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There's little doubt that "soft" news—a category in which Patterson includes routine crime, accident, and disaster stories, along with celebrity stories and other fluff—has mushroomed. After analyzing more than 5,000 TV, newspaper, and newsmagazine stories since 1980, he finds that the soft stuff has grown from less than 35 percent to about 50 percent of the total today.

News executives are acting on the basis of marketing and ratings studies, Patterson acknowledges. But the studies focus on the short term, he argues. Over the long term, he suggests, audiences may find that news outlets stuffed with fluff are outlets they can do without.

Americans today "are ambivalent at best" about the news they are being given, says Patterson. In a national survey of 511 adults last October, 84 percent said they found the news "informative," but 50 percent considered it "superficial," and 52 percent "not enjoyable." Sixty-three percent claimed to prefer "news that sticks mainly to stories about major events and issues affecting the community and the country"—and most of these folks said they would like to see less of the soft

stuff. Twenty-four percent of the respondents were soft-news fans. But they tended to think hard news was pretty good, too. And the remaining 13 percent liked hard and soft equally.

The people looking chiefly for hard news constitute the core audience for news, Patterson says. Forty percent of them regularly read a daily paper's news pages, for example, compared with only 26 percent of the soft-news types. And it's those in the core audience who are most discontented today, Patterson points out. "They are also more likely . . . to say they are paying less attention to the news than in the past."

Ninety-three percent of the folks paying less attention complain that the news is too "negative" in tone. Patterson agrees. Since 1976, press coverage of the presidency and the federal agencies has grown steadily more critical. America needs a watchdog press, Patterson believes, but one that can distinguish between "real abuse" and trivial offenses. As Americans have become more turned off by politics and government, more and more of them—not surprisingly—have been turning off the news.

"In the long run," concludes Patterson, "the best way to build an audience for news is through balanced public-affairs reporting."

## TV Medicine

"Primetime Pushers" by Lisa Belkin, in *Mother Jones* (Mar.–Apr. 2001), 731 Market St., Ste. 600, San Francisco, Calif. 94103.

Turn on the TV these days, and you are almost sure to see an ad for Viagra, Prilosec, Lipitor, or a host of other drugs that you cannot buy without a doctor's permission. Critics contend that this isn't a healthy development, reports medical writer Belkin, author of *First, Do No Harm* (1993).

The U.S. Food and Drug Administration (FDA) opened the floodgates four years ago, when it eased restrictions on prescription drug ads. Pharmaceutical companies last year



*The maker of this drug for a painful stomach condition spent \$80 million on TV ads in 1999 and saw sales jump 27 percent.*

spent an estimated \$1.7 billion on television ads, more than twice what they spent in 1998. The “direct-to-consumer” advertising “has paid off handsomely” for the drug firms, says Belkin. Pfizer, for instance, “upped consumer advertising for its cholesterol drug, Lipitor, by more than \$45 million in 1999, and sales of the drug jumped too—56 percent, to \$2.7 billion.”

Proponents of the liberalized FDA policy contend that “it creates a more informed patient because viewers see the ads, then have an intelligent give-and-take with a doctor,” says Belkin. Critics, however, maintain that the ads encourage patients “to seek out expensive, potentially dangerous drugs that they—and too often their doctors—know lit-

tle about.” Sales of Celebrex, an arthritis drug, reached \$1 billion even before the final clinical-trial results were published in a peer-reviewed journal.

“Patients can be difficult to dissuade,” one physician told Belkin. It complicates the doctor-patient relationship, he added, when the patients start directing the treatment “based on what they learned on TV.” A further complication, notes Belkin: Some impressionable TV viewers don’t even bother to see a doctor before obtaining the advertised drugs from “the growing number of Web sites that sell prescription medications without a doctor visit.” The FDA is scheduled to review its new approach to TV ads this summer.

## RELIGION & PHILOSOPHY

### *The New Clergy*

“Avoiding Moral Choices” by Gordon Marino, in *Commonweal* (Mar. 23, 2001),  
475 Riverside Dr., Rm. 405, New York, N.Y. 10115.

About 30 years ago, a stranger began to appear at the bedside of the sick: the bioethicist. Today, America swarms with ethics experts, thousands of them, dispensing their putative wisdom not only in medicine but in business, law, engineering, sports, and other fields. But do these secular specialists really know much more than the rest of us about right and wrong? Marino, a professor of philosophy at St. Olaf College in Northfield, Minnesota, is doubtful.

Most professional ethicists are lawyers or doctors of philosophy who have studied ethical theory and its application to concrete situations in the professions. They “may have extraordinary acumen in the dissection of moral problems,” Marino acknowledges. But their moral reasoning, just like that of nonexperts, “is based on assumptions that, in the end, cannot be justified against competing assumptions.” Ultimately, “we are all flying by the seat of our moral pants.”

Given even a common, straightforward problem, ethics experts often disagree, he points out. In a *Journal of Clinical Ethics* study, 144 ethicists were asked whether life support should be removed from a

patient in a vegetative state. Their answers were “all over the board,” Marino says. So how expert can they really be? Many ethicists would respond that certain other fields, such as economics, also are rife with disagreement. But at least economic theories generate predictions, Marino observes, which then “either confirm or deny the theories. It is hard to fathom what consequences would confirm a bioethicist’s recommendations for stem-cell research.”

One thing that ethicists do agree upon is that they should be relatively disinterested parties with respect to the issues and cases they handle. But instead, Marino asserts, they “are often in the pockets of the hospitals and corporations that employ them.” The market for ethicists is small, he notes, and ethics consultants who continually arrive at inconvenient conclusions may find their career prospects limited.

Though in many cases their advice is no more than common sense, professional ethicists “have done some good,” Marino believes. “In the medical field, [they] have made sure that people undergoing surgery or participating in experiments give their