

Sustaining and Challenging Cultural Norms: Yomiuri's & Asahi's Coverage of Full Cancer Disclosure in the Early 1990s

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Abstract

This study analyzes how Japan's two leading newspapers, *Yomiuri Shimbun* and *Asahi Shimbun*, covered and initiated public discussion about a controversial, cultural issue — the full disclosure about cancer to patients.

A content analysis found a tendency among both *Yomiuri* and *Asahi* to cover physicians more than other news sources; to provide more access in editorials to lay persons rather than experts or other professionals and to use news sources who were more neutral (as opposed to proponents or opponents) about cancer disclosure policy issues

The study also found *Yomiuri* and *Asahi* had a tendency to publish neutral (rather than unfavorable or favorable) editorials about cancer disclosure policy issues.

The study illustrates how two major Japanese newspapers balance issues and frame criticism. The study suggests two of Japan's major newspapers provided diverse perspectives within a challenging cultural context.

In 1980s, full cancer disclosure to patients was rare in Japanese medical practice and represented a controversial topic that separated various medical and lay perspectives.

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Introduction

In Japan's health care system, paternalistic patient-physician relationships are still dominant, and patients' rights to participate in the decision-making process only recently started to be more accepted (Kimura, 1987; Hattori et al., 1991). Lack of communication between physicians and patients is an acknowledged problem within the Japanese health care system, and providers are not obliged to inform patients, even when they suffer from a terminal illness such as cancer (Hattori et al., 1991; Swinbanks, 1989). Instead, physicians remain inclined to inform the patients' family member about the diagnosis (Hattori et al., 1991; Sakamoto et al., 1999).

However, the Japanese patient's "right to know" has received increased attention since the 1980s (Kimura, 1987). In July 1987, a Japanese government task force for terminal care was established. The task force, in 1989, encouraged health care providers to tell the truth to terminal patients while remaining mindful of interpersonal communication intentions, patients' capacities, their relationship with families and available health care support services (Ministry of Health and Welfare & Japanese Medical Association, 1989). In 1990, the Japanese Medical Association advocated informed patient consent, including disclosure of diagnostic procedures (McDonald-Scott et al., 1992).

The pace of cancer disclosure change through the 1990s and the turn of the 21st Century parallels gradual shifts in both the opinions of the Japanese public as well as health care providers. In 1992, only 18 percent of patients were directly told they suffered from cancer (Matusaka et al., 1993:21), and this rate recently increased 30 to 50 percent (Sakamoto et al., 1999). Regarding lay perspectives, the percentage of persons who said they wish to be told when they have cancer increased from 29 percent in 1989 to 76 percent in 2000. When a family member suffers from cancer, the percentage of Japanese who wish to be told about the medical diagnosis increased from 21 percent in 1989 to 37 percent in 2000 (Asahi Shimbun, 2000).

The issue of cancer disclosure provides an interesting challenge not only for health care providers and patients, but also for journalists who wish to cover public health as news and possibly, initiate more public discussion by representing both medical and lay perspectives in news and editorials. In areas of high cultural sensitivity and entrenched social norms, such as cancer disclosure, previous research on the Japanese news media suggests Japanese health and medical journalists may be reluctant to comprehensively cover these types of issues. Previous literature, discussed below, suggests Japanese medical coverage: a) is inclined to cover experts in government and medicine and is less inclined to cover lay opinions; b) is hindered by a lack of access to sources and documents in providing comprehensive news coverage and c) is motivated to avoid criticism of experts who represent prevailing medical policy positions. Each of these issues is discussed consecutively.

1. Japanese News Coverage of Medicine and Health Care Policy: Expert Source Dependence

In previous research, Japanese medical and health journalists have been depicted as dependent on scientists and physicians as primary sources in news coverage of medicine and health care issues. Regarding news coverage of new reproductive technology, Sakamoto (1984) found newspaper reporters heavily relied on physicians to serve as primary sources, and newspaper coverage was often highly favorable toward physicians who promoted new reproductive technology. While most of the assessments of Japanese health and medical coverage are based on case histories and anecdotal evidence, E (1995) found newspaper reporters depended heavily on health care providers and government officials in news reporting regarding brain death and organ transplantation. E (1995) added that lay sources, such as patients, or groups representing patients or other public interests, were rarely represented in news coverage of brain death and organ transplantation.

2. Japanese news coverage of medicine and health care policy: restrictive access to public information

Kimura (1991) found the Japanese press' dependence on physicians and governmental experts as primary news sources partially stemmed from restrictive access to public information — especially compared to the United States. Kimura (1991) complained that Japanese journalists had less access to governmental documents, committee reports and administrative hearings than American reporters. After contrasting a governmental task force on brain death in Japan with a presidential commission on bioethics in the United States, Kimura (1991) criticized the lack of public and press access and participation in Japan. At a conference of the Medical Journalists Association, Yoshino noted even members of the reporters' club at the Ministry of Health and Welfare could not obtain the documents prepared by some high profile, governmental task forces (Noushi rincho wo kangaeru, 1991).

3. Japanese News Coverage of Medicine and Health Care Policy: Motivation to Save Face

Besides a lack of access to public records, in Japan, Murano, in a published panel discussion, added it is sometimes a cultural *faux pas* to counter and criticize expert opinion in editorial pages (Murano, Ando, Nakura & Umeda, 1991). The reluctance to criticize experts might be based on what Goffman (1972) termed as 'saving face' for persons of high social status, wealth and education. Murano speculated it might be perceived in Japanese society as impolite to directly

challenge experts, public officials and persons of higher socio-economic, educational and professional status. Okabe (1987) suggests harmony is integral to Japanese culture and a rejection, assertion or criticism of well-regarded persons or professions, can be perceived as embarrassing and ungracious. In contrast to the U.S. (where positions by medical societies are criticized in editorial columns and news stories and where physicians sometimes vigorously criticize each other's work and expert positions on policy issues or research are routinely challenged), Japanese medical journalism is sometimes depicted as less culturally inclined to aggressively critique medical societies and individual physicians (Nelkin, 1995; Murano et al., 1991 and Okabe, 1987).

4. Suggestions to Improve the Balance of News Coverage and Editorial Sources

The tendency to depend on elite news sources, reluctance to criticize elite sources and curtailed access to information, which has been criticized in the previous literature noted above, is reinforced by other critics who recently encouraged Japanese newspapers to expand their diversity of news sources and perspectives within editorial pages. In a tacit acknowledgment that Japanese news coverage is less aggressive and critical than some Western nations, Inaba urged that Japanese newspapers should provide a more balanced forum for citizens to express themselves about complicated and diverse society (in Nakajima, 1991:9). Miyata also (1980:12) urged Japanese newspapers to expand public access and provide some dissent. In criticism targeted directly at how Japanese news organizations cover medicine and health policy, Fujita (1988) argued that Japanese journalists should write medical stories based on patients' viewpoints rather than exclusively relying on the viewpoints of physicians and government officials. Hata (1990) added that journalists could help minimize the gap between physicians and the public.

In describing news coverage of cancer and the Emperor's illness in the late 1980s, Yokota (1988) argued that full disclosure of cancer exemplified a) the potential for changes in how the Japanese news media cover patients' rights and b) provided an opportunity to expand the diversity of news sources and public perspectives, which previously was criticized. Ikeda noted a discussion of truth-telling about cancer might generate a more egalitarian, less paternalistic relationship between patients and physicians (NHK Morning Journal Reporters, 1989). Kimura (1989) encouraged journalists to promote more sharing of information between health care providers and patients. He urged Japanese journalists to break taboos, including full disclosure of cancer.

More broadly, one recent study suggests some leading Japanese newspapers may be providing more comprehensive access to lay opinion in their editorial pages. One unpublished study found that *Yomiuri* and *Asahi* published more

opinion pieces from the public and women than *The New York Times* and the *London Times*. Murano, in a published panel discussion, explained the two Japanese newspapers provide more access because Japanese experts tend to avoid open discussions in opinion pages to foster harmony and an appearance of intra-professional disagreement (cited in Murano et al., 1991).

The unpublished study implied *Asahi* and *Yomiuri* might provide laypersons more access to write or be represented within editorials, presumably to compensate for an overcoverage of experts as primary sources in news reporting. In other words, *Asahi* and *Yomiuri* might create a forum to provide access for public opinion in opinion pages to offset tendencies to focus on experts (as opposed to lay opinion) in standard news coverage of major public issues.

Murano et al. (1991) implied the segregation of public perspectives within editorial pages enabled both newspapers to provide balance to ideas, while each newspaper avoided embarrassing experts by leaving their views mostly unchallenged in news coverage. This unpublished study (cited in Murano et al., 1991) suggested *Yomiuri's* and *Asahi's* accommodation was an unacknowledged, news management strategy that permitted a diverse forum for ideas without directly challenging the status or authority of public figures.

Although this unpublished study, cited in Murano et al. (1991), was about general (as opposed to medical) issues, the increasing national debate and dissent about full cancer disclosure since the 1980s created an opportunity for Japan's two leading newspapers. After past criticism of a lack of diversity and inclinations to cover expert at the expense of lay opinion in editorials and news coverage, Japanese newspapers in the 1980s and 1990s had an opportunity to provide comprehensive coverage of the debate about cancer disclosure, which presented an additional chance to seek lay opinions in news coverage and editorials. Given the possible shift in diversifying editorials that Murano et al. (1991) identified, in this exploratory study the authors explored if this tendency might be reflected in *Yomiuri's* and *Asahi's* news coverage and editorials of cancer disclosure policy issues.

In consideration of the equivocal direction of previous research about comprehensive coverage in newspapers, the following research questions were asked in this study:

In their news coverage and editorials about cancer disclosure policy issues:

1. Did *Yomiuri* and *Asahi* present more health care providers than lay or other news sources in their news coverage?
2. Did *Yomiuri* and *Asahi* provide more access in their editorial section to lay persons than health care providers and other medical experts?
3. Were the two newspapers balanced in their use of news sources in their news reporting about full disclosure of cancer to patients?
4. Were the two newspapers balanced in their editorials about full disclosure of cancer to patients?

In contrast to most previous literature about news performance in Japan, the authors also sought to do a formal, quantitative content analysis of *Yomiuri* and *Asahi's* news coverage and editorials regarding full cancer disclosure. Hansen et. al. (1998) note that in comparison to qualitative approaches, content analysis enables a sampling of how news is depicted over time plus empirical precision and controls. By testing research questions and examining news performance over time, the resulting data yields insights about whether previous qualitative assumptions are isolated cases or are more representative of journalistic actions. Potentially, content analysis yields a more balanced and isomorphic perspective with regard to the frequency of alleged problems in medical news coverage in Japan, or any international context (Logan, Zengjun and Wilson, 2000).

Methods

A content analysis was conducted of *Yomiuri* and *Asahi* from January 1987 to December 1993. All articles that directly or indirectly raised full disclosure about cancer from January 1987 to December 1993 in *Yomiuri* and *Asahi* were analyzed; the study reflects the universe of news and editorials instead of a sample. The sum of articles for the period was n=230 articles in *Yomiuri* and n=243 articles in *Asahi*.

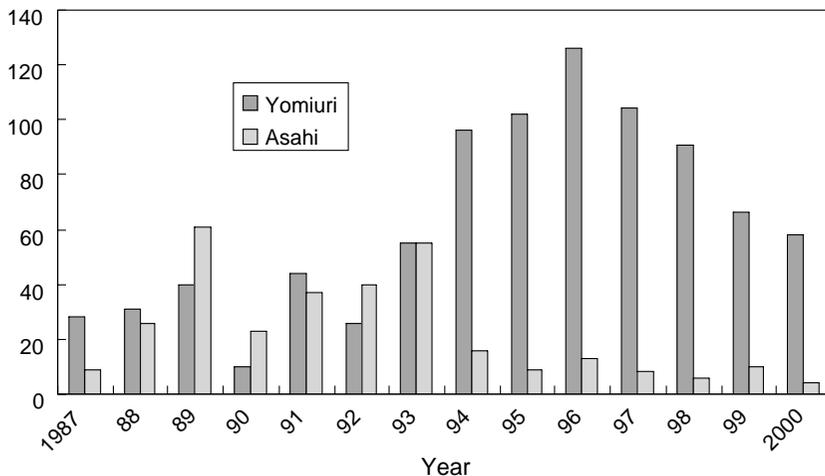
Yomiuri and *Asahi* were chosen because they are the largest and the second largest circulated national newspapers in Japan. During the period surveyed, *Yomiuri's* daily circulation was about 9.8 million for the morning edition and 4.7 million for the evening edition. *Asahi's* daily circulation was 8.2 million for the morning edition and 4.7 million for the evening edition (Japanese Newspapers Publishers & Editors Association, 1992). The two newspapers have 38 percent of all newspaper circulation in Japan.

Yomiuri and *Asahi* also each clearly label their editorial sections in all editions, which enables investigators to ascertain each news organization's distinction between news and commentary. All editorials, commentaries and letters to the editor chosen for this study were published in each newspaper's labeled respective sections. News stories about cancer disclosure were chosen from all other areas of each newspaper, which were not labeled as editorials, editorial section, commentary, or letters to the editor.

The years between 1987-1993 were chosen for five reasons. First, a government task force for terminal care was established in July 1987. Continuous media coverage was fostered by the commission's inception since news organizations had a well-regarded public resource of information about cancer disclosure policy issues for the first time. Second, in 1989, a government task force specifically probed whether providers should disclose the truth about terminal illness to patients (Ministry of Health and Welfare & Japanese Medical

Association, 1989). Their report and the Emperor's death kept the issue of full cancer disclosure in the Japanese public sphere (Kimura, 1989). Fourth, in September 1993, a well-known Japanese public figure, national television anchor Masataka Itsumi, disclosed he had cancer. While *Yomiuri* continued covering the issues until 2000, *Asahi* stopped intensive coverage after 1993 (see Figure 1). In order to be maximally fair to both newspapers in analyzing the comprehensiveness of their news coverage and diversity on their editorial page, the years when both *Asahi* and *Yomiuri* each focused on cancer disclosure issues were surveyed.

Figure 1 Frequency of Articles in *Yomiuri* and *Asahi* through 1987-2000



Articles on truth-telling or full disclosure about cancer were chosen by setting the keywords of “kokuchi [truth-telling]” and “gan [cancer].” The word “kokuchi” was used in most cases as a keyword when people discussed full disclosure about cancer. Health care providers and patients do not use the word “kokuchi,” when the disclosure of diagnosis is about a non-terminal illness, such as arthritis. As a result, articles on non-terminal illness were excluded for this analysis. In addition, another keyword “gan” was chosen to focus on cancer and exclude other terminal illnesses, such as Acquired Immune Deficiency Syndrome (AIDS). The issue of full disclosure of cancer to patients was operationally defined as health care providers who tell patients their medical conditions in detail as well as the public discussion regarding changes in the rights of patients, citizens, families, physicians plus any resulting proposals to change or maintain existing public policy.

News sources within all of *Yomiuri* and *Asahi's* news stories, which excluded editorials, commentaries, columns and letters from readers, were analyzed. The unit of analysis was each news source.

News sources were divided into three broad categories, health care providers, other expert professionals and lay persons. The operational definition of health care providers included physicians, nurses and other workers in the health care field. More specific categories are provided below. The definition of other expert professionals included government officials and persons who publicly represented the viewpoints of professionals affected by a possible change in cancer disclosure policies. More specific subcategories are provided below. The operational definition of lay persons included individual citizens and persons who were not public figures and were not professionally affected by a change in cancer disclosure policies. More specific sub-categories are provided below. The categorization applied both to news sources and the authors of editorials written in *Yomiuri's* and *Asahi's* editorial sections.

Specific news sources sub-categories were:

- a. Health care providers
 - a) Physicians
 - b) Nurses
 - c) Other health care providers
 - Social workers, psychologists or other workers in the health care field
- b. Lay persons
 - a) Public interest group
 - b) Patients
 - c) Patients' families
 - d) Other individual citizens
 - This category also includes persons who cannot be included any other categories.
- c. Other expert professionals
 - a) Government officials
 - Including the prime minister, officers of the Imperial House
 - b) Lawyers, judges or attorneys
 - c) Representatives from companies
 - Including news media and makers in the health care field.
 - d) Clergymen
 - Including all religions' clergymen
 - e) Other scholars
 - Except for scholars in the health care, law and religious fields
 - f) Other public figures (excluding health care professionals)

Writers of editorials, commentaries and letters to the editor were also analyzed by the same categories (health care providers, laypersons and other experts) and “reporters or editors” of the parent news organization. While *Yomiuri* or *Asahi* staff writers were categorized as “reporters or editors,” public input within editorial sections was determined by measuring opinions written by persons outside of the parent news organization. For the purpose of the study,

editorial sections measured commentaries, columns and letters from readers written by non-staffers and opinion pieces written by *Yomiuri* or *Asahi* staff. Writers of editorials were also analyzed by the same sub-categories used for news sources, and a category of “reporters or editors.” Within opinion-editorial sections, the unit of analysis was each writer.

“Balanced” coverage was first, operationally defined as a reasonably equivalent (or statistically not significant) percentage of the number of sources among health care providers, other expert professionals and laypersons and a reasonably equivalent (or statistically not significant) percentage of editorials, commentaries and letters to the editors written by health care providers, other expert professionals and laypersons.

Comstock et. al. (1978) suggested that balance in journalism includes more than the percentage of stories or editorials within pre-selected categories. Balance also depends on the rhetorical direction, or the prevailing impression that is left to a neutral reader who reads news reports or commentary (Budd, Thorp and Donohew, 1967).

As a result among news sources, balance also was operationally defined as whether there was a reasonably equivalent (or statistically not significant) percentage of proponents, opponents and neutral sources among all news sources (regardless if they are health care providers, other expert professionals and laypersons) in *Yomiuri's* and *Asahi's* reporting about cancer disclosure policy issues. The determination whether a news source was a proponent, opponents or neutral about full cancer disclosure was derived from Budd, Thorp and Donohew's well-grounded classification (1967).

- a. A proponent of full disclosure of cancer to patients was seen as:
 - News sources who depict *full disclosure* of cancer to Japanese patients as correct, progressive, peace loving, moral, honest, intelligent, practical, unified, contract abiding and exercising leadership. The descriptions suggest cohesion, cooperation, personal stability and/or strength judged on the basis of health care provider-patient relations.
 - and/or
 - News sources who depict *concealment* of cancer to Japanese patients as incorrect, backward, domineering, immoral, dishonest, foolish, impractical, disunified, contract breaking and lacking in leadership. The descriptions suggest conflict, disorganization, personal instability and/or weakness judged on the basis of health care provider-patient relations.
- b. An opponent of full disclosure of cancer to patients was seen as:
 - News sources who depict *full disclosure* of cancer to Japanese patients as incorrect, backward, domineering, immoral, dishonest, foolish, impractical, disunified, contract breaking and lacking in leadership. The descriptions suggest conflict, disorganization, personal instability and/or weakness judged on the basis of health care provider-patient relations.

and/or

News sources who depict *concealment* of cancer to Japanese patients as correct, progressive, peace loving, moral, honest, intelligent, practical, unified, contract abiding and exercising leadership. The descriptions suggest cohesion, cooperation, personal stability and/or strength judged on the basis of health care provider-patient relations.

- c. A neutral source regarding full disclosure of cancer to patients was seen as:
— News sources who do not fit into the above categories, seem non-judgmental, are equivocal, they accept arguments held by proponents and opponents of full disclosure of cancer to patients.

Similarly, balance was similarly operationally defined in editorials as whether the percentage of the direction (or prevailing impressions left to a neutral reader) was favorable, unfavorable or neutral toward cancer disclosure policy issues. Within editorials, balance was measured by whether there was a reasonably equivalent (or statistically not significant) percentage of favorable, unfavorable and neutral articles (regardless if they were written by health care providers, other expert professionals, laypersons or staff members) in *Yomiuri* and *Asahi's* editorial pages. The determination whether an editorial was favorable, unfavorable or neutral toward the issue of full cancer disclosure was derived from the same classification proposed by Budd, Thorp and Donohew (1967)

For editorials,

- a. Favorable was seen as — Rhetorical inclinations that depict *full disclosure* of cancer to Japanese patients as correct, progressive, peace loving, moral, honest, intelligent, practical, unified, contract abiding and exercising leadership. The descriptions suggest cohesion, cooperation, personal stability and/or strength judged on the basis of health care provider-patient relations.

and/or

Rhetorical inclinations that depict *concealment* of cancer to Japanese patients as incorrect, backward, domineering, immoral, dishonest, foolish, impractical, disunified, contract breaking and lacking in leadership. The descriptions suggest conflict, disorganization, personal instability and/or weakness judged on the basis of health care provider-patient relations.

- b. Unfavorable was seen as — Rhetorical inclinations that depict *full disclosure* of cancer to Japanese patients as incorrect, backward, domineering, immoral, dishonest, foolish, impractical, disunified, contract breaking and lacking in leadership. The descriptions suggest conflict, disorganization, personal instability and/or weakness judged on the basis of health care provider-patient relations.

and/or

Rhetorical inclinations that depict *concealment* of cancer to Japanese patients as correct, progressive, peace loving, moral, honest, intelligent, practical, unified, contract abiding and exercising leadership. The descriptions suggest

cohesion, cooperation, personal stability and/or strength judged on the basis of health care provider-patient relations.

This category includes rhetorical inclinations that support health care providers who wish to conceal cancer to their patients and rhetorical inclinations that do not support health care providers who wish to disclose cancer to their patients.

c. Neutral was interpreted as:

— Opinions within editorials who do not fit into the above categories, seem non-judgmental, are equivocal, they accept arguments held by proponents and opponents of full disclosure of cancer to patients.

In order to determine direction in editorials and whether news sources were proponents, opponents or neutral toward full cancer disclosure, coders were instructed to act in McQuails' (1992:227) tradition to decide based on a "speculation of a common-sense kind on the likely impression made on an average audience." After the articles were coded, a reliability test was conducted by the researcher and a graduate student in journalism school who was from Japan. Forty-seven out of 473 articles were randomly selected, and intercoder agreement reliability was 76 percent, using Holsti's formula (1969). The agreement was considered acceptable.

Results

Research question 1 was: Did *Yomiuri* and *Asahi* present more health care providers than lay or other news sources in their news coverage?

Table 1 reports both *Yomiuri* and *Asahi* used more health care providers than lay persons as news sources in their news reporting. While health care providers accounted for 40.7 percent of a total of 851 news sources, lay persons accounted for 23.3 percent. "Other experts" (government officials, attorneys, companies, clergy, scholars and public figures) accounted for 36.1 percent of all news sources. The most frequently used news sources were health care providers.

Table 1 Percentage of Types of News Sources

	Yomiuri (n=333)	Asahi (n=518)	Total (n=851)
Health Care Providers	37.4% (124)	42.9% (222)	40.7% (346)
Lay Persons	20.7% (69)	24.9% (129)	23.3% (198)
Other Experts	42.0% (140)	32.2% (167)	36.1% (307)

$\chi^2(2, n=851)=8.50, p<.05$

Table 1 reveals there were statistically significant differences between both newspapers among all three types of news sources ($\chi^2=8.50$, d.f.=2, $p<.05$).

Within the categories of news sources, the differences between health care providers and lay persons were not statistically significant. The difference for “other experts” between *Yomiuri* and *Asahi* was statistically significant ($\chi^2=8.45$, d.f.=1, $p<.05$). This result suggests that *Yomiuri* used more “other experts” (government officials, attorneys, companies, clergy, scholars and public figures) as news sources than *Asahi*.

Table 2 breaks down health care providers, lay persons and other experts into sub-categories and shows that physicians were the most frequently used news source, 32.4 percent of 851 news sources. Table 2 shows the second most frequently used news sources were corporate representatives, 11.6 percent. Patients’ families at 9.4 percent, and government officials at 9.3 percent were the third and fourth most frequently cited sources in news stories.

Table 2 Percentage of Sub-Categories of News Sources

	Yomiuri (n=333)	Asahi (n=518)	Total (n=851)
Health Care Providers	37.4%	42.9%	40.7%
Physicians	30.9%	33.4%	32.4%
Nurses	4.2%	4.2%	4.2%
Other Health Care Providers	2.1%	5.2%	4.0%
Lay Persons	20.7%	24.9%	23.3%
Public Interest Group	3.0%	3.5%	3.3%
Patients	6.9%	6.4%	6.6%
Patients’ Families	9.3%	9.5%	9.4%
Other Individuals	1.5%	5.6%	4.0%
Other Experts	42.0%	32.2%	36.1%
Government Officials	10.5%	8.5%	9.3%
Lawyers	1.8%	2.7%	2.4%
Companies	15.3%	9.3%	11.6%
Clergymen	6.9%	1.7%	3.8%
Other Scholars	2.1%	4.1%	3.3%
Other Public Figures	5.4%	6.0%	5.8%

χ^2 (12, n=851)=38.87, $p<.05$, but cells with expected frequency <5 were 9 of 18 (50%)

Research question 2 was: Did *Yomiuri* and *Asahi* provide more access in their editorials to lay persons than health care providers and other medical experts (regarding cancer disclosure policy issues)?

Table 3 shows both *Yomiuri* and *Asahi* provided more access in their editorial sections to lay persons than health care providers. Among a total of 147 editorial-opinions, columns and letters from readers, 36.7% were written by reporters or

editors, 35.4 percent were written by lay persons, and 13.6 percent were written by health care providers. Editorial-opinions, columns and letters written by “other expert professionals” (government officials, attorneys, companies, clergy, scholars and public figures) accounted for 14.3 percent.

Table 3 Percentage of Types of Writers in Editorials

	Yomiuri (n=76)	Asahi (n=71)	Total (n=147)
Reporters or Editors	55.3% (42)	16.9% (12)	36.7% (54)
Health Care Providers	9.2% (7)	18.3% (13)	13.6% (20)
Lay Persons	30.3% (23)	40.8% (29)	35.4% (52)
Other Experts	5.3% (4)	23.9% (17)	14.3% (21)

$\chi^2(3, n=147)=27.07, p<.05$

Table 3 shows the differences among the categories of reporters or editors, lay persons, providers and other experts was statistically significant between *Yomiuri's* and *Asahi's* editorial sections.

Within categories, the difference between health care providers and lay persons was not statistically significant. The percentage of *Yomiuri's* editorials written by “reporters or editors” was higher than *Asahi's* ($\chi^2 = 23.24, d.f.=1, p<.05$), and the percentage of *Yomiuri's* editorials written by “other experts” were lower than *Asahi's* ($\chi^2 = 10.46, d.f. = 1, p<.05$). This result suggests *Yomiuri* published more editorials written by staff within the parent news organization and fewer editorials written by “other experts” than *Asahi*.

Table 4 breaks down health care providers, lay persons and other experts into sub-categories. Table 4 shows that patients' families were the second most frequently used writers of editorial-opinions, columns and letters at 15.6 percent. Table 4 reveals that patients were the second most frequently used writers of editorial-opinions, columns and letters at 11.6 percent. Physicians were the third most frequently used writers of editorial-opinions, columns and letters at 10.2 percent.

Table 4 Percentage of Sub-Categories of Writers in Editorials

	Yomiuri (n=76)	Asahi (n=71)	Total (n=147)
Reporters or Editors	55.3%	16.9%	36.7%
Health Care Providers	9.2%	18.3%	13.6%
Physicians	7.9%	12.7%	10.2%
Nurses	1.3%	5.6%	3.4%
Other Health Care Providers	0%	0%	0%
Lay Persons	30.3%	40.8%	35.4%
Public Interest Group	0%	0%	0%
Patients	9.2%	14.1%	11.6%
Patients' Families	13.2%	18.3%	15.6%
Other Individuals	7.9%	8.5%	8.2%
Other Experts	5.3%	23.9%	14.3%
Government Officials	0%	0%	0%
Lawyers	0%	5.6%	2.7%
Companies	0%	1.4%	0.7%
Clergymen	0%	0%	0%
Other Scholars	2.6%	8.5%	5.4%
Other Public Figures	2.6%	8.5%	5.4%

$\chi^2(9, n=147)=17.54, p<0.5$, but cells with expected frequency <5 were 10 of 18(56%)

Research question 3 asked “Were the two newspapers balanced in their use of news sources in their news reporting about full disclosure of cancer to patients?” Table 5 shows the percentage of news sources that were proponents, opponents and neutral to full cancer disclosure. In frequency, both newspapers used more proponents toward full disclosure of cancer to patients, which accounted for 19.7 percent of a total of 851 news sources, than opponents, which accounted for 6.1 percent. The most frequent direction was, however, neutral news sources, which accounted for 74.1 percent.

Table 5 reveals the differences among the two newspapers in the rhetorical directions of news sources were statistically significant ($\chi^2 = 13.84, d.f.=2, p<.05$). Although not reported in Table 5, *Yomiuri* used more proponents as news sources than *Asahi* ($\chi^2 = 11.55, d.f.=1, p<.05$), and *Asahi* used more neutral news sources than *Yomiuri* ($\chi^2 = 13.51, d.f.=1, p<.05$).

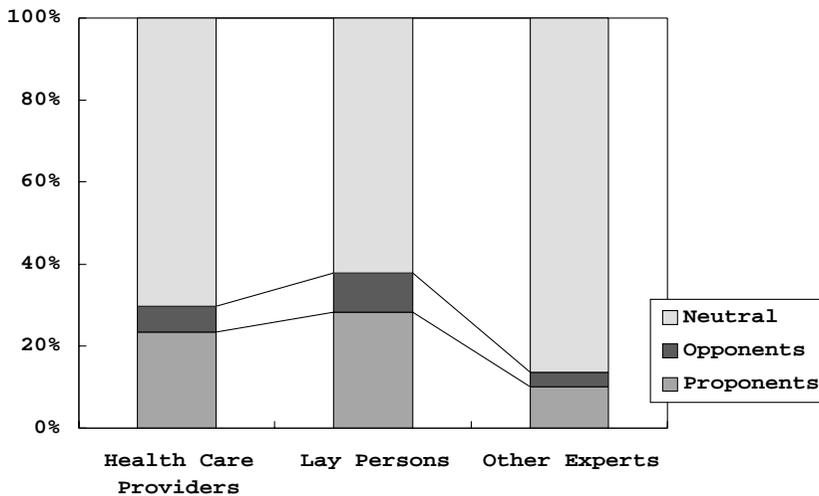
Table 5 Percentage of Directions of News Sources

	Yomiuri (n=333)	Asahi (n=518)	Total (n=851)
Proponents	25.5% (85)	16.0% (83)	19.7% (168)
Opponents	7.2% (24)	5.4% (28)	6.1% (52)
Neutral	67.3% (224)	78.6% (407)	74.1% (631)

$\chi^2(2, n=851)=13.84, p<.05$

To provide more perspective on research question 3, the rhetorical directions of opinions by types of news sources were analyzed. Figure 2 shows the percentage of directions by the types of news sources in *Yomiuri* and *Asahi*. There were statistically significant differences among the directions for the types of news sources ($\chi^2=42.03, d.f.=4, p<.05$). Lay persons were more likely to be proponents or opponents than other types of news sources ($\chi^2=11.88, d.f.=1, p<.05$; $\chi^2=5.46, d.f.=1, p<.05$), and “other experts” were more likely to be neutral than other types of news sources ($\chi^2=37.11, d.f.=1, p<.05$).

Figure 2 Percentage of Directions by Types of News Sources



$\chi^2(4, n=851)=42.03, p<.05$

Finally, research question 4 asked “Were the two newspapers balanced in their editorials about full disclosure of cancer to patients?”

Table 6 shows the percentage of favorable, unfavorable and neutral editorials. In frequency, both newspapers published more favorable than unfavorable editorials toward full disclosure of cancer to patients. Favorable editorials accounted for 38.8 percent of a total of 147 editorials, and unfavorable editorials accounted for 8.8 percent. But the most frequent rhetorical direction was neutral editorials, which accounted for 52.4 percent. There were no statistically significant differences among the rhetorical directions of editorials between *Yomiuri* and *Asahi*.

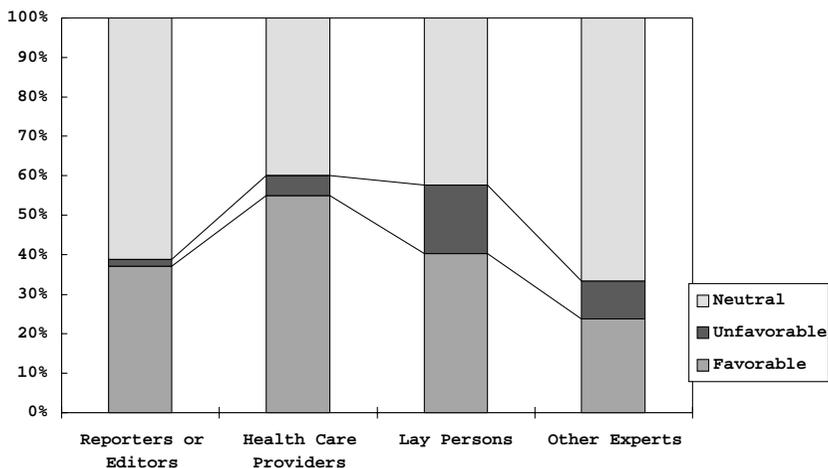
Table 6 Percentage of Directions of Editorials

	Yomiuri (n=76)	Asahi (n=71)	Total (n=147)
Favorable	39.5% (30)	38.0% (27)	38.8% (57)
Unfavorable	10.5% (8)	7.0% (5)	8.8% (13)
Neutral	50.0% (38)	54.9% (39)	52.4% (77)

$\chi^2(2, n=147)=0.69, p=n.s.$

To obtain perspective for research question 4, directions of editorials by types of writers were analyzed. Figure 3 shows the percentages of rhetorical directions of editorials by types of writers.

Figure 3 Percentage of Directions of Editorials by Types of Writers



$\chi^2(6, n=147)=13.39, p<.05$

Figure 3 reveals there were statistically significant differences among the rhetorical directions of editorials among the four types of writers ($\chi^2 = 13.39$, d.f.=6, $p < .05$). The percentage of unfavorable opinion written by reporters or editors was lower than other types of writers ($\chi^2 = 5.18$, d.f.=1, $p < .05$), and the percent of unfavorable opinion written by lay persons was higher than other types of writers ($\chi^2 = 7.18$, d.f.=1, $p < .05$). These results suggest that reporters or editors were less unfavorable toward full disclosure of cancer and laypersons were more unfavorable than other types of writers.

Conclusions

Overall, the study found a tendency among both *Yomiuri* and *Asahi* to cover physicians more than other news sources; to provide more access in editorials to lay persons than experts or other professionals; to use news sources who were more neutral (as opposed to proponents or opponents) of full disclosure of cancer issues and displayed a tendency to publish neutral editorials.

Regarding research question 1, previous international literature and some previous studies in Japan suggested journalists depended on scientists and physicians as primary sources in health and medical coverage (Logan, 1991; Nelkin, 1987; Sakamoto, 1984; E, 1995). This study empirically confirms this assertion within a Japanese setting.

Regarding research question 2, previous literature implied a recent trend among Japanese newspapers to publish more editorial-opinions, columns and letters from lay persons for general issues. This study may be the first empirical confirmation of this trend regarding the Japanese health care issues. This study partially supports recent literature and moves the context from general issues to health care policy (in Murano, Ando, Nakura & Umeda, 1991).

While *Yomiuri* and *Asahi* relied on health care providers, especially physicians, in their news reporting, the two newspapers provided more access in editorial-opinions, columns and letters to lay perspectives, especially patients' families and patients.

Among the sub-categories of laypersons, both *Yomiuri* and *Asahi* used more patients' families than cancer patients as news sources and editorial writers. This finding suggests the importance of patients' families in Japan's discussion of cancer disclosure policy issues, which partially supports the literature that Japanese physicians usually communicate a cancer diagnosis to patients' families, instead of directly to patients (Hattori et al., 1991).

Regarding research question 3, both *Yomiuri* and *Asahi* used more proponents than opponents of full disclosure of cancer to Japanese patients as news sources.

Regarding research question 4, both newspapers published more favorable than unfavorable editorials about cancer disclosure policy issues.

Previous literature suggests a tendency in Japanese newspapers to balance opinions in editorials and news about controversial public and health issues. (Yokota, 1988). This study partially reinforces these prior findings perhaps because the study's variables compared a) neutral as well as favorable and unfavorable editorials and b) neutral as well as proponent and opponent news sources.

By adding the category of neutral, the authors discovered both *Yomiuri* and *Asahi* printed a plurality of neutral sources and editorials. The study, in turn, suggests the importance of 'neutral' as a variable in determining balance in news and editorial opinion. A neutral variable appears to be especially important within a Japanese setting and to understand the subtlety of editorial decision making within the Japanese press.

Also, the preponderance of neutral sources and neutral commentaries regarding cancer disclosure policies is interesting because it appears to be consistent with previous literature, which suggests the preservation of rhetorical equilibrium is important in Japanese language and culture. While a listener's rejection, assertion or criticism is often regarded as impolite or bad manners, a speaker avoids confrontation in human relations within Japanese society as a culturally accepted rhetorical practice (Okabe, 1987). In addition, harmony is integral to Japanese culture, and experts are presumed to be unchallenged within editorial pages (Murano et al., 1991). As a result, *Yomiuri's* and *Asahi's* frequent use of neutral news and editorial sources might reflect a newspaper's effort to sustain cultural rhetorical norms.

The findings additionally report doctors were more likely to be proponents than opponents of full cancer disclosure when they were quoted or paraphrased as news sources. In editorials, physicians were more favorable than unfavorable toward full cancer disclosure, although the differences were not statistically significant.

The previous literature implied physicians tended to be more opponents than proponents because only 18 percent of patients were told they suffered from cancer by physicians (Matsusaka et al., 1993). But the results of this study suggest physicians who were proponents of full cancer disclosure were frequent news sources and had access to *Yomiuri's* and *Asahi's* editorial pages.

The partial reason for the inconsistencies between the literature review and the study's findings might be that many Japanese physicians understood the importance of full cancer disclosure, at the same they were reluctant to tell diagnosis of cancer to their patients. Also, after a government task force and the Japanese Medical Association advocated full cancer disclosure, Japanese physicians who opposed full cancer disclosure may have refrained from speaking out in newspapers.

From a more qualitative perspective, the study challenges previous criticisms that the Japanese news media a) avoid dissent and b) do not necessarily provide diverse perspectives about policy issues. *Yomiuri* and *Asahi* avoided confrontation of expert-professional opinion within their daily news coverage about cancer disclosure from 1987-1993 by featuring mostly physicians and health care providers as news sources. Expert, professional opinion dominated how news was framed with less effort to account for more diverse lay perspectives. However, lay perspectives tended to be more reflected within editorials and commentaries. Consequently, the findings suggest *Yomiuri* and *Asahi* appeared to make a sophisticated adjustment to balance public perspectives and generate a social dialogue about a controversial public policy issue.

In a controversial health policy issue, *Yomiuri* and *Asahi* apparently shifted the generation of diverse opinions to editorial pages in order to provide a forum for public issues and generate public discussion. The preservation of balance and tolerance for dialogue apparently was the byproduct of an entire editorial enterprise rather than responsibilities of news or any other editorial section.

Despite a challenging cultural norm (full cancer disclosure), *Yomiuri* and *Asahi* found an overall editorial strategy that provided more balance, access and a forum for ideas. Without offending physicians, or health care providers, the newspapers apparently found a way to manage dissent, not challenge prevailing cultural rhetorical norms and launch a free-ranging discussion of a controversial, health policy issue.

Although this study did not analyze the coverage from 1994 to the present, *Yomiuri* and *Asahi* seemed to have provided more access to lay persons than health care providers in their editorials about full cancer disclosure written after 1993. While *Yomiuri* has continuously published columns written by the staff, *Asahi* rarely published editorials or columns written by the staff. For their news reporting, *Asahi* has stopped their intensive coverage about the issue, and *Asahi's* news reporting, for a large part, has been limited to court cases and public opinion surveys. In contrast to *Asahi*, *Yomiuri* has continued to cover the issue of full cancer disclosure by running a series of articles about cancer and health care policy issues.

Behind the coverage, *Yomiuri* organized an intersectional team to cover health care issues, which was originally chaired by a deputy managing editor (interview with Otani et al., 1994). Although it cannot be concluded from this study, *Yomiuri's* intersectional approach might, in part, help keep the complex medical policy issue, such as full cancer disclosure, on the news media's and public's agenda.

REFERENCES

- Asahi Shimbun (2000). "Gan kokuchi, 76% kibou, enmei-chiryō 77% nozomazu Asahi Shimbunsha yoron chōsa [76% Want to Be Told Cancer, 77% Don't Want Prolonged Treatment: Asahi Shimbun's Poll]". October 23:1.
- BLAKESLEE Sandra (ed.) (1986). *Human Heart Replacement: A New Challenge for Physicians and Reporters*. Los Angeles: Foundation for American Communications.
- BUDD Richard W., THORP Robert K. & DONOHEW Lewis (1967). *Content Analysis of Communication*. New York: Macmillan.
- COMSTOCK George, CHAFFEE Steven, KATZMAN Natan, MCCOMBS Maxwell & ROBERTS Donald (eds.) (1978). *Television and Human Behavior*. New York: Columbia University Press.
- E Gwangho (1995). "Ishū houdō ni okeru nyūsu sōsu no bunpu: 'nōshi-zōkiishoku' houdō wo taishō to shite [News Sources in the Coverage of the Brain Death and Organ Transplantation Issue]". *Mass Communication Kenkyū* [Journal of Mass Communication Studies], 47: 168-179.
- FUJITA Shinichi (1988). "'Kanjā honi' no houdō wo nozomu [Medical Coverage Should be Written Based on Patients' Perspectives]". *Shimbun Kenkyū*, 448: 14-18.
- GOFFMAN Erving (1972). *The Presentation of Self in Everyday Life*. New York: Doubleday and Company.
- HANSEN Anders, COTTLE Simon, NEGRINE Ralph & NEWBOLD Chris (1998). *Mass Communication Research Methods*. New York: New York University Press.
- HATA Youichi (1990). "Iryō wo seiiki kara taishū no mono ni [Health Care Is Not Sacred Only for Physicians, Should Belong to the Public]". *Medical Journalist*, 1(1):8.
- HATTORI H., SALZBERG S. M., KIANG W. P., FUJIMIYA T., TEJIMA, Y. & FUATUNO J. (1991). "The Patient's Right to Information in Japan: Legal Rules and Doctor's Opinions". *Social Science of Medicine*, 32:1007-1016.
- HOLSTI Ole R. (1969). *Content Analysis for the Social Sciences and Humanities*. Reading, MA: Addison-Wesley.
- Japan Newspaper Publishers & Editors Association (1992). *The Japanese Press*. Tokyo: Author.

- KIMURA Rihito (1987). "Bioethics as a Prescription for Civic Action: the Japanese Interpretation". *Journal of Medical Philosophy*, 12: 267-277.
- KIMURA Rihito (1989). "'Seimei rinri' to jaanalizumu no yakuwari [Bioethics and the Role of Journalism]". *Sogo Journalism Kenkyu*, 26(2):8-13.
- KIMURA Rihito (1991). "'Beikoku daitouryo iinkai no ayumi ni manabu [Learn the Public Participation in the Presidential Committee in the United States]". *Medical Journalist*, 2 (1): 3.
- LOGAN Robert, ZENGJUN Peng & WILSON Nancy F. (2000). "Science and Medical Coverage in the Los Angeles Times and The Washington Post: A Six Year Perspective". *Science Communication*. 22(1) : 5-26.
- LOGAN Robert A.(1985). Rationales for Investigative and Explanatory Trends in Science Reporting. *Newspaper Research Journal*, 7:53-58.
- LOGAN Robert A. (1991). Popularization versus Secularization: Media Coverage of Health. In WILKINS Lee & PATTERSON Philip (eds.) (1991). *Risky Business: Communicating Issues of Science, Risk and Public Policy*. Westport, CT: Greenwood. pp. 43-59.
- LOWENSTEIN Ralph L. & MERRILL John C. (1990). *Macromedia: Mission, Message, and Morality*. New York: Longman.
- MATUSAKA Tatsuro, SHIMIZU Midori, YOSHIDA Hiroko, YAMADA Wakako, SATO Aya, KANAI Toumi & MURATA Takayoshi (1993). "Gan shibousha no kokuchi, seikatsu no shitsu, setsumei to doui; heisei 4 nendo jinkou doutai shakai keizai men chosa (akusei shinseibutsu) no gaiyo [Truth Telling and Informed Consent of Cancer Patients and Their Quality of Life]". *Kousei no Shihyou* [Statistics of Health and Welfare]. 40(7): 19-27.
- MCDONALD-SCOTT P., MACHIZAWA S. & SATOH H. (1992). Diagnostic Disclosure : A Tale in Two Cultures. *Psychological Medicine*, 22 :147-157.
- MCQUAIL Denis (1992). *Media Performance: Mass Communication and the Public Interest*. Newbury Park:Sage.
- Ministry of Health and Welfare & Japanese Medical Association (eds.) (1989). *Makki iryo no kea: sono kento to houkoku* [Terminal Care: Its Investigative Report]. Tokyo: Chuou Houki.
- MIYATA Kouji (1980). "Shimbun no genron kinou; ima shimbun ni motomerareteirumono [Communication Is Newspapers' Role; What Are Now Required in Newspapers]". *Shimbun Kenkyu*, 347, 10-14.

- MURANO Hiroshi, ANDO Yoshinobu, NAGURA Kazuhito & UMEDA Mitsuo (1991). "Tousho ran no saikin no keikou to dokushazou [The Recent Trends of Letters from Readers and Images of Readers]". *Shimbun Kenkyu*, 482: 22-34.
- NAKAJIMA Yoshinori (1991). *Shimbun touseoron: souseiki no shimbun to dokusha* [Letters from Readers in Newspapers: Newspapers and Readers in the Beginning]. Tokyo: Banseisha.
- NELKIN Dorothy (1987). *Selling Science: How the Press Covers Science and Technology*. New York: W. H. Freeman.
- NHK Morning Journal Reporters (1989). *Gan kokuchi* [Truth-Telling about Cancer]. Tokyo: Chikuma Shobo.
- Noushi rincho wo kangaeru [Consider the Government Task Force on Brain Death] (1991). *Medical Journalist*, 2 (1):4.
- OKABE Keizo (1987). Indirect Speech Acts of the Japanese. In Kincaid D. Lawrence (Ed.) *Communication Theory: Eastern and Western Perspectives*. San Diego: Academic Press.
- OKADA Yasuo (1989). "Seishin shikkan kanja heno henken wo tsukurumono (dai 2 ho): shimbun kiji no bunseki [How Did Journalists Write on the Mentally Ill in Newspapers?]". *Japanese Journal of Social Psychiatry*, 12, 1:37-43.
- SAKAMOTO Masoyoshi (1984). "Kagaku Jaanarizumu no huzai: taigaijusei houdou no ninen-han [The Lack of Science Journalism: Coverage of Artificial Insemination Donors for Two Years and a Half]". *Sekai*, 468: 91-102.
- SAKAMOTO Junichi, AKIYAMA Seiji, WATANABE Tadashi, ICHIHARA Tooru, HORISAWA Masumasa, YASUE Mango and Nakao Akihiro (1999). "Shinkou gan chiryo ni okeru ishi no shiten kara mita kokuchi to informed consent [Physicians' Views about Truth Telling and Informed Consent for the Treatment of Advanced Cancer]". *Nihon Shoukagakigeka-gakkai-shi* [Journal of Gastroenterology], 32(6): 1452.
- SWINBANKS, D. (1989). "Japanese doctors keep quiet". *Nature*, 339:6624.
- YOKOTA Saburo (1988). "Tsune ni kagakuteki de settokuryoku no aru houdou wo; nousotsu kara tachinaotta iryou kicha to shite [Coverage Should Be Always Scientific and Convincing: Suggestions from a Medical Journalist Who Recovered from Cerebral Hemorrhage]". *Shimbun Kenkyu*, 448:10-13.

INTERVIEWS

- Interview with OTANI Katsuya, MARUKI Kazushige, HIDAKA Shoichi and SHIROMIZU Tadataka (July 6, 1994).