*Corresponding Author's Email: eyuksel@anadolu.edu.tr
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Principles of Ideal Health Journalism and Broadcasting: Opinions and Recommendations from Türkiye

Erkan Yüksel

Anadolu University, Faculty of Communication Sciences, Türkiye

Abstract

This study explores the principles of ideal health journalism in Türkiye and aims to develop a normative framework for ethical and effective health reporting. The central research problem concerns how the principles of ethics, scientific accuracy, and public interest can be operationalized in health journalism, and what expectations and evaluations are held by media professionals, healthcare experts, and academics. Employing a mixed-methods approach, the study first conducted semi-structured in-depth interviews with 29 participants, including journalists, health professionals, and scholars. Based on the emerging themes, a second-stage online survey was administered to a broader group of 67 participants. Data were analyzed through qualitative content analysis and frequency analysis. The findings highlight that ideal health journalism should be grounded in verified scientific knowledge, rely solely on expert sources, and adopt a clear and accessible language for the general public. Participants also emphasized that practices such as sensationalism, commercial pressure, hope-mongering, and lack of editorial oversight undermine the credibility of health reporting. Accordingly, the study recommends the establishment of ethical oversight mechanisms, the institutionalization of health editors, and the expansion of professional training programs grounded in health communication.

Keywords: health journalism, health broadcasting, health communication, ethical publishing, evidence-based reporting, normative framework

1. Introduction

In recent years, global public health crises have emerged not only as biological threats but also as communication challenges related to information access, circulation, and accuracy. The COVID-19 pandemic, one of the most extensive crises in modern history, acted as a stress test for both media systems and health communication. The World Health Organization [WHO] described the spread of false or misleading health information during the pandemic as an "infodemic," recognizing it as a parallel threat to global public health (WHO, 2020).

"Infodemic" highlights the unregulated nature of information in digital media, where popularity often outweighs scientific validity. In this context, health journalism plays a vital role by ensuring access to accurate information and countering misinformation. Yet, current media practices frequently reflect a conflict between ethical responsibility and commercial pressures (Moynihan et al., 2019; Caswell & Dörr, 2017).

In Türkiye, although health journalism gained visibility in the 2010s, it remains under-institutionalized and lacks a comprehensive normative framework. Studies have examined content and ethical issues, but few have directly and systematically addressed the idea of "ideal health journalism." Yüksel et al.'s (2014) TÜBİTAK-supported study stands out as an early initiative, yet ongoing transformations in media, policy, and public consumption demand updated evaluation criteria.

Health news is not merely a channel for information but a tool to promote literacy, guide decisions, and influence public health. Therefore, ideal health journalism must embody ethical responsibility, public interest, scientific validity, clarity, expert input, and misinformation avoidance (Kaya, 2019; Kovach & Rosenstiel, 2007).

This study aims to define the fundamental principles of ideal health journalism based on insights from media professionals, healthcare experts, and academics in Türkiye. It investigates key content priorities, source criteria, language use, and ethical standards, including visual communication practices.

Drawing on qualitative and quantitative methods, this research analyzes existing practices and offers a normative and practical framework. It aims to guide journalists, educators, and policymakers while promoting strategic actions to improve the quality and integrity of health journalism in Türkiye.

2. Literature Review

2.1. The Concept of the "Ideal"

The concept of the "ideal," as a theoretical foundation of this study, is crucial for constructing a normative framework in fields like health journalism that carry high public responsibility. Rather than a mere pursuit of perfection, the ideal represents an effort to align communicative practices with ethical, epistemological, and sociological standards.

Philosophically, Platon's theory of forms positions ideals as immutable truths, providing a moral compass for practices like journalism (Platon, 2006). Kant's categorical imperative adds that actions must be ethically justifiable in themselves, implying that public-interest journalism must adhere to ethical production processes as well (Kant, 2020). Habermas's communicative action theory emphasizes open, equal dialogue, calling for non-hierarchical communication between experts and the public in health journalism (Habermas, 2005).

Sociologically, ideals are shaped by collective consciousness (Durkheim, 2020), and vary across societies. Weber's concept of the "ideal type" frames these as analytical models of objectivity and rationality (Weber, 2011). Giddens (2021) highlights reliance on expert systems, yet the COVID-19 pandemic showed the fragility of this trust—ideal journalism must thus ensure both expertise and transparency.

Finally, Herman and Chomsky's (2012) political economy model reveals how media structures like ownership and advertising compromise ethical ideals. Therefore, ideal health journalism must be supported not only by quality content but also by editorial independence and public service values.

In short, the ideal in health journalism represents a normative goal shaped by the tension between ethical responsibility and structural constraints, and must be grounded in scientific accuracy, accountability, and media literacy.

2.2. Health Broadcasting: Definition, Types, Functions, and Risk Areas

Health broadcasting refers to media content focused on health-related topics across various platforms, including print, audiovisual, and digital formats. Its core concern is the communication of public health, medical information, and health policies (Öğüt, 2017; Seale, 2003). Within this domain, **health-oriented broadcasting** includes periodic or occasional coverage such as newspaper columns or news segments, while **health journalism** is a specialized professional activity that informs the public and supports health literacy and decision-making. **Health programming** involves producing health-related audiovisual content like documentaries, expert interviews, and public awareness campaigns (Geller et al., 2002; Yüksel, 2019).

The main function of health broadcasting is to deliver accurate, clear, and current information to the public, while also promoting awareness, preventive behaviors, and healthy lifestyle habits. As such, media becomes an essential component of preventive healthcare (Sütlaş, 2007).

However, due to its influence, health broadcasting carries risks such as sensationalism, unverified content, blurred lines between advertising and journalism, use of non-expert sources, and ratings-driven content. Therefore, ideal health journalism must uphold ethical standards and present information through a structured, evidence-based, and socially responsible editorial process (Yüksel, 2018; Sütlaş, 2007).

2.3. Ethics and Standards in Health Broadcasting

Due to its direct impact on human life, health journalism demands higher ethical and scientific standards than general reporting. Core journalistic values such as accuracy, impartiality, transparency, public interest, and non-maleficence must be applied with heightened sensitivity (Hinnant et al., 2012; Kovach & Rosenstiel, 2007). As such, health journalism should be recognized as both a professional and ethical responsibility.

To guide this field, international organizations and professional bodies have developed key ethical principles (Atak & Yüksel, 2025; Kaya, 2019; Schwitzer, 2014). These include: verifying information with reliable sources (accuracy); avoiding bias or commercial influence (fairness); prioritizing public health over clicks (public interest); protecting vulnerable groups and avoiding false hope (do no harm); disclosing sources and correcting errors transparently (accountability); and relying on qualified experts (expertise). Institutions such as Association of Health Care Journalists (AHCJ, n.d.), International Federation of Journalists (IFJ, 219), Reuters Institute, Türkiye Gazeteciler Cemiyeti (TGC, 2025), Eğitim ve Sağlık Muhabirleri Derneği (ESAMDER, n.d.), and Türk Tabipleri Birliği (TTB, 2012) have published ethical codes that reflect these priorities.

A key distinction in health journalism is the emphasis on evidence-based reporting. Higher-level evidence such as RCTs and meta-analyses must be prioritized over case studies or opinion. Journalists should avoid presenting low-level evidence, like animal studies, as equivalent to human clinical trials (Schwitzer, 2014; Gigerenzer et al., 2007). Absolute risk data should also be used instead of relative risk to enhance public understanding (Moynihan et al., 2019).

In Türkiye, while general ethical frameworks exist, health-specific guidelines remain limited. The most comprehensive normative proposal comes from Yüksel et al. (2014), emphasizing educational content, evidence-based information, editorial independence, plain language, and expert oversight. These align with international norms but face implementation challenges due to structural issues like media concentration, advertising dependence, and alignment with official narratives (Ayaz & Yüksel, 2021).

2.4. Ideal Health Journalism in Türkiye: Empirical Findings and Recommendations

The first empirical study on ideal health journalism in Türkiye was conducted by Yüksel et al. (2014), based on the views of 121 media and health professionals. Despite the lack of institutionalization, the study highlighted the feasibility of a systematic normative framework. Participants largely emphasized that health news should be informative, educational, and guided by scientific evidence—principles aligning with Schwitzer's (2007) Health News Review criteria and Geller et al.'s (2002) emphasis on clarity and accessibility.

Issues such as plain language, public health literacy, and the ethical risks of sensationalism (e.g., "hope-mongering") were also raised, echoing concerns in the literature (Schwitzer, 2014; Moynihan et al., 2019). Ethical principles like truthfulness, transparency, and independence were frequently underscored, alongside concerns about increasing commercialization—paralleling critiques by Ayaz & Yüksel (2021) and Herman & Chomsky's (2012) propaganda model.

Crucially, Yüksel et al. (2014) identified a lack of institutional oversight in Türkiye, in contrast with international models like HealthNewsReview (U.S.), Media Doctor (Australia/Canada), and Science Media Centre (UK), which provide structured evaluations of health news (Shipman, 2022; Medew & Moynihan, 2017). Systematic reviews further reveal persistent gaps in reporting on evidence quality, risks, and costs (Oxman & Paulsen, 2021; Schwitzer, 2014).

Taken together, these insights affirm the need for updated, context-specific empirical research. This study, therefore, asks: How should ideal health journalism be defined today, based on the insights of professionals at the intersection of media and health?

3. Methodology

The primary aim of this study is to develop a normative framework for ideal health journalism in Türkiye, grounded in the perspectives of media professionals, healthcare practitioners, and academics. A mixed-methods design was employed, combining qualitative and quantitative phases.

In the first phase, semi-structured interviews were conducted with 27 participants (9 each from media, health, and academia). This method was chosen due to the subjective and normative nature of the concept of the "ideal," allowing for diverse perspectives. Similar methodological preferences are seen in related studies (Polat, 2022; Şentürk Kara, 2021). Interview data were transcribed and analyzed using qualitative content analysis following Neuendorf's (2002) framework. Intercoder reliability exceeded 90%, supporting the robustness of the coding process (Tinsley & Weiss, 2000).

In the second phase, a quantitative online survey was conducted to validate and extend the interview findings. The questionnaire, built around the themes identified during content analysis, was distributed via social media and email. A total of 67 respondents from media, health, and academia participated voluntarily.

All ethical standards were observed throughout the study. Informed consent was obtained from all participants, and ethical approval for both the interviews and online survey was granted by the Ethics Committee for Social and Human Sciences at Anadolu University.

4. Findings

The qualitative phase was conducted between May and October 2024, involving semi-structured interviews with 29 participants from three professional domains: media (f = 4), healthcare (f = 13), and academia (f = 12). Most responses were submitted in written form, although some were conducted face-to-face or online.

In the second phase, a 17-item online questionnaire was distributed via digital academic networks. A total of 67 professionals voluntarily responded, including representatives from all three target groups.

4.1. Participant Profile

Among survey participants, the majority were academics and experts (56.7%), followed by healthcare professionals (35.8%), while media professionals (7.5%) were notably underrepresented. In terms of professional seniority, over 60% had more than 20 years of experience, and 34.3% had 30+ years, indicating a highly experienced respondent pool.

Table 1: Distribution of participants by profession and seniority (f / %)

Seniority / Profession	**1–9 Years (Apprentices)**	**10–19 (Journeymen)**	**20–29 (Masters)**	**30+ (Experts)**	***Total (f / %)***
Academics & Experts	4 / 10.5	7 / 18.4	14 / 36.8	13 / 34.2	*38 / 100*
Media Professionals	2 / 40.0	1 / 20.0	0 / 0.0	2 / 40.0	*5 / 100*
Healthcare Professionals	3 / 12.5	8 / 33.3	5 / 20.8	8 / 33.3	*24 / 100*
Total	*9 / 13.4*	*16 / 23.9*	*19 / 28.4*	*23 / 34.3*	*67 / 100*

This distribution reflects a strong representation of senior professionals at the "master" and "expert" levels, enhancing the study's depth and credibility.

4.2. Defining Ideal Health Broadcasting

In response to the open-ended question, "What comes to mind when you hear the term 'ideal health broadcasting'?", participants provided a range of insightful answers. A majority defined ideal health broadcasting as primarily involving evidence-based and scientifically grounded content (f = 52; 77.6%) and informative and awareness-raising media outputs (f = 48; 71.6%). These were followed by verified and reliable content (f = 45; 67.2%) and preventive and protective health programming (f = 40; 59.7%).

4.3. Findings on Content Focus and Information Quality

The majority of participants emphasized that ideal health broadcasting must prioritize accuracy and reliability (79.1%), supported by qualified healthcare professionals (74.6%) and scientific evidence (73.1%). Additionally, informative and educational content was seen as essential (73.1%), highlighting health journalism's role in shaping public behavior—not just conveying information.

Table 2: Preferences regarding information quality in health broadcasting (by seniority level)

Statements (N = 67)	Apprentices	Journeymen	Masters	Experts	*Total (%)*
Verified and reliable content	7	11	18	17	*79.1*
Input from qualified healthcare professionals	6	14	14	16	*74.6*
Based on scientific data and evidence	6	11	15	17	*73.1*
Educational and instructive content	5	10	16	18	*73.1*
Promotes quality of life and healthy habits	3	6	9	10	*41.8*
Objective, multi-source information	2	5	7	11	*37.3*
Serves preventive/protective health functions	3	5	8	9	*37.3*

The data reveal a clear correlation between professional seniority and emphasis on ethical information standards. Respondents with 30+ years of experience consistently showed higher sensitivity to accuracy and source credibility, supporting previous findings on the link between experience and ethical awareness (Kovach & Rosenstiel, 2007).

4.4. Quality of Information and News Sources: Summary Evaluation

A large majority of participants emphasized that ideal health journalism should rely on scientific evidence (87.9%), expert opinion (78.8%), and credible academic sources. Citing national and international publications (62.1%) and avoiding unverified or ambiguous sources (48.5%) were also viewed as essential.

Table 3: Quality of information and news sources in ideal health journalism (by seniority level)

Statements (N = 66)	Apprentices	Journeymen	Masters	Experts	*Total (%)*
Based on scientific evidence and reliable literature	7	15	17	19	*87.9*
Opinions only from field experts	8	14	14	16	*78.8*
National/international scientific publications should be cited	4	11	14	12	*62.1*
Unverified or ambiguous sources should be excluded	6	9	9	8	*48.5*
Consult institutions like Ministry of Health or WHO	3	9	10	8	*45.5*
Consult professional associations when selecting guests/sources	4	8	6	10	*42.4*
Collaborate with physicians, pharmacists, etc.	2	5	7	8	*33.3*

Across all professional levels, credibility, expertise, and transparency were seen as indispensable. However, the emphasis on these principles increased with experience, reaffirming the role of professional maturity in fostering ethical source selection in health journalism.

4.5. Quality of Language Usage

A strong majority of participants (88.1%) agreed that the language of ideal health journalism should be simple, clear, and understandable to the general public. Additionally, 77.6% emphasized the importance of an informative tone.

Beyond clarity, respondents also stressed the need for ethical and neutral expression. Avoiding hope-mongering (55.2%) and maintaining an objective, non-directive tone (50.7%) were key concerns. Around half also noted that technical terms should be clearly explained, and flagged risks related to misleading or stigmatizing language.

These findings underline the need for language that is accessible yet ethically restrained, supporting both clarity and credibility in health communication.

4.6. Visual Elements

Participants' views on the use of visual elements in ideal health journalism reflected a high degree of consensus regarding ethical responsibility and communicative sensitivity. More than three-quarters of respondents (f = 51; 76.1%) stated that visuals should be informative and must not be misleading or deceptive.

Additionally, a significant majority highlighted the importance of respecting personal privacy (f = 47; 70.1%) and ensuring that visual content does not provoke anxiety, fear, or emotional exploitation (f = 45; 67.2%). These findings suggest that visual materials—much like language—must be evaluated according to ethical criteria, prioritizing accuracy, dignity, and emotional safety.

4.7. Core Ethical Principles

Participants demonstrated a strong consensus on the core ethical principles of ideal health journalism. The most widely agreed-upon statement was: "No information should be published without verifying its accuracy and reliability" (86.6%). This reflects the perception of health journalism as a field of vital ethical responsibility, not just information delivery.

Other frequently endorsed principles included respect for privacy and confidentiality (61.2%) and the "do no harm" principle (56.7%), highlighting a dual commitment to individual rights and public welfare.

Table 4: Ethical principles in ideal health journalism (by seniority level)

Statements (N = 67)	**Apprentices**	**Journeymen**	**Masters**	**Experts**	***Total (%)***
Verify accuracy before publishing	8	11	17	22	*86.6*
Respect privacy/confidentiality; consent required	4	11	12	14	*61.2*
Prioritize "do no harm" principle	5	10	12	11	*56.7*
Maintain objectivity; present opposing views	3	8	8	13	*47.8*
Ensure fairness; avoid discrimination	1	8	9	11	*43.3*
Respect patient rights	6	4	10	7	*40.3*
Avoid false hope or miracle cure narratives	4	7	8	7	*38.8*
Avoid content that may cause fear or anxiety	3	7	6	8	*35.8*

The results show that ethical sensitivity increases with professional experience. The "expert" group (30+ years) displayed the highest adherence to ethical standards, while apprentices expressed lower levels of awareness, particularly regarding source reliability and public accountability.

4.8. Oversight and Accountability Mechanisms

Oversight in ideal health journalism is seen as essential for ensuring ethical and professional standards. Most participants favored self-regulation over external control. The most supported model was the establishment of a dedicated health editor system (64.2%), followed by the training and employment of senior-level health journalists (53.7%)—both reflecting a shift toward internal accountability and professional specialization.

While some also backed external oversight—such as independent review boards (46.3%), legislation (38.8%), and monitoring by public institutions (32.8%)—concerns were raised about press freedom and censorship. Participants stressed that any external mechanism should preserve editorial independence and align with democratic legal norms.

4.9. Qualifications of the Ideal Health Journalist

Most participants identified key qualifications for ideal health journalists, emphasizing medical literacy (79.1%), ability to read academic sources like PubMed (70.1%), and the skill to translate technical content into public-friendly language (61.2%). Additional competencies included prioritizing public interest and analyzing health data.

Table 5: Qualifications of an ideal health journalist (by seniority level)

Statements (N = 67)	**Apprentices**	**Journeymen**	**Masters**	**Experts**	***Total (%)***
Strong command of medical terminology and jargon	8	13	14	18	*79.1*
Literate in academic literature; able to use PubMed and evaluate sources	6	11	17	13	*70.1*
Can translate technical knowledge into accessible language	6	13	10	12	*61.2*
Prioritizes public interest and societal health	6	7	12	10	*52.2*
Capable of interpreting and analyzing statistical data and reports	4	7	10	8	*43.3*
Follows current issues; can produce timely and relevant content	3	7	5	11	*38.8*

As professional seniority increases, so does emphasis on technical skills and ethical responsibility. Experts stood out in valuing medical proficiency and analytical competence, while apprentices showed relatively lower alignment—highlighting the role of experience in shaping professional standards.

4.10. Risks and Barriers to Ideal Health Journalism

Participants identified several key barriers to achieving ideal health journalism. The most cited was the lack of specialized training (74.6%), emphasizing the need for professional development. This was followed by the absence of effective oversight mechanisms (68.7%), which participants saw more as a lack of internal accountability than external censorship—especially relevant in the face of unregulated content on social media.

The lack of specialization within newsrooms (58.2%) was also noted, with concerns about assigning unqualified reporters to cover health topics. Participants linked this to broader structural issues such as media ownership and economic pressures.

Other major risks included commercialization (50.7%) and ratings-driven content (46.3%), which were seen as contributing to sensationalism and undermining scientific accuracy—ultimately challenging the public service mission of health journalism.

4.11. Practical Recommendations

Participants offered a range of structural, professional, and societal recommendations to improve ideal health journalism. Among 15 suggestions, three received the highest support:

- Improving public literacy in media, digital media, and health communication (f = 44; 65.7%)
- Establishing a dedicated health editor system (f = 38; 56.7%)
- Fostering collaboration between media and academia through joint projects (f = 34; 50.7%)

These widely supported proposals reflect the need to address not only content production, but also broader systemic change, specialization, and public engagement.

Additional suggestions included:

- Strengthening communication between media professionals and healthcare providers (f = 32; 47.8%)
- Providing reliable health information in digital spaces (f = 29; 43.3%)
- Employing specialized health journalists (f = 27; 40.3%)

Collectively, these insights underline the importance of professional capacity-building and institutional support, calling for a coherent strategy that combines editorial quality, scientific credibility, and public trust.

4.12. What Can Be Done to Improve Ideal Health Journalism?

Participants emphasized the need for an education-based transformation to promote ideal health journalism. The most strongly supported recommendation was health literacy training for media professionals (74.6%), particularly endorsed by both apprentices and experts. This was followed by introducing health journalism courses in communication faculties (68.7%) and implementing in-service training programs for active journalists (55.2%).

A fourth recommendation was the creation of monitoring mechanisms to uphold ethical and scientific standards (46.3%), suggesting the need for internal accountability structures within media organizations.

Table 6: Recommendations for improving ideal health journalism (by seniority level)

Statements (N = 67)	**Apprentices**	**Journeymen**	**Masters**	**Experts**	***Total (%)***
Provide health literacy training	8	12	14	16	*74.6*
Offer courses in communication faculties	4	12	11	19	*68.7*
Develop in-service training programs	4	11	11	11	*55.2*
Establish monitoring mechanisms	3	10	10	8	*46.3*
Launch certification programs	1	5	7	16	*43.3*
Enhance public media and health literacy	3	8	6	10	*40.3*
Hire and support specialized health journalists	6	4	10	6	*38.8*

The data suggest that professional seniority influences reform priorities. More experienced participants favored institutional and curricular change, while junior professionals leaned toward practical skills and employment opportunities.

In sum, developing ideal health journalism requires multi-level collaboration among journalists, academia, health professionals, and public institutions—anchored in training, ethical standards, and public empowerment.

5. Conclusion and Recommendations

This study sought to define the normative foundations of ideal health journalism in Türkiye through insights from media professionals, healthcare practitioners, and academics. Findings reveal that health news should be guided not just by information delivery, but also by ethical responsibility, public interest, and scientific accuracy.

The results resonate with theoretical frameworks: Plato's ideal forms (2006) underscore normative aspiration; Kant's (2020) categorical imperative highlights ethical accountability in journalistic processes; Habermas's (2005) communicative action emphasizes transparency and inclusion; while Weber's (2011) "ideal type" stresses adaptability to media realities. Participants' views on source credibility, clarity, expert use, and ethics align with global journalism standards.

Concerns over commercialization—such as influence from pharmaceutical companies or advertisers—reflect Herman and Chomsky's (2012) propaganda model, and parallel critiques by Moynihan et al. (2019) and Ayaz & Yüksel (2021).

Key recommendations include:

- Accuracy & source transparency (Gigerenzer et al., 2007; Schwitzer, 2007)
- Plain language to support health literacy (Kovach & Rosenstiel, 2007)
- Field-specific ethical standards based on international codes
- Expert involvement & journalist training (Geller et al., 2002; Yüksel et al., 2014)
- Digital oversight mechanisms to address online disinformation (Terzis et al., 2020)

Ultimately, ideal health journalism should be shaped collectively by the media, health sector, academia, and regulators. This study offers a theoretical and empirical basis for building a context-sensitive and future-oriented framework in Türkiye.

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