the *Herald*’s Religious Affairs writer, Linda Morris, covered the stories as separate to the political and medical arguments. Numerous lobby groups with religious connections, including Australians Against RU486 (AARU486) appeared largely in Morris’ coverage, although not exclusively, which may also account for the slightly higher chance of lobby coverage given what was essentially double exposure. Further, while Karvelas and Peatling acknowledged attempts to cover as many viewpoints as possible in their work, Dunlevy noted the special ‘duty’ for:

a tabloid, but also for any journalist, the most important thing is something that is going to affect the lives of the punter, or John Smith that lives in Western Sydney is my litmus test for whether a story is worth writing. How can you make this relevant to the people that it affects.⁶⁷

This is borne out in the statistics, with the *Telegraph* ranking the ‘punter’ or ‘layperson’ as the third most important group of voices, where it ranked equal or last for the other two.

⁶⁷ Dunlevy, Sue, senior journalist at *The Daily Telegraph*, interviewed August 21, 2007

Discussing the ways FAS (Foetal Alcohol Syndrome) was covered as a moral panic, Golden notes the use of ‘expertise expansion’, which “drew physicians and researchers from many disciplines into the field”.⁶⁸ Allan also writes with concern about the credentials of sources used to inform a readership of:

mere info-peasants, scientific illiterates, vacant idiots at the mercy of glossy corporate-science propaganda and newspaper hysterias. They are told a ‘government scientist’ is an authority, whether he’s spent his life studying earthworms or planets.⁶⁹

Quantitative analysis here provides a broad overview of the sources used in the RU486 debate. Table 3 shows the top sources from the medical profession and Table 4 from the academic, the two pools generally perceived as non-partisan and informative. In both tables, sources who were only quoted in one publication, once, were not listed, explaining the disparity between the number of total sources as listed in Table 2 and those named in Tables 3 and 4. However, the scope of expertise is indeed wide. From the medical profession, the unlisted sources included the Rural Doctors Association of Australia, four general practitioners, the National Association of Specialist Obstetricians and Gynaecologists, the NSW Institute of Psychiatry, the World Health Organisation, the Australian Institute of Health and Welfare, the director of women’s services at Royal Women’s Hospital in Melbourne and the head of cancer medicine at Sydney’s Royal Prince Alfred Hospital. Similarly, academic sources only quoted once in the coverage came from subject areas including women’s health, gender studies, pharmacology and other, unspecified fields. The relevance of expertise of some sources, particularly in the case of academics quoted, can be questioned, according to Allan’s earlier criticism.

⁶⁸ Golden, J., (2005) Message in a bottle: the making of Fetal Alcohol Syndrome, Harvard University Press, England, p65

⁶⁹ Allan, S., (2002) Media, Risk and Science, Open University Press, Philadelphia USA, p1

Table 3. Most utilised medical sources

Source	Telegraph	Australian	Herald	Total
RANZCOG	15	3	10	28
Prof Caroline de Costa, Obstetrics and Gynaecology	5	9	6	20
AMA	5	1	3	9
Chief Medical Officer, Dr John Horvath	3	4	1	8
Dr Christine Tippett, RANZCOG	3	3	0	6
Dr Andrew Pesce, AMA	1	3	0	4
Dr Andrew Child, RANZCOG	1	2	1	4
Prof Ian Frazer, Obstetrics and Gynaecology	1	0	2	3
Mukesh Haikerwal, AMA	0	0	3	3
Total sources; quotes	8; 34	7; 25	7; 26	22; 85

Table 4. Most utilised academic sources

Source	Telegraph	Australian	Herald	Total
Dr Renate Klein	2	1	1	4
Germaine Greer	0	0	2	2

Conversely, the publications can be seen to draw on a wide range of sources particularly from obstetrics and gynaecology, so each then rates well according to Karpf, who is concerned that constant exchanging and building of medical contacts bases in newspapers could “create a small pool of certified medical experts and limit the range of ideas diffused through the media”.⁷⁰ Further, while each of the publications had approximately the same number of unique sources used, the *Telegraph* can be seen, based on these statistics, to offer the highest fidelity to its sources, given the frequency with which they are quoted, compared with the other two newspapers which, it can be assumed, either paraphrased sources or did not mention them at all. Using the statistics from Table 3, Karpf’s concern about only a small number of medical experts’ ideas being aired could be seen as justified, given all three newspapers consulted between 12 and 14 medical sources each. However, closer analysis of the articles shows 15 sources were quoted in only one publication (so not listed) and a total of 23 medical sources were actually used across these three newspapers alone. Considering the relatively brief nature of news coverage being assessed and that the issue at hand was limited to the field of medicine within Australia, 23 spokespeople should not be seen as a small ‘pool of talent’ from which to draw.

The brevity of newspaper articles and the widespread readership of major metropolitan newspapers necessitate certain conventions in journalism, one of which

⁷⁰ Karpf, A, (1988) *Doctoring the Media: The reporting of health and medicine*, London, Routledge, p111

is the implicit assumption that these spokespeople have authority to speak for many others. In her analysis of the parliamentary debate on compulsory ultrasounds in the Netherlands, Saetnan describes the authority given to spokespeople:

When using ultrasound in antenatal care, health professionals “speak” on behalf of the sound waves, claiming they will not harm. They “speak” on behalf of the foetus, claiming to know how it is developing. They “speak” on behalf of the end-users, claiming to know what is in their interests. When speaking *for* other relevant groups, spokespersons also speak *to* those groups... In claiming to know pregnant women’s interests and the interests of the foetus, clinicians also instruct women in how to perceive their own interests and how to behave during pregnancy [emphasis in original].⁷¹

Saetnan’s interrogation of the journalistic reliance on spokespeople provokes at least a cursory glance at the informal qualifications of spokespeople used in these articles. One overriding trend is the complete lack of male academic voices (even among those not in Table 4 there is only one male voice) and the predominance of male voices in medicine. Breaking down the 23 total medical voices, 5 belonged to anonymous spokespeople from organisations, 6 were female and 12 were male. While critical of established voices who seek to disempower women, Saetnan defends the voices of scientists/doctors who speak out against the status quo, saying “these men do not claim to speak for women. They are waiting and hoping for women to speak for themselves”.⁷² Speaking to (male) Dr Pesce, this is exactly his sentiment:

...the person who replaced me in the AMA is female and I strongly encouraged women to join our organisations and especially to be our public face and we gave them lots of media training and paid for it, because we realised that with this sort of issue, it would be a very good message to send that the profession has women who were giving the

⁷¹ Saetnan, A. R., (1996) “Speaking of Gender... Intertwinings of a Medical Technology Policy Debate and Everyday Life” in Merete Lie and Knut H. Sorensen, (Eds) Making Technology Our Own? Domesticating Technology into Everyday Life, Scandinavian University Press, Oslo, Norway, pp35-36

⁷² Saetnan, A. R., *ibid*, p 51

message. And that's coming through now, but it's still nowhere near as strong as we'd like.⁷³

Similarly, both Dr Christine Tippett from RANZCOG (Royal Australian and New Zealand College of Obstetricians and Gynaecologists) and Prof de Costa agreed they were given more respect, authority and general kudos for being women speaking about 'women's issues'. De Costa said she found her opinion and knowledge was valued based on "the fact that I am a woman Professor of Obstetrics and Gynaecology with many years of experience in practice and a mother",⁷⁴ while Dr Tippett acknowledged that speaking about women's issues in particular, "people don't have to make that certain step of 'oh, it's a bloke talking about women's issues', it just seems very natural, so I suspect that has some benefit".⁷⁵

Preparing for change – Maintaining or challenging the status quo?

Numerous studies have claimed to find coverage of an issue is biased for or against a particular position, or gives more weight to one argument over another (see also Best *et al*, 1977; Turner, 1996; Entwistle *et al*, 1996). For the purposes of this thesis, however, it was decided that assessing each article as overwhelmingly 'for' or 'against' any issue related to the debate would be neither replicable nor likely to yield any useful results. Given the widespread use of content analysis to measure 'power' bestowed by the media, a replicable assessment of stakeholders named in the leads of articles was undertaken. Instead of replicating the findings of the source analysis, which sought to find whose voices were being heard, this analysis was

⁷³ Pesce, Dr Andrew, former Federal Councillor representing Obstetricians and Gynaecologists on the Federal Council, the National Australian Medical Association, interviewed August 29, 2007

⁷⁴ de Costa, Dr Caroline, Professor Obstetrics and Gynaecology, James Cook University, Cairns, Queensland, Australia, interviewed August 29, 2007

⁷⁵ Tippett, Dr Christine, President RANZCOG (Royal Australian and New Zealand College of Obstetricians and Gynaecologists), interviewed September 11, 2007

based on whether an article opened with a source in favour of the Bill or against. For a story largely focused on the arguments of those trying to change the status quo (against the Bill), a surprising majority of leads opened with the position of the defence rather than catalysts for change (see Table 5 for results).

Table 5. Leads as a percentage of RU486 coverage; P-Parliamentarians, L-Lobby groups, I-Individuals

Publication	Telegraph			Australian			Herald		
	P	L	I	P	L	I	P	L	I
Status Quo (anti-Bill)	37	4	5	29	4	8	36	5	8
Change (pro-Bill)	13	3	8	16	1	4	15	3	9

This clear preference for leads opposing the Bill is also surprising in the context of assumed ‘news values’. Among Conley’s checklist of news values for the ‘starting-out’ journalist is conflict,⁷⁶ which, in the case of the RU486 case, is presented by the ‘pro-Bill’ movement. Yet journalists do not reflect this prominence in the choice of leads. Acknowledging that often one news story will follow as a response to an earlier story goes part of the way to explaining the use of ‘anti-Bill’ leads, but not the prominence as seen in Table 5, where nearly all publications more than doubled their coverage of the status quo position rather than that of the challenger. Even more than 30 years later, these findings seem to bolster Gramsci’s assessment of the media as a mouthpiece for the ruling elite.⁷⁷

Lobby groups and politicians seemed better represented in their opposition to the Bill, while the voices of the individuals represented almost equal for and against

⁷⁶ Conley, David, (2002) *The Daily Miracle – An Introduction to Journalism*, (2nd Edition) Oxford University Press, Melbourne, Australia, p42

⁷⁷ King, M. and Street, C., (2005) “Mad Cows and Mad Scientists: What Happened to Public Health in the Battle for the Hearts and Minds of the Great British Beef Consumer?” in M. King and K. Watson, (Eds) *Representing Health: Discourses of Health and Illness in the Media*, Palgrave Macmillan, UK, p129

positions. This may be, in part, due to a large number of the individuals' voices coming from Letters to the Editor where a letter for or against counted as one individual's voice.

A more in-depth analysis of the 'pro-Bill' and 'anti-Bill' voices was undertaken (see Table 6) to gauge the spread of authority as indicated by the number of mentions a source accrued.

Table 6. Top sources by number of mentions in leads in coverage over three newspapers.

Status Quo (Anti-Bill)		Change (Pro-Bill)	
Tony Abbott, MP (LIB)	177	Senator Lyn Allison (DEM)	46
John Howard, PM (LIB)	95	Sharman Stone MP (LIB)	37
Danna Vale, MP (LIB)	37	Peter Costello, MP (LIB)	28
Senator Brian Harradine (IND)	31	Mal Washer, MP (LIB)	24
Senator Barnaby Joyce (NAT)	30	Senator Fiona Nash (NAT)	23
Senator Stephen Fielding (FF)	23	Senator Amanda Vanstone (LIB)	20
Senator Ron Boswell (NAT)	21	Prof. Caroline De Costa	20

Table 6 shows that the voices most heard from on the 'anti-Bill', or status quo preservation side, are those with most mentions – the Health Minister and the Prime Minister. Their number of mentions far outweighs the most prominent voice of the 'pro-Bill' campaign, Bill proponent Democrats leader Senator Allison. Even among the top seven 'anti-Bill' voices, Danna Vale is the only one to have proposed an amendment, which could be seen as a very strong rationale for being in an article's lead, even though her popularity is more likely linked to comments she made which will be analysed in chapter three.

Another way of assessing whether or not a newspaper carries a bias towards the status quo, according to Iyengar, is an assessment of the nature of coverage, more

specifically, if a story is ‘episodic’ or ‘thematic’.⁷⁸ He says the episodic story “takes the form of a case study or event-oriented report and depicts issues in terms of concrete instances”, whereas thematic frames “place public issues in some more general or abstract context and take the form of a ‘backgrounder’ report directed at general outcomes or conditions”.⁷⁹ For the purposes of this thesis, these categories were interpreted more generally to list stories that referenced earlier events or followed the day to day proceedings of Parliament as episodic and broader features, opinion columns, editorials and Letters to the Editor as thematic. There were instances where the article satisfied both criteria equally and so were counted as both, accounting for more articles than surveyed, but generally these were the guidelines for categorisation. Table 7 shows the results.

Table 7. Episodic v. thematic coverage; A- no of articles, B- percentage of RU486 articles in publication

	Telegraph		Australian		Herald		Average	
	A	B	A	B	A	B	A	B
Episodic	52	55%	58	35%	26	21%	136	36%
Thematic	43	45%	99	60%	80	65%	222	58%
Both	0	0%	7	5%	17	14%	24	6%

The trend towards thematic coverage in the broadsheets and for all three when averaged may, in part, be explained through the definition of Letters to the Editor as being thematic by nature. If the number of letters is omitted from the newspapers, the trend is markedly different (Table 8).

⁷⁸ Iyengar, S., (1991) *Is Anyone Responsible? How Television Frames Political Issues*, Chicago, University of Chicago Press, p141

⁷⁹ Iyengar, S., *ibid*, p141

Table 8. Episodic v. thematic coverage not including Letters to the Editor; A- no of articles, B- percentage of RU486 articles in publication

	Telegraph		Australian		Herald		Average	
	A	B	A	B	A	B	A	B
Episodic	52	75%	58	56%	26	39%	136	57%
Thematic	17	25%	39	37%	23	35%	79	33%
Both	0	0%	7	7%	17	26%	24	10%

According to Iyengar's definition, episodic news coverage is the dominant format, which was elaborated on by the journalists interviewed. Karvelas described the practice of building new stories each day as "balance doesn't always have to occur just in one story, I think balance occurs over a body of work, over the body of an issue".⁸⁰ Peatling described her own assumptions when covering an ongoing story: "You assumed that the readers had been following it with you and that there was no longer necessarily the need to put in as much background as you had when the story was still quite new".⁸¹ Iyengar is critical of this coverage of an issue over a series of articles, finding "too much news coverage is episodic and reinforces the status quo. Episodic stories obscure important interconnections and prevent the viewer from seeing the big picture".⁸² Bennett agrees with Iyengar, arguing that while people find short term, personal meaning in these episodic, dramatic framings of events, they gain little information or social understanding from them.⁸³ In a public debate started by regulation of an abortifacient and turned by many into one

⁸⁰ Karvelas, Patricia, Canberra correspondent for *The Australian*, interviewed August 27, 2007

⁸¹ Peatling, Stephanie, Canberra correspondent for *The Sydney Morning Herald*, interviewed August 22, 2007

⁸² Iyengar, S., (1991) *Is Anyone Responsible? How Television Frames Political Issues*, Chicago, University of Chicago Press, p141

⁸³ Bennett, W. L., (1992) *News: The Politics of Illusion*, New York, Longman

about abortion, there is no question of the need for clear coverage that informs readers of both the particular issue at hand and the wider debate into which it fits.

When one thing leads to another - seeking causes

There was no shortage of voices critical of the rates of abortion in Australia and no one was glorifying the procedure. Yet, as Golden argues was the case for FAS,⁸⁴ there was precious little discussion about the underlying causes for Australian women to seek abortions. Further suggestions for this trend of omission will be explored in chapter three, but here a content analysis can further quantify just how far discussion of social causes was behind other issues. Articles were classified according to dominant themes discussed within them, often leading to multiple classifications. Table 9 shows the predominant issues in the coverage.

Table 9. Occurrence of themes across three newspapers

Issue	Telegraph	Australian	Herald	Average
Social acceptance /political accountability	54	91	46	63.7
Medical danger	58	63	58	59.7
Morality	39	67	48	51.3
Religion	34	46	47	42
Underlying causes	20	44	40	34.7
RU486 available overseas	30	36	19	28

Aside from arguments made early in the debate about Australia lagging behind other nations who could prescribe and access RU486, underlying causes of abortions

⁸⁴ Golden, J., (2005) Message in a bottle: the making of Fetal Alcohol Syndrome, Harvard University Press, England, p114

is the least frequently mentioned theme. Best *et al* perceive mass media coverage of health issues as related only to the assumed ‘shelf life’ of an issue, that is, concerns about an issue will only be raised if the debate at hand is likely to resolve them: “To focus on the *sources* of ill-health in the social and economic environment... [is] more or less impractical, irrelevant and therefore not newsworthy [emphasis in original].”⁸⁵ Iyengar says there needs to be as much focus on “causal responsibility” as “treatment responsibility”,⁸⁶ that is, attribution for the sources of a problem as well as who will solve the problem. If ‘causal responsibility’ is correlated with causes for abortions, it is clear Iyengar would again find fault with this coverage. In terms of ‘treatment responsibility’, which Iyengar contends is easily and naturally reported in the episodic frame, Table 9 shows its clear prominence, with ‘social acceptance/political responsibility’ in the lead. This theme was most strongly represented by Prime Minister Howard, who spoke about the Ministerial oversight of abortifacients as the job of parliamentarians who were seen as accountable to the people, in contrast to non-elected scientists of the TGA. The moral undertones to this suggestion are explored in chapter three, but at face value the theme is responsibility. The political cleverness of the Prime Minister is exemplified in his acknowledgement of the media’s love of a figure taking responsibility, stepping into that role to benefit his cause. Many on the other side of the debate argued it was exactly that Ministerial control they sought to avoid, claiming the religious affiliations of (Roman Catholic) Health Minister Abbott clouded his judgement on the issue.

The race that stopped the [expla]nation

⁸⁵ Best, G., Dennis, J. and Draper, P., (1977) *Health the Mass Media and the National Health Service*, Unit for the Study of Health Policy, Department of Community Medicine, Guy’s Hospital Medical School, London, p59

⁸⁶ Iyengar, S., (1991) *Is Anyone Responsible? How Television Frames Political Issues*, Chicago, University of Chicago Press, p8

Kenski says an effective content analysis will assess the nature of coverage as focusing on policy detail or political strategy, the latter of which he refers to as ‘horserace journalism’.⁸⁷ All the journalists noted the most interesting feature to them in covering the story was nothing to do with the regulation of abortifacients or the abortion debate in Australia – it was the cross-party coalition of women who were sponsoring the Bill and the cross-party and gender-based alliances that followed in the conscience votes. This focus of interest in political strategy over policy detail, however, was not reflected in the categorisation carried out for this thesis, the results of which are in Table 10.

Table 10. Policy detail v political strategy coverage; A-no. of articles, B-percentage of publication’s total RU486 coverage.

Focus	Telegraph		Australian		Herald		Average	
	A	B	A	B	A	B	A	B
Policy detail	86	74%	124	74%	71	51%	281	67%
Political strategy	30	26%	39	26%	68	49%	137	33%

It was not only discussion of the movements of MPs and Senators for the conscience votes that was categorised as ‘political strategy’, but the busy nature of Parliament meant ‘deals’ were implicated across a range of policy topics, including Telstra privatisation and Voluntary Student Unionism. Kenski writes that politicians feel the media spend too much time on this “horse race” style of journalism and in relation to an issue like RU486 it is easy to see why. It cannot do a politician any favours to be seen making ‘deals’ on issues of the conscience, particularly an issue perceived to have moral or ethical elements as well as affecting women’s health.

⁸⁷ Kenski, H. C., (1996) “From Agenda-Setting to Priming and Framing: Reflections on Theory and Method” in Mary E. Stuckey, (Ed) The Theory and Practice of Political Communication Research, State University of New York Press, USA, pp77-78

While the similarity between the two News Limited papers is striking, the *Herald's* coverage strikes a much closer balance. While neither the *Australian's* Karvelas nor the *Telegraph's* Dunlevy described any ideology their publications brought to presenting this story, Peatling of the *Herald* says writing for a “socially progressive”⁸⁸ newspaper set the tone for a lot of her coverage. This ‘social progressiveness’ could be seen as part of the reason for a much higher percentage of ‘political strategy’ articles interrogating the processes behind the votes in the *Herald*, as opposed to articles focusing on the policy details. A lack of willingness to engage with the political motivations behind the Bill suggests the newspapers will be unlikely to instigate further investigations into the ‘politically unpopular’ area of Australia’s abortion rate.

From the mouths of babes – word selection

Health Minister Abbott made a concerted effort throughout the debate to focus his concerns regarding RU486 around ‘medical risks’ and avoid reference to religion or morality. However, close analysis of word selection indicates the abortion debate is inextricable from Abbott’s position, leading to both a health-based moral panic and use of ‘dog whistle’ politics.⁸⁹ Poynting and Noble discuss the way politicians use certain phrases that “call clearly to those intended and go unheard by others”,⁹⁰ or if it is heard, “allows the leaders and official representatives to feign deafness, to distance themselves from such politics and to avoid alienating their small-l liberal

⁸⁸ Peatling, Stephanie, Canberra correspondent for *The Sydney Morning Herald*, interviewed August 22, 2007

⁸⁹ Poynting, S. and Noble, G., (2003) “‘Dog-Whistle’ Journalism and Muslim Australians Since 2001” in *Media International Australia, incorporating Culture and Policy* no 109 (November 2003): pp41-49

⁹⁰ Poynting, S. and Noble, G., *ibid*, p41

supporters”.⁹¹ In discussing RU486, Abbott’s was the most consistent voice using the word ‘baby’ in place of ‘embryo’ or ‘foetus’, the medically accepted terms for at least the first trimester of pregnancy, which is the proposed usage for RU486. McKee suggests applying the “commutation test” to a text to see if different meanings emerge when a “similar but different part of culture” is used in place of another in the text.⁹² Using this theory, words like ‘baby’ and ‘unborn’ were seen as emotive because the use of either was seen as a clear delineator on a moral or ethical position relating to abortion and because they stood out as opposed to use of the word ‘embryo’ or ‘foetus’. Table 11 shows the full range of emotive words counted through the coverage.

Table 11. Emotive language use across publications.

Word	Telegraph	Australian	Herald	Total/average
Death/die	39	58	23	120 / 40
Kill/killer	11	14	8	33 / 11
Lethal	1	2	2	5 / 1.7
Life	17	24	33	74 / 24.7
Innocent	0	1	1	2 / 0.7
Unborn	4	7	5	16 / 5.3
Baby/babies	16	29	17	62 / 20.7
Right of women	12	24	18	54 / 18
Right to life	2	21	9	32 / 10.7
Risk	34	79	38	151 / 50.3
Danger	12	19	17	48 / 16
Religion/religious	34	34	46	114 / 38
Morals/morality	25	34	42	101 / 33.7

⁹¹ Poynting, S. and Noble, G., (2003) “‘Dog-Whistle’ Journalism and Muslim Australians Since 2001” in *Media International Australia, incorporating Culture and Policy* no 109 (November 2003): p41

⁹² McKee, A., (2003) *Textual Analysis – A Beginner’s Guide*, Sage Publications, London, p107

In her discussion about the role of the public relations industry and science, Nelkin talks about the spin put on nuclear facilities, which suddenly became ‘nuclear parks’ and accidents that became ‘normal aberrations’.⁹³ The predominance of ‘risk’ over ‘danger’ is another such triumph for positive medical speak, but the use of phrases like ‘killer’ and ‘danger’ show the presence of groups who oppose various medical technologies like abortifacients. The assessment publications’ use of these words is not intended as criticism of the journalists, as a significant proportion of these phrases are used in the context of quoting sources who bring colour and an array of viewpoints, each equally valid, to the debate. It does, however, serve to illuminate further the diversity of ways in which the uses and effects of one drug can be described. The high usage of ‘life’ should be seen in the context of major use in phrases like ‘potential life’ or ‘loss of life’ in reference to the foetus, a usage not immediately clear from the statistics.

Summing up and moving on...

As McKee notes, “statistical forms of information, like any other text, have to be interpreted in order to become meaningful”.⁹⁴ Growing from the fertile field of theory in chapter one, this thesis has taken statistical steps forward to fashion a tree of knowledge. Chapter three will use qualitative analysis to bring that tree into fruit, ripe for the picking in the conclusion.

⁹³ Nelkin, D., (1987) Selling Science: How the press covers science and technology, WH Freeman and Company, USA, pp145-6

⁹⁴ McKee, A., (2003) Textual Analysis – A Beginner’s Guide, Sage Publications, London, p123

Chapter Three

Making meaning of mifepristone

Building on the literary and quantitative work of the first two chapters, this chapter uses the qualitative elements of content analysis to propose four key frames invoked predominantly through the coverage of the RU486 debate. Utilised both for easy recognition amongst the readership and for the ‘twitches’ it presented in key stakeholders, the rhetoric of the abortion debate is the first and most common frame. Second, scrutiny of the ways the medical profession is presented shows Karpf’s four archetypal ‘approaches’ are evident, but with updated and RU486-specific adaptations. Third, the language of medicine, including jargon-laden explanations and the easily appropriated concept of ‘risk’, is used throughout the debate, both by medical professionals and those seeking to usurp authority traditionally conferred upon medical practitioners. Fourth, the intersection of science and politics over RU486 led to an established frame for politics, raising the question of trust. Elected and supposedly ‘accountable’ politicians pushed their own credentials over the ‘amoral’ and ‘bureaucratic’ Therapeutic Goods Administration (TGA).

Shhh... don’t mention the baby – Bringing up abortion

Throughout the debate’s coverage, politicians on either side of the Bill could not escape being tagged with certain shorthand phrases by the media. ‘Pro-life’ and ‘pro-choice’, the self-chosen names of abortion lobby groups were immediately adopted, as were variant terms ‘pro-abortion’ and ‘anti-abortion’, ‘pro-RU486’ and ‘anti-RU486’, ‘anti-life’ and ‘anti-choice’. Karpf makes the argument that news must be located within an “existent frame in order to be ‘understood’... as a result, news

gives the feeling of ‘novelty without change’ and conveys the sense of ‘eternal recurrence’”.⁹⁵ Discussing the way she covered the debate, *Australian* journalist Patricia Karvelas agreed she felt she was building on an existing argument: “When you’re writing the news, your job is to write what’s ‘new’, about what’s been revealed, in a particular debate”.⁹⁶ Karvelas added that the medium necessitates an oversimplification or shorthand sometimes, because when “you’re trying to explain it to people who just read newspapers really briefly on their way into work or in the morning, your job is to simplify it as much as you can.”⁹⁷

This notion of an ‘existing argument’ is not hard to imagine for a drug like RU486 that is instantly attached to the social issues arising from its use as an abortifacient. In writing about the framing of FAS (Foetal Alcohol Syndrome) in the US, Golden says that landmark Supreme Court case *Roe v Wade* in 1973 prevented debate about FAS becoming a proxy national debate on abortion because it was felt the debate had been decided, legally speaking.⁹⁸ However, while each State and Territory in Australia has reached its own legislation on abortion, this thesis argues the abortion debate was still very much alive through discussion of RU486.

The abortion debate frame was further bolstered by politicians who made comments about abortion when discussing the issue, both for and against the Bill. Queensland Nationals Senator Barnaby Joyce said he “disagreed” with RU486 because “the argument is always about when does a person exist”⁹⁹ and Senator Julian McGauran said “this is a ‘pro-life’ versus ‘pro-choice’ issue, there’s no getting

⁹⁵ Karpf, A, (1988) Doctoring the Media: The reporting of health and medicine, London, Routledge, p28

⁹⁶ Karvelas, Patricia, Canberra correspondent for *The Australian*, interviewed August 27, 2007

⁹⁷ Karvelas, Patricia, *ibid*

⁹⁸ Golden, J., (2005) Message in a bottle: the making of Fetal Alcohol Syndrome, Harvard University Press, England, p36

⁹⁹ Karvelas, P., (2005) “Abortion pill slammed by Nat” in *The Australian*, 15 October, 2005

away from that”.¹⁰⁰ In addition to the many voices on both sides of the debate using abortion rhetoric, journalists used it throughout the coverage as well. Updating the progress, Karvelas co-authored an article with Chief Political Correspondent Steve Lewis that stated “cabinet will today debate the abortion controversy”.¹⁰¹ Political reporters for the *Telegraph* Malcolm Farr and Alison Rehn said: “The RU486 issue has polarised Parliament. When it comes to a controversial topic like abortion, everyone has an opinion.”¹⁰²

One voice trying to cut through the abortion rhetoric, or possibly benefiting from the media ‘twitch’¹⁰³ her position presented, was Dr Renate Klein, a biologist, social scientist and associate Professor in Women’s Studies at Deakin University in Melbourne. Writing in *The Australian*, Dr Klein opened her argument against the introduction of RU486 to Australia:

I am a long-time feminist and health activist who is committed to women’s access to safe and legal abortion and I am getting exasperated with the pro-choice movement’s simplistic message about RU486. It is not safe and it will not expand women’s choices.¹⁰⁴

Dr Klein presented a rare scientific view against RU486, positing it was far from safe, reliable or well understood. In presenting a scientific voice against RU486, Dr Klein exemplifies not only Seale’s ‘twitch’, but also his claim that “stories often work by creating and then exploiting oppositions [which are] common

¹⁰⁰ Maiden, S., (2006) “Abortion drug is not safe, says McGauran” in *The Australian*, 8 February, 2005

¹⁰¹ Karvelas, P. and Lewis, S., (2006) “Coalition split on abortion drug bill” in *The Australian*, 6 February, 2006

¹⁰² Farr, M. and Rehn, A., (2006) “RU486 the drug that divided a nation” in *The Daily Telegraph*, 9 February, 2006

¹⁰³ Seale, Clive, “Health and media: an overview” in *Sociology of Health and Illness*, Vol 25, No 6, 2003, p518

¹⁰⁴ Klein, R., (2005) “Abortion drug not the safest method” in *The Australian*, 9 December, 2005

in overall story of media health”.¹⁰⁵ While her only science training as a biologist was acknowledged, this was taken as expertise enough, another example of Golden’s ‘expertise expansion’¹⁰⁶ discussed earlier. Her membership of Victorian-based activist group FINRRAGE (Feminist International Network of Resistance to Reproductive And Genetic Engineering) is also not disclosed. Given the vocal contribution of FINRRAGE and other groups to ongoing debates about women’s reproductive rights (see also Sawicki, 1991; Kelly, 2005; Klein, 2005) this is a significant omission.

Portrayals of the Practice

In her seminal work on presentations of medicine in the media, ‘Doctoring the Media’, Anne Karpf sets up four paradigms within which medical matters can be seen in television programs: the ‘medical approach’, the ‘consumer approach’, the ‘look-after-yourself’ approach and the ‘environmental approach’,¹⁰⁷ discussed in detail in chapter one. Although intended as descriptors for television, each paradigm can be found within the coverage of the RU486 debate.

Medical approach and the establishment

As seen in chapter two’s source analysis, traditional voices in medicine were heavily utilised throughout the coverage. The automatic authority and presentation of ‘doctor as benevolent and all-knowing’ forms Karpf’s ‘medical approach’ and was seen most clearly through arguments endorsing the TGA.

¹⁰⁵ Seale, Clive, “Health and media: an overview” in *Sociology of Health and Illness*, Vol 25, No 6, 2003, p518

¹⁰⁶ Golden, J., (2005) *Message in a bottle: the making of Fetal Alcohol Syndrome*, Harvard University Press, England, p65

¹⁰⁷ Karpf, A., (1988) “Doctoring the Box” in *Doctoring the Media: The reporting of health and medicine*, London, Routledge, pp10-66

Many examples were found across the three newspapers. In the *Australian* alone, the case is made from within the establishment: “A TGA spokeswoman said all applications for registration must be done in accordance with international best practice, including clinical trials”,¹⁰⁸ from ‘pro-Bill’ MPs like former GP Mal Washer: “He’s [Tony Abbott] not a trained medical doctor and he’s not got the clinical acumen of the groups of people like you have in the Therapeutic Goods Administration”;¹⁰⁹ and from members of the public, like letter-writer John Berry: “Medically qualified committees should decide on the way for that decision [legal abortion] to be best implemented, not unqualified laymen or zealots”.¹¹⁰ This last comment makes blatant the underlying message glorifying the medical profession – presenting it as more authoritative than moral or conscience-based decisions.

While the medical approach can be seen in many ways to support the efforts of well-educated doctors and largely spread public health information, Karpf argues part of the challenge to the paradigm was that perceived medical authority had outstripped its real worth. Dr Pesce says modern mainstream medicine is fighting on a number of fronts to retain authority and the RU486 case exemplified this struggle.

One of the issues is, in a changing world, doctors used to be the peak opinion leaders in healthcare. And now there are a whole lot of other people who feel as though they’ve got as much right or authority... partly we’ve gone from the ‘Doctor as God’ to the ‘Doctor as recalcitrant, flawed person’ who is just trying to protect their patch, because you’ve gone from saving the world to being a greedy person who causes a whole lot of disasters.¹¹¹

¹⁰⁸ Price, M., (2005) “Doctor’s push for abortion drug” in *The Australian*, 20 October, 2005

¹⁰⁹ Maiden, S. and Sainsbury, M., (2005) “Free vote on abortion pill” in *The Australian*, 18 November, 2005

¹¹⁰ Berry, J., (2006) “Demonstrations expose danger facing a way of life” in *The Australian*, 7 February, 2006

¹¹¹ Pesce, Dr Andrew, former Federal Councillor representing Obstetricians and Gynaecologists on the Federal Council, the National Australian Medical Association, interviewed August 29, 2007

However, some medical voices in the RU486 debate seemed to take any challenge to their knowledge as reason to bolster the certainty of their claims. Professor de Costa was one of the most strident voices of the medical profession, claiming “the evidence is overwhelming that [RU486] is safe, effective and acceptable to women”.¹¹² Professor de Costa said she felt confident in her presentation of the information because she has written a great deal for peer-reviewed journals that set a high standard for substantiating claims and after “years of clinical practice I feel well able to distinguish what I know to be evidence-based from my personal opinions”.¹¹³

Nevertheless, King and Street argue the public have become savvy to the flaws and limitations of modern medicine, that “the discourse of science within the media is actually shifting and that being uncertain is ‘the mark of the respected scientist’ while being certain is the mark of the ‘quack or snake oil salesman’”.¹¹⁴ Murray argues such certainty may also be the product of a perceived public desire for solid statistics and unequivocal data.¹¹⁵

Consumer approach and feminism

The ‘backlash’ to the perceived control doctors had over patients, in particular female patients under the direction of male doctors, is what Karpf charts as the ‘consumer approach’ to medicine. In leading the charge for women who perceived their reproductive rights had been controlled by male politicians and doctors,

¹¹² Pirani, C., (2005) “Abortion drug ban should end: doctors” in *The Australian*, 3 October, 2005

¹¹³ de Costa, Caroline, Professor Obstetrics and Gynaecology, James Cook University, Cairns, Queensland, Australia, interviewed August 29, 200

¹¹⁴ King, M. and Street, C., (2005) “Mad Cows and Mad Scientists: What Happened to Public Health in the Battle for the Hearts and Minds of the Great British Beef Consumer?” in M. King. and K. Watson, (Eds) *Representing Health: Discourses of Health and Illness in the Media*, Palgrave Macmillan, UK, pp127-8

¹¹⁵ Murray, D., Schwartz, J. and Lichter, S. R., (2001) *It Ain’t Necessarily So: How Media Make and Unmake the Scientific Picture of Reality*, Rowman and Littlefield Publishers, USA, p9

Democrats Senator Allison established a feminist and women's rights frame within the 'consumer approach':

It is galling listening to the men – and it is mostly men – who have such contempt for women who terminate unwanted pregnancies, who have neither the compassion nor the understanding of the huge and, for many, daunting task of taking an embryo the size of a grain of rice to adulthood.¹¹⁶

The *Australian* reported “Liberal senator Judith Troeth hailed the result as ‘a victory for common sense ... for the nation’s daughters and granddaughters’”¹¹⁷ and Stott Despoja criticising “conservative male legislators who are determined to keep interfering in the reproductive rights of Australian women”.¹¹⁸

However not everyone accepted framing the debate around women as empowered consumers of medical progress. Political editor with *The Australian*, Dennis Shanahan, simply rejected the “absurd charges”¹¹⁹, describing the suggestion that Abbott or any other male couldn't do the job as Health Minister because he wasn't a medical expert, a female, or had an abortion, as “simply silly.”¹²⁰ Health Minister Abbott went one step further, twisting the frame of female empowerment to one of deviancy with the claim, “somehow up to 100,000 abortions a year is accepted as a fact of life, almost by some as a badge of liberation from old oppressions”.¹²¹

Perhaps the ultimate expression of the Women's Liberation call to make the 'personal political' is with one's own body. Personal stories that shift the focus

¹¹⁶ Peatling, S., (2006) “One in three women have had an abortion, and I'm one of them, says Senator” in *The Sydney Morning Herald*, 9 February, 2006

¹¹⁷ Maiden, S., (2006) “Some may die but it's worth the risk” in *The Australian*, 17 February, 2006

¹¹⁸ Maiden, S., (2005) “Expectation of an early baby bonus premature” in *The Australian*, 17 October, 2005

¹¹⁹ Shanahan, D., (2006) “Morally, issues can't be ducked” in *The Australian*, 10 February, 2006

¹²⁰ Shanahan, D., *ibid*

¹²¹ Price, M., (2006) “Dear friends face to face, but not eye to eye” in *The Australian*, 16 February, 2006

squarely onto the patient can also be seen to make the ‘personal political’. Golden says these personal narratives subvert the traditional frames:

turning the question away from the role of the government and towards the issue of women’s behaviour... by dramatising public problems they bring new subjects into the stream of cultural consciousness.¹²²

This highlights another striking similarity between the Golden’s FAS coverage and RU486 in the selection of personal stories to cover. While the *Herald* and *Australian* chose not to cover any personal stories, except those of politicians told in Parliament, the *Telegraph* ran a number of stories on 16-year-old American Holly Patterson who died from complications after taking RU486 and the pleas of her father, Monty, that Australia not legalise RU486. The *Telegraph* reported there were at least ten deaths around the world linked to RU486 as strongly as Holly’s case, yet her story of youthful ambition and promise cut short was the only one to receive a full case study and several follow-up stories. Similarly, Golden notes the case studies around FAS focused on Melissa and her mother, who “appeared to be young, thin and pretty, a sympathetic figure whose personal tragedy conveyed the urgency of the FAS problem”.¹²³ As these case studies show ‘tragic’ victims, it is left for the reader to interpret the immorality of doctors and regulators who ‘let’ this happen. Conversely, the personal stories of parliamentarians largely drew on stories of consumers in control, with Senator Allison telling of her own abortion, Senator Nick Minchin disclosing the abortion of a former girlfriend and Treasurer Peter Costello relaying the story of his wife’s illness-threatened pregnancy. Ironically, the politicians’ stories were used to both support and oppose the Bill. However, while

¹²² Golden, J., (2005) Message in a bottle: the making of Fetal Alcohol Syndrome, Harvard University Press, England, p99

¹²³ Golden, J., *ibid*, p102

their positions may not have been united, each politician could be seen as successful in transcending their status to take on the role of the ‘consumer’ in an effort to convince the public of their own intimate understanding of the issue.

Look-after-yourself approach and morality

The preventative health and personal moral decision-making of Karpf’s ‘look-after-yourself’ approach can be seen in the case of RU486 largely through the various presentations of the complex moral and ethical issues involved with abortion. Blum states that bringing the ethical issues associated with emerging technologies into public debate is one of the most important jobs of the science communicator.¹²⁴

Peatling said at the *Herald* there was a concerted effort to contextualise what she saw as attempts to turn the Bill into a national abortion debate, from the outset deciding not to “participate in some kind of attempt to make this issue about a drug really a broader debate about whether or not people were for or against abortion”.¹²⁵ Not to suggest the *Herald* didn’t cover the perspectives of lobby groups like AARU486 with religious affiliations, but their stories were clearly demarcated by appearing in articles by Linda Morris, the Religious Affairs writer. In a way, the usage of the ‘pro-life’ and ‘pro-choice’ terminology by the rest of the *Herald* writers can be seen as a nod to the abortion debate history, without actually engaging with the issues it raises. While the journalists interviewed agreed this was not the time for that debate to be raised, it does risk Nelkin’s suggestion that reference to an existing

¹²⁴ Blum, D., Knudson, M. and Marantz Heinig, R., (2006) *A Field Guide for Science Writers*, (2nd Ed) Oxford University Press, New York USA, p154

¹²⁵ Peatling, Stephanie, Canberra correspondent for *The Sydney Morning Herald*, interviewed on August 22, 2007

debate could misinform and mislead readers if the frame is not justified or explained.¹²⁶

Far from ignoring the moral issues, the *Telegraph* can be seen to build a moral issue into a moral panic by taking on two of Golden's characteristics of moral panic journalism. In her analysis of FAS as a moral panic, Golden describes "expertise expansion" and "democratisation" as two media tactics.¹²⁷ The FAS case drew physicians and researchers from many disciplines for 'expertise expansion', while the *Telegraph* drew case studies from overseas to call for RU486 to be banned. Their stories also exemplified "democratisation" – use of a few (albeit tragic) incidents to create an epidemic. Delivered with minimum statistical context, the risks of RU486 were portrayed as applicable to the entire population, not stating in their coverage the many hundreds of thousands of successful uses of RU486 in the UK and USA used by the World Health Organisation as evidence of safety and efficacy¹²⁸.

Building other moral panics, there was no shortage of conservative politicians using morality as their key concern about the regulation of RU486, including Family First Senator Stephen Fielding and Nationals Senator Barnaby Joyce. However, the one politician singled out by the Bill's supporters as steering the debate based on his faith and morals, self-pronounced 'pro-life' Catholic Health Minister Abbott, said very little that could be considered overt engagement with moral or ethical issues. While Thompson argues moral panics can be attractive to politicians rather than "come up with solutions to some of the more intractable problems, such as lack of

¹²⁶ Nelkin, Dorothy, (1987) *Selling Science: How the press covers science and technology*, WH Freeman and Company, USA, p44

¹²⁷ Golden, J., (2005) *Message in a bottle: the making of Fetal Alcohol Syndrome*, Harvard University Press, England, p65

¹²⁸ de Costa, C., (2007) *RU486 – The Abortion Pill*, Boolarong Press, Queensland Australia

education and skills, unemployment, housing conditions, crime and poverty”¹²⁹, it seems social commentator Polly Toynbee’s words are more apt in assessing Abbott’s position, that “the very word ‘moral’ now belongs so firmly with the alarmists that it is virtually unusable by anyone else”.¹³⁰ Openly admitting his religious and moral standpoints, Abbott made a canny political move by asserting the ‘look-after-yourself’ frame and allowing his more notably conservative colleagues to wax lyrical on the moral complications of such a technology and the inability of bureaucrats in the TGA to assess drugs of that nature. His arguments were based largely around the health risks of RU486 described in the report he commissioned into the risks posed by RU486 to women in rural areas. However, when the scientists who wrote the report explained to the media it only assessed the most ‘at risk’ community, which was not at all an appropriate way to judge a drug’s safety, the Minister’s scientific arguments were widely discredited, suggesting another motivation was driving his anti-RU486 stance.

The memorable comments from backbencher Member for Hughes, Danna Vale were largely unexpected. Whereas the moral argument was interpreted by most as a frame for allowing people to make up their own minds and ‘look-after-themselves’, Vale combined moral concerns about abortion with the words of Sydney Imam Sheik Taj Al-Din El-Hilaly to warn Australia it would “abort itself out of existence and into an Islamic state”.¹³¹ While discussion about xenophobia and the invocation of ‘us and them’ is also worthy of a separate dissertation, the ‘panic’ Vale tried to invoke is foreshadowed by Karpf, who says moral panics “are coloured by

¹²⁹ Thompson, K., “Family, Children and Violence” in *Moral Panics*, Routledge, London, 1998, p88

¹³⁰ Thompson, K., *ibid*, p87

¹³¹ Farr, M., (2006) “No backdown on Islam claim - Vale defends RU486 clanger” in *The Daily Telegraph*, 15 February, 2006

the sense of the national and the shared".¹³² While Abbott's comments can be seen to 'dog whistle' to those who share the 'pro-life' position, Ms Vale's comments were rather more like the yelp of a dog cornered.

Environmental approach and 'root' causes

When Thompson says moral panics are an easy alternative to addressing underlying problems, he paraphrases Karpf's definition of the 'environmental approach' to medicine in the media. Proportionately little was written about these 'underlying causes' of the national abortion rate mentioned with concern by so many politicians and Golden notes the same trend in coverage of FAS in the US. She found hundreds of column inches devoted to foetal abuse from alcohol or drug consumption while not one dealt with adverse birth conditions due to physical abuse of women.¹³³ Best *et al* present further evidence of a narrow media focus, reporting that during the UK coverage of the National Health Service hospital beds crisis in the 1970s, the debate was constrained in two ways. First, it was covered as a 'conflict' stereotype that jumped between spokespeople for and against, without ever contributing to public understanding of how the issue arose or events leading to the conflict.¹³⁴ Secondly, the conflict focused on one particular question, without considering the other practices that ought to be questioned as well.¹³⁵ Best concludes these questions are narrow because readers want stories that relate to issues soon to

¹³² Karpf, A, (1988) Doctoring the Media: The reporting of health and medicine, London, Routledge, p135

¹³³ Golden, J, (2005) Message in a bottle: the making of Fetal Alcohol Syndrome, Harvard University Press, England, p114

¹³⁴ Best, G., Dennis, J. and Draper, P., (1977) Health the Mass Media and the National Health Service, Unit for the Study of Health Policy, Department of Community Medicine, Guy's Hospital Medical School, London, p59

¹³⁵ Best, G., Dennis, J. and Draper, P., *ibid*, p59

be resolved, not those with an indefinite incubation period.¹³⁶ In this instance, RU486 was either going to be banned or handed over to the TGA. Abortions would continue to happen – dealing with the myriad issues that lead to them is too vague and nebulous a question, with too many politically unpopular answers. Speaking in Parliament, Shadow Health Minister Julia Gillard reiterated the words of former US President Bill Clinton that abortion should be “safe, legal and rare”¹³⁷, but her only indication that Parliament would seek to do anything to minimise the frequency was this resigned statement:

If we were to truly live in a world where abortion was safe, legal and rare then we would need to live in a world where there was no sexual violence against women ... where contraception never failed... I wish we lived in that world and we should all be striving to attain it, but the stark reality is that we do not.¹³⁸

The stark reality is that even if politicians are not striving to attain Gillard’s ‘world of safety for women’, the media is not willing to investigate it further.

Manipulating the medical mumbo-jumbo

It would be an understatement to say many statistics were thrown around in the media during the lead up to Parliament’s decision regarding RU486. The chief statistic used on both sides centred on the risk of adverse consequences from using the drug. Supporters of the Bill argued the risk was *only* 1 death per 100,000, while the Bill’s detractors argued it was *at least* 1 death per 100,000. Farrands neatly sums up this paradox, stating “important policy decisions concerning public and industrial health ... can hang on whether one accepts the idea of a threshold [of acceptable risk]

¹³⁶ Best, G., Dennis, J. and Draper, P., (1977) Health the Mass Media and the National Health Service, Unit for the Study of Health Policy, Department of Community Medicine, Guy’s Hospital Medical School, London, p59

¹³⁷ Maiden, S., (2006) “A bitter pill for life” in *The Australian*, 18 February, 2006

¹³⁸ Maiden, S., *ibid*

or not”.¹³⁹ Given the majority of voices using these statistics did not come from a medical background, there was very little context given to readers as to how significant a risk this actually was.

Capitalising on the possibility there could be deaths from RU486, Prime Minister Howard decided if a drug presented risks to society as a whole, parliamentarians were the best people to assess them. He said, “there is an issue in relation to the safety of this particular drug and that’s something we do have to take into account”.¹⁴⁰ Brown *et al* note this trend among politicians to use the rhetoric of risk for their own ends, writing,

far from being a neutral concept grounded in probabilistic data, risk is used in contemporary societies as a strategy for identifying villains and victims and to cast blame for unexpected events.¹⁴¹

Media coverage of the actual risks and medical explanations involved was not much better – Allan says in many cases, this can be the result of journalists with no scientific training but an ingrained ‘nose for a story’, whose assessment of risks can be clouded by sensationalism and turn medically acceptable risks into public demands for action on a ‘killer’ drug.¹⁴² A prime example is the *Australian’s* coverage of a survey commissioned by lobby group AARU486 [Australians Against RU486]. In stating the group’s claim that “when women were given ‘standard’ factual information about the drug, only 33 per cent supported its use”,¹⁴³ journalist Selina Mitchell acknowledged the ‘standard factual information’ had not yet been

¹³⁹ Farrands, John L., (1993) Don’t Panic. PANIC! The use and abuse of science to create fear, Text Publishing Company Pty Ltd, Melbourne, Australia, p13

¹⁴⁰ Maiden, S. and Sainsbury, M., (2005) “Free vote on abortion pill” in *The Australian*, 18 November, 2005

¹⁴¹ Brown, J., Chapman, S. and Lupton, D., (1996), “Infinitesimal Risk as a Public Health Crisis: News Media Coverage of a Doctor-Patient HIV Contact Tracing Investigation” in *Social Science Medicine*, Vol 43, No 12, p1685

¹⁴² Allan, S., (2002) Media, Risk and Science, Open University Press, Philadelphia USA, pp89-95

¹⁴³ Mitchell, S., (2006) “RU486 what? Pill remains unknown” in *The Australian*, 23 January, 2006

disclosed to the media by the group and would not be until their launch the following day. However, no follow-up story ran in the following weeks to provide readers with the qualifications necessary to make any sort of decision about the poll results. The story went on to state further findings of the survey, despite not having the information necessary for proper analysis of the claims. Mitchell could be seen to attempt balance with a sentence in the final paragraph, “Pro-choice groups have questioned the tactics of the group, saying it is providing misinformation about the drug”, before reeling off other findings of the poll. As Nelkin writes,

applying naïve standards of objectivity, reporters deal with scientific disagreement by simply balancing opposing views, an approach that does little to enhance public understanding of the role of science.¹⁴⁴

Even worse, journalists risk Thier’s grim description that “too much coverage tends to be why this or that solution won’t work and the public gets the sense of there being no solution”.¹⁴⁵

This pattern was broken when the report commissioned by Health Minister Abbott (mentioned earlier) was presented to the media. *The Australian*’s second paragraph reported: “Mr Abbott was immediately attacked by doctor groups over the ruling, which they said was ‘skewed to the risk ... the worst-case scenario is not a fair way to present the reality of RU486’”,¹⁴⁶ while the *Herald*’s lead said the report had “been contradicted by medical specialists and dismissed as misleading by his political opponents.”¹⁴⁷ In fact, the *Telegraph* even opened its coverage with a

¹⁴⁴ Nelkin, Dorothy, (1987) Selling Science: How the press covers science and technology, WH Freeman and Company, USA, p68

¹⁴⁵ Otten, A. L., “The Influence of the Mass Media on the Formation of Health Policy” in *Health Affairs*, Winter 1992, p115

¹⁴⁶ Maiden, S., (2005) “Abortion pill ban will stay: Abbott” in *The Australian*, 16 November, 2005

¹⁴⁷ Metherell, M., (2005) “Ban on abortion pill to stay” in *The Sydney Morning Herald*, 16 November, 2005

statement of stark juxtaposition about one of the report's authors: "The abortion drug RU486 is 'safe, effective and has been tested adequately all over the world' says the Sydney doctor whose advice is being used to continue a *ban* on the drug [emphasis added]".¹⁴⁸ Nelkin's point still stands, however, as little in any of these articles went very far towards explaining the science of what was going on, but they did at least present critical engagement with the report.

Dr Pesce says it simply comes down to the fact that "the general media is not a place to discuss medical matters... [throughout the debate] I don't think anyone learned anything about RU486".¹⁴⁹ This is not to say the media did not try to present medical explanations for their readers through the RU486 debate. Dr Christine Tippett of RANZCOG offers that quite a good job was done by many, because "quite a lot of the reporters [I spoke to] were young women, who were very interested in the topic", attributing particularly good copy to "a little bit of plagiarism that goes on, so somebody writes a good medical-based article and that gets picked up".¹⁵⁰ *Herald* journalist Stephanie Peatling said she took special care to ensure RU486 was referred to as "the so-called abortion pill", so that "people knew that was more like a kind of generic name for it rather than its actual medical classification and in all my stories I went on to say that it was an abortifacient and it did 'xyz'".¹⁵¹

In their advice to scientists wanting to communicate more effectively with the media, Hayes and Grossman advocate the use of imagery and metaphor to explain

¹⁴⁸ Dunlevy, S., (2005) "Abortion drug anger - Abbott goes alone - even critics say RU486 is safe" in *The Daily Telegraph*, 16 November, 2005

¹⁴⁹ Pesce, Dr Andrew, former Federal Councillor representing Obstetricians and Gynaecologists on the Federal Council, the National Australian Medical Association, interviewed August 29, 2007

¹⁵⁰ Tippett, Dr Christine, President RANZCOG (Royal Australian and New Zealand College of Obstetricians and Gynaecologists), interviewed September 11, 2007

¹⁵¹ Peatling, Stephanie, Canberra correspondent for *The Sydney Morning Herald*, interviewed on August 22, 2007

complex concepts to journalists for lay people.¹⁵² When discussing the processes involved with a medical abortion, however, the nature of clear descriptions raises questions about whether supposedly objective details can be used in an emotive way to push a point of view. A report in *The Australian* was notable for the statement from Dr Tippett:

At seven weeks, you can more clearly identify a foetus. At nine weeks, you can see a foetal head, tummy, arms, legs and heart,' she said. 'If a woman is going to find that (seeing the foetus) abhorrent and distressing, they may choose to have surgical abortion.'¹⁵³

Given Dr Tippett acknowledges seeing this could be traumatic, many women could find just reading this description confronting, conjuring images of 'pro-life' campaigners with placards.¹⁵⁴ By and large, Dr Tippett's comment was the closest any comment from a medical source came to imagery or graphic description. However, that is not to say lobby groups didn't use far stronger language in an attempt to feign medical authority. Catholic Cardinal George Pell warned, "RU486 will increase the danger of women suffering home-alone miscarriages and will further trivialise the destruction of human lives",¹⁵⁵ painting pictures of women dying on their own at home when, in fact, strict guidelines on medical attention were stipulated to accompany all RU486 prescriptions. One letter-writer in the *Telegraph* took on the role of quoting verbatim from medical authorities, writing

¹⁵² Hayes, R. and Grossman, D., (2006) [A Scientist's Guide to Talking to the Media: Practical Advice from the Union of Concerned Scientists](#), Rutgers University Press, New Brunswick, New Jersey and London, pp60-65

¹⁵³ Karvelas, P., (2005) "Abortion drug 'can cause distress over fetus'" in *The Australian*, 16 December, 2005

¹⁵⁴ Tippett, Dr Christine, President RANZCOG (Royal Australian and New Zealand College of Obstetricians and Gynaecologists), interviewed September 11, 2007

¹⁵⁵ Maiden, S., (2006) "Abortion pill backers not pro-life, says Pell" in *The Australian*, 15 February, 2006

...the medical literature has reported on similar cases of a change of mind after taking this drug, with the result that the babies have been born with major heart and limb deformities, including one case of sirenomelia, or mermaid syndrome, meaning that the lower limbs were fused together. Australian women deserve to know these facts.¹⁵⁶

Like Cardinal Pell and Minister Abbott, these letter-writers described instances of misuse of RU486 to paint worst case scenarios and exploit the generally misunderstood concept of reasonable risk within the general public.

Politics or Practice? Politicians v Doctors

Politicians opposed to the Bill, led by Health Minister Abbott and Prime Minister Howard, framed themselves as the accountable, decision-makers for the nation. Howard's catchphrase was repeated throughout the debate up until the final vote in the House of Representatives on February 17, 2006:

I've never been one, incidentally, who believes it makes much sense to devote an enormous amount of time and energy and committing of one's life to win election to parliament and to the high office of decision-making and then to spend the next stage of life busily handing over decisions to people who are not accountable¹⁵⁷

Howard was not the only one to invoke Iyengar's strong 'accountability' frame, Western Sydney Liberal MP, Jackie Kelly, disagreed with the Bill, instead suggesting that "rather than have public servants make decisions for the public, the public deserve to have their politicians do what they were elected to do and make the hard decisions themselves".¹⁵⁸

¹⁵⁶ Wilks, J., (2005) "Letters to the Editor" in *The Daily Telegraph*, 2 December, 2005

¹⁵⁷ Maiden, S. and Mitchell, S., (2006) "PM backs minister's veto on abortion pill" in *The Australian*, 9 February, 2006

¹⁵⁸ Ackerman, P., (2006) "Surprise push for veto on RU486" in *The Daily Telegraph*, 13 February, 2006

The language adopted by the majority of ‘anti-Bill’ politicians noted the social sensitivity of the issue and used the mood of controversy to assert their role as elected spokespeople for the nation. By avoiding outright references to abortion, they sought the authoritative high ground afforded by their elected positions.

When the politicians set themselves up as accountable and responsible, counter frames grew up by default around presentations of scientists and doctors both in the community and those within the TGA. By claiming the high ground on basis of election, politicians essentially framed scientists as unelected, unaccountable and out of touch. Given that starting point, it was not hard to infer that what Susan Oliver calls ‘technology creep’ was occurring. Oliver describes a phenomenon where social values subtly shift in sectors of the community, led by the changes afforded by developing technology, but with no formal system of checks or balances to prevent an ‘amoral’ technology moving away from consenting society.¹⁵⁹ Presenting exactly this argument, Liberal MP Andrew Laming said: “As more innovative and controversial drugs become available Australians will want more than just a review of safety and efficacy”.¹⁶⁰

However, the ‘TGA as amoral’ frame was not only used by ‘anti-Bill’ groups such as AARU486, but was embraced by those in favour of the Bill as well. It was exactly this ability of the TGA to assess drugs on their scientific merits and not the morality of the usage, which they argued warranted awarding them the power of approval. Letter-writer Karel Kratochvil wrote in the *Telegraph* he hoped his daughters, if ever in need of an abortion, would have “options available to them... based on the best available science, whatever that turns out to be and not be

¹⁵⁹ Oliver, S., (1994) “Anticipating Tomorrow” in Leila Green and Roger Guinery, (Eds) *Framing Technology: Society, Choice and Change*, Allen & Unwin Pty Ltd, Australia, pp45-59

¹⁶⁰ Peatling, S., (2006) “Plan to give last word on abortion pill to MPs” in *The Sydney Morning Herald*, 13 February, 2006

constrained by some personal crusade”.¹⁶¹ These opinions seemed to read between the lines of the ‘anti-Bill’ movement and second guess the implication Farrands is trying to counteract when he writes, “science is only concerned with trying to obtain a consistent picture of the world in which we live. In that sense it is amoral which... must not be confused with immoral”.¹⁶²

Constructing themselves as accountable, politicians tried not only to relegate science to a position of amorality, but immorality. Health Minister Abbott wrote an opinion piece for the *Australian*:

I would have to satisfy myself that competent doctors would administer the drug in safe circumstances to women who had fully considered the alternatives and understood the risks. I would want to be confident that the rules surrounding the use of the drug would not readily be flouted... the problem is backyard miscarriages if unscrupulous doctors prescribe these drugs for desperate women.¹⁶³

There were few ways in which Abbott could have displayed less trust in and respect for the medical profession and the regulatory bodies set up to monitor administration of any other equally dangerous drug. His use of the ‘backyard miscarriage’ imagery refers back to the abortion debate rhetoric discussed earlier, but his suggestion of incompetence was not unheeded. Writing in the *Australian* two days later, Alan Hickey defended the profession:

To think that any GP will be ‘unscrupulous’ is an insult to a GP's training, experience, personal judgment and professionalism. Shame on you, Tony Abbott for misinformation, histrionics and for

¹⁶¹ Kratochvil, K., (2006) “Abortion stand puts faith before reason” Letters page in *The Daily Telegraph*, 10 February, 2006

¹⁶² Farrands, John L., (1993) *Don't Panic, PANIC! The use and abuse of science to create fear*, Text Publishing Company Pty Ltd, Melbourne, Australia, p29

¹⁶³ Abbott, T., (2006) “Parliament best forum for RU486 decision” in *The Australian*, 6 February, 2006

insulting the integrity of the excellent and caring doctors in our community.¹⁶⁴

With doctors portrayed as out of touch and immoral and politicians as unqualified zealots, it is little surprise the debate generated such a diversity of frames for the two key stakeholders.

Summing up...

The qualitative results explored through this chapter discuss the inevitable frame of the wider abortion debate; Karpf's archetypes for presenting protagonists in medical stories; the many uses and abuses of medical language; and the power struggle between politicians and medical professionals. While each individual argument explored has its own strengths and interpretations, considering the work of all three chapters as a whole will yield the fullest possible picture.

¹⁶⁴ Hickey, A., (2006) "Deciding on RU486" Letters page in *The Australian*, 8 February, 2006

Conclusion

The Meaning of Life

When the Therapeutic Goods Amendment (Repeal of the Ministerial Responsibility for Approval of RU486) Bill 2005 was tabled in Parliament, the majority of Australians received their information and formed their opinions about it based on the media coverage. In performing a quantitative and qualitative content analysis on five months of coverage in three major newspapers, this thesis identified structural biases and established frames used to present the RU486 debate.

Drawing on an expansive field of existing theory and research, chapter one introduced the fraught relationships between science and the media, as well as science and politics. Chapter one also investigated traditional framing techniques used by the media when dealing with science and the ways in which scientific authority in contemporary society has come to face an increasing threat from moral and ethical groups, both elements intrinsic to the way RU486 was covered.

Quantitative results in chapter two showed significant usage of abortion rhetoric, strong representation of abortion-related lobby groups and use of emotive language throughout the coverage which may not have overtly discussed abortion, but certainly ‘dog-whistled’ it. This thesis also found an overall inclination towards the ‘status quo’ in article leads, as well as a bare minimum of coverage dedicated to the underlying causes for Australia’s abortion rate. Instead, a focus on ‘horse-race’ journalism that centred on the political manoeuvring was more popular. Further research seeking to address this imbalance could potentially set the agenda for further scientific and medical developments, instead of a campaign of concentrated information over a short period of time when an issue has brief currency.

Qualitatively, journalists acknowledged a feeling of building on an existing argument and using ‘ready-reference’ phrases so readers could quickly locate the news story in an existing frame. Frames identified and explored in the thesis involved the wider abortion debate, portrayals of the medical profession, the rhetoric of risk and medical jargon and the tension between politicians and scientists. As an emerging field of research, the battle for authority in medical issues presents a fascinating area for further study.

Based on the established research and the interviews conducted for this thesis, the endeavours of journalists to cover science in a way that is both accessible to a layperson and satisfactory to the expert seem largely asymptotic, with coverage unlikely to ever fulfil both goals concurrently, though with room for improvement. The benefits of better and better coverage cannot be denied, as journalists work towards greater fidelity to scientific explanation and seeking new and innovative ways to present it. However, the increasing number of voices claiming authority in the areas of health and medicine will pose very real challenges in terms of meeting scientists’ ideal coverage.

It is inevitable that technology and science will continue to progress and move forward, often out of sight of the media and the population until the next development or breakthrough makes the headlines. It is therefore vital that, in spite of the obstacles and altercations along the way, science and the media continue to have an open dialogue, informing the readership of both their successes and challenges. In this way, policy decisions can be assessed in an educated way and with knowledge of the reasons behind the issues, not just the political response.

Appendix

Necessary Appendages

The Australian

Abbott, T., (2006) “Parliament best forum for RU486 decision” in *The Australian*, 6 February, 2006

Albrechtson, J., (2006) “Let the people’s representatives make the hard decisions” in *The Australian*, 25 January, 2006

Allison, L., (2006) “Abolish Abbott’s abortion pill veto” in *The Australian*, 7 February, 2006

Baldwin, M., (2006) “Probe a prescription for social concern” in *The Australian*, 31 January. 2006

Berry, J., (2006) “Demonstrations expose danger facing a way of life” in *The Australian*, 7 February, 2006

Bockmann, M. W. and Maiden, S., (2005) “Tax offer for VSU vote” in *The Australian*, 13 December, 2005

Colman, E. and McGarry, A., (2005) “Call for ‘respect’ in abortion debate” in *The Australian*, 19 November, 2005

Costello, P., (2006) "Preserving parliamentary sovereignty in drug debate" in *The Australian*, 16 February, 2006

Docherty, S., (2005) "A question of motivation" in *The Australian*, 31 December, 2005

Fleming, J., (2006) "Abortion drug's risks a turn off" in *The Australian*, 14 February, 2006

Fraser, J., (2006) "Oh so unimpressed" in *The Australian*, 14 February, 2006

Fraser, J., (2006) "Turnbull unturned" in *The Australian*, 17 February, 2006

Grattan, M., (2006) "A family at war" in *The Australian*, 28 January, 2006

Hartcher, P., (2006) "Consensus aborted" in *The Australian*, 18 February, 2006

Henderson, G., (2006) "Respect the sensitivities of all religions and cultures" in *The Australian*, 15 February, 2006

Howard, J., (2006) "The people's representatives can be the best experts" in *The Australian*, 17 February, 2006

Joyce, B. and Bartlett, A., (2006) "Pollies pull no punches in Senate abortion pill debate" in *The Australian*, 10 February, 2006

Karvelas, P., (2005) "Abortion pill slammed by Nat" in *The Australian*, 15 October, 2005

Karvelas, P., (2005) "ALP backs abortion pill conscience vote" in *The Australian*, 9 November, 2005

Karvelas, P., (2005) "Abortion drug `can cause distress over fetus'" in *The Australian*, 16 December, 2005

Karvelas, P., (2005) "Abortions won't rise" in *The Australian*, 16 December, 2005

Karvelas, P., (2006) "Stone has a job ahead of her" in *The Australian*, 25 January, 2006

Karvelas, P., (2006) "Abortion warning by drug's producer" in *The Australian*, 31 January, 2006

Karvelas, P., (2006) "Drug's use in abortion defended" in *The Australian*, 1 February, 2006

Karvelas, P., (2006) "Lower House expected to vote for RU486 Bill" in *The Australian*, 11 February, 2006

Karvelas, P., (2006) "Final say left to a single bureaucrat" in *The Australian*, 17 February, 2006

Karvelas, P. and Lewis, S., (2006) "Coalition split on abortion drug bill" in *The Australian*, 6 February, 2006

Karvelas, P. and Shanahan, D., (2005) "Medicare to cover advice on abortion" in *The Australian*, 13 December, 2005

Kerin, J., (2006) "Enigmatic moderate who refused to be Downer's chauffeur" in *The Australian*, 20 January, 2006

Klein, R., (2005) "Abortion drug not the safest method" in *The Australian*, 9 December, 2005

Lewis, S., (2006) "Howard's greatest political challenge?" in *The Australian*, 7 February, 2006

Maiden, S., (2005) "Expectation of an early baby bonus premature" in *The Australian*, 17 October, 2005

Maiden, S., (2005) "Abortion drug a 'risk to women'" in *The Australian*, 14 November, 2005

Maiden, S., (2005) "Backlash for Abbott in abortion debate" in *The Australian*, 15 November, 2005

Maiden, S., (2005) "Abortion pill ban will stay: Abbott" in *The Australian*, 16 November, 2005

Maiden, S., (2005) "Liberals press for conscience vote on abortion drug" in *The Australian*, 17 November, 2005

Maiden, S., (2005) "Nelson in favour of lifting ban on abortion pill" in *The Australian*, 25 November, 2005

Maiden, S., (2005) "PM offers Dems abortion pill deal" in *The Australian*, 30 November, 2005

Maiden, S., (2005) "Nat challenges Abbott on pill" in *The Australian*, 7 December, 2005

Maiden, S., (2005) "PM steals victory on uni fees" in *The Australian*, 10 December, 2005

Maiden, S., (2006) "Teachers oppose 'return to 1950s'" in *The Australian*, 1 February, 2006

Maiden, S., (2006) "Abortion drug is not safe, says McGauran" in *The Australian*, 8 February, 2006

Maiden, S., (2006) "Abbott hurt by vote but refuses to quit" in *The Australian*, 10 February, 2006

Maiden, S., (2006) "Now it's personal" in *The Australian*, 11 February, 2006

Maiden, S., (2006) "PM hints at support for RU486 change" in *The Australian*, 13 February, 2006

Maiden, S., (2006) "Women 'aborting away' the future" in *The Australian*, 14 February

Maiden, S., (2006) "Abortion pill backers not pro-life, says Pell" in *The Australian*, 15 February, 2006

Maiden, S., (2006) "'Harrowing' abortions swayed MP on drug" in *The Australian*, 16 February, 2006

Maiden, S., (2006) "Abortion drug on sale in months" in *The Australian*, 17 February, 2006

Maiden, S., (2006) "Some may die but it's worth the risk" in *The Australian*, 17 February, 2006

Maiden, S., (2006) "A bitter pill for life" in *The Australian*, 18 February, 2006

Maiden, S. and Mitchell, S., (2006) "Howard supports Abbott's pill veto" in *The Australian*, 9 February, 2006

Maiden, S. and Mitchell, S., (2006) "PM backs minister's veto on abortion pill" in *The Australian*, 9 February, 2006

Maiden, S. and Murphy, K., (2006) "Another Nat talked with Libs" in *The Australian*, 27 January, 2006

Maiden, S. and Parnell, S., (2005) "Abortion pill row entangles Beattie" in *The Australian*, 22 November, 2005

Maiden, S. and Shanahan, D., (2006) "Abortion drug risky: doctors" in *The Australian*, 7 February, 2006

Maiden, S. and Shanahan, D., (2006) "PM may back RU486 compromise" in *The Australian*, 13 February, 2006

Maiden, S. and Sainsbury, M., (2005) "Free vote on abortion pill" in *The Australian*, 18 November, 2005

McClellan, A., (2005) "Gerard: the real story" in *The Australian*, 8 December, 2005

McClellan, A., (2006) "Straight talk telling for polities" in *The Australian*, 16 February, 2005

McNicoll, D. D., (2006) "Abbott's aborted editorial" in *The Australian*, 9 February, 2006

Milne, G., (2005) "PM drunk on political power" in *The Australian*, 12 December, 2005

Mitchell, S., (2006) "Most back abortion pill as doctor option" in *The Australian*, 19 January, 2006

Mitchell, S., (2006) "RU486 what? Pill remains unknown" in *The Australian*, 23 January. 2006

Mitchell, S., (2006) "Decision left up to the individual" in *The Australian*, 9 February, 2006

Morrow, J., (2005) "Forgive us Father for we have spinned" in *The Australian*, 24 October, 2005

Murphy, K. and Maiden, S., (2006) "Rancour in the ranks" in *The Australian*, 28 January, 2006

Overington, C. and Box, D., (2006) “Finances and dads prompt abortion” in *The Australian*, 30 January, 2006

Pearson, C., (2005) “Risky drug of pro-choice” in *The Australian*, 12 November, 2005

Pearson, C., (2006) “Bigotry makes a rebirth” in *The Australian*, 11 February, 2006

Pirani, C., (2005) “Abortion drug ban should end: doctors” in *The Australian*, 3 October, 2005

Pirani, C., (2005) “‘Double standards’ call on pregnancy drug” in *The Australian*, 18 November, 2005

Pirani, C., (2005) “RU486 deaths probe” in *The Australian*, 26 November, 2005

Pinkerton, J., (2006) “Multiculturalism can be tantamount to national suicide” in *The Australian*, 9 February, 2006

Price, M., (2005) “Abbott open to abortion drug case” in *The Australian*, 14 October, 2005

Price, M., (2005) “Lib moves to lift abortion drug ban” in *The Australian*, 13 October, 2005

Price, M., (2005) "Doctor's push for abortion drug" in *The Australian*, 20 October, 2005

Price, M., (2005) "Abortion pill's new hurdle" in *The Australian*, 11 November, 2005

Price, M., (2006) "Welcome to our broad church, Julian" in *The Australian*, 7 February, 2006

Price, M., (2006) "RU for real? Howard tips his hand on the pill" in *The Australian*, 9 February, 2006

Price, M., (2006) "Dear friends face to face, but not eye to eye" in *The Australian*, 16 February, 2006

Price, M., (2006) "Having a conscience brings out best" in *The Australian*, 17 February, 2006

Price, M., (2006) "Stubborn Simon just adds to Labor pains" in *The Australian*, 18 February, 2006

Price, M. and Karvelas, P., (2005) "Lib softens on abortion drug ban" in *The Australian*, 18 October, 2005

Riley, J., (2006) "Going up, down or just sideways" in *The Australian*, 25 January, 2006

Roberts, G., (2005) "Civic chiefs back Abbott" in *The Australian*, 5 December, 2005

Rowbotham, J., (2006) "Church can't do state's work: pope" in *The Australian*, 26 January, 2006

Shanahan, D., (2005) "AWB inquiry boosts Labor" in *The Australian*, 14 October, 2005

Shanahan, D., (2005) "Fund GPs who don't do abortions, says Fielding" in *The Australian*, 24 October, 2005

Shanahan, D., (2006) "Morally, issues can't be ducked" in *The Australian*, 10 February, 2006

Shanahan, D., (2006) "A technicality for some, a moral issue for others" in *The Australian*, 17 February, 2006

Slater, M., (2006) "Leave debate to qualified" Letters page in *The Australian*, 9 February, 2006

Tom, E., (2005) "Royal baby glow can't hide harsh reality of abuse" in *The Australian*, 19 October, 2005

Wallace, R., (2006) "Doctors ask for RU486" in *The Australian*, 9 January, 2006

"A medical matter" in *The Australian*, 7 February, 2006

"Abbott ducks debate" in *The Australian*, 17 November, 2005

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