



## Editorial Guidelines

### Using the Guidelines

#### 1.0 Introduction

Healthcare professionals and patients are at the heart of everything Mission Critical Health (MCH) does.

We are committed to giving our audiences high-quality, original and at times challenging content. Some healthcare issues need a voice and some solutions are challenging to adopt but worth the effort to save lives. MCH will ask our viewers to step-up and acknowledge a challenge, improve their process or position on patient care and make a change. Industry participation is the lifeblood of our program.

Equally, we must give our audiences content made to the highest editorial, educational and ethical standards. The acceptance of our evidence based content depends on it.

We must therefore balance our presumption of freedom of expression with our responsibilities, for example to respect privacy, to be fair, to avoid unjustifiable offence and to provide appropriate protection for our audiences from harm.

*(Note: The Human Rights Act 1998 recognizes the right to freedom of expression, which includes the audience's right to receive creative material, information and ideas without interference, subject to restrictions in law. It also recognizes the right to private and family life and to freedom of thought, conscience and religion.)*

We seek to uphold values in all we do. They embody our freedoms and responsibilities and, like the Editorial Guidelines, apply to all our content, whether it is made by MCH itself or by an independent company working for the producers. Whether it is made for radio, television, online, mobile devices, interactive services or the printed word viewers can trust MCH content to be science based. What follows are challenging requirements, but they are essential to everything we do.

#### 1.1 Trust

Trust is the foundation: we are independent and honest. We are committed to achieving the highest standards of accuracy and evidence based impartiality and



strives to avoid knowingly and materially misleading our audiences.

## **1.2 Truth and Accuracy**

We seek to establish informative, educational and truthful content and are committed to achieving due accuracy in all our output. Accuracy is not simply a matter of getting facts right; when necessary, we will weigh relevant facts and information to get at the “real world” truth and application of best practices. Our output, as appropriate to its subject and nature, will be well sourced, based on sound evidence, thoroughly tested and presented in clear, precise language. We will strive to be honest and open about what we don't know and avoid unfounded speculation.

### **1.2.1 Impartiality**

Impartiality lies at the core of MCH's commitment to its audiences. We will apply impartiality to all our subject matter and will reflect a breadth and diversity of opinion across our output as a whole. Long format content allows MCH to deliver a comprehensive message so that no significant strand of thought is knowingly unreflected or under-represented. Short format content does not allow for such elaborate discussion. We will be fair and open-minded when examining evidence and weighing material facts. When possible MCH will pull in a third party experts to provide input and an impartial review of content.

### **1.2.2 Editorial Integrity and Independence**

MCH's goal is to provide trustworthy content that both practitioner and patient can rely on. MCH is independent of outside interests and arrangements that could undermine our editorial integrity. Our audiences should be confident that our decisions are not influenced by outside interests, political or commercial pressures, or any personal interests. Editorial responsibility within MCH rests with the editorial chain of management from program or content producer, whether in-house or independent with the final content approval coming from the editor-in-chief.

Various editorial checks and balances provide safeguards against influencers. MCH's producers are reluctant to rely on a single source. If we do rely on a single source, a named on-the-record source is always preferable. To avoid single sources, MCH requests that each story be presented from an independent perspective. In order to achieve this standard, MCH producers film our stories at willing healthcare facilities with healthcare administrators, physicians, nurses or other healthcare professionals



familiar with or experienced with the results or evidence presented in the story.

### **1.2.3 Harm and Offence**

We aim to reflect the world as it is, including all aspects of the human experience and the realities of the natural world. But we balance our right to broadcast innovative and challenging content with our responsibility to protect the vulnerable from harm and avoid unjustifiable offence. We will be sensitive to, and keep in touch with, today's generally accepted standards as well as our audiences' expectations of our content, particularly in relation to the presentation of new solutions and the protection of children. Patients are directed to consult with their physician prior to engaging in any healthcare related activity or practice demonstration or discussed on MCH.

### **1.2.4 Serving the Public Interest**

We seek to report stories of significance to our audiences. Our format will bring authoritative insight and analysis to the complex healthcare world in which we rely upon. We will ask searching questions of those who make healthcare and administrative decisions and others who are accountable, and provide a comprehensive forum for public discourse.

### **1.2.5 Fairness**

Our content will be based on fairness, openness, honesty and straight dealing. Contributors and audiences will be treated with respect.

### **1.2.6 Privacy**

MCH is interested in sharing public information; we will respect privacy and will not infringe it without good reason. MCH is not in the business of negative investigative journalism rather, MCH presents solutions and answers to today's medical challenges. Private behavior, information, correspondence and conversation will be avoided as to not bring them into the public domain.

### **1.2.7 Children**

We will always seek to safeguard the welfare of children and young people who contribute to and feature in our content, wherever in the world we operate. We will preserve their right to speak out and participate, while ensuring their dignity and their physical and emotional welfare is protected during the making and broadcast of our output. Content which might be unsuitable for children will be scheduled and



distributed appropriately. Waivers must be completed for all on-camera talent(s).

### **1.2.8 Transparency**

We will be transparent about the nature and provenance of the content we offer online. Where appropriate, we will identify who has created it and will use labeling to help online users make informed decisions about the suitability of content for themselves and their children.

### **1.2.9 Accountability**

We are accountable to our audiences and will deal fairly and openly with them. Their continuing trust in the MCH is a crucial part of our relationship with them. We will be open in acknowledging mistakes when they are made and encourage a culture of willingness to learn from them. The concept of editorial justification recurs throughout the Editorial Guidelines and is central to the application of our values and standards.

It is a judgment on the particular circumstances of each case, balancing the editorial purposes of our output or actions with their impact on our audiences and people in our output (or, where relevant, those closest to them). MCH reserves the creative license to present material in a creative and thoughtful manner.

## **Principles**

### **2.0**

We must do all we can to ensure due accuracy in all our output.

### **2.1 Evidence**

All MCH output, as appropriate to its subject and nature, must be well sourced, based on sound evidence, thoroughly tested, presented by industry experts and presented in clear, precise language. We should be honest and open about what we don't know and avoid unfounded speculation. Claims, allegations, material facts and other content that cannot be corroborated should normally be attributed.

### **2.2**

MCH must not knowingly and materially mislead its audiences. We should not distort known facts, present invented material as fact or otherwise undermine our audiences' trust in our content.

[www.MissionCriticalHealth.com](http://www.MissionCriticalHealth.com)



### **2.2.1**

We should normally acknowledge serious factual errors and correct them quickly, clearly and appropriately. MCH review process is designed to catch errors however accidents do sometime occur.

### **2.2.2**

External activities of individuals working for MCH must not undermine the public's perception of the impartiality, integrity, independence and objectivity of the MCH. Nor should they bring the MCH into disrepute.

### **2.2.3**

There must never be any suggestion that commercial, financial or other interests have influenced MCH editorial judgments. Those involved in the production of MCH content must have no significant connection with products, businesses or other organizations featured in that content. MCH will remain true to our editorial guidelines regardless of view perception.

### **2.2.4**

The management within MCH must be satisfied that individuals involved in the production of its content are free from inappropriate outside commitments and connections.

## **Unrestricted Educational Grants**

### **3.0**

Funds may be accepted from sponsors as Unrestricted Educational Grants for appropriate learning and educational output which is in line with the mission of MCH. An Agreement between the sponsor and MCH must establish the editorial separation and the framework of the sponsorship related to the benefits to the sponsor and healthcare audience.

## **Co-Productions**

### **4.0**

A co-production is where funding is in exchange for broadcasting, publishing or



other rights. Appropriate co-production partners include broadcasters, program/film distributors, independent producers, record companies, audio visual producers, software and web service producers and institutions involved in health & wellness, medical and patient education (such as educational initiatives within the healthcare industry). MCH will engage in co-productions that support our mission and meet viewer education standards.

#### **4.1**

On-air credits for co-productions must be simple and non promotional. They are normally included in the end credits of programs.

Online there may be a single non-promotional credit per site for a co-producer which may include the co-producer's logo. If editorially justifiable there may be a link to the co-producer's site but it is not permissible to link directly to any page whose main purpose is to promote, advertise or sell goods or services.

## **Copyright and Other Intellectual Property Rights**

#### **5.0**

Intellectual property rights include:

- Copyright

- Moral rights

- Performers' rights

- Trade marks

- Patents and designs

- Rights to prevent "passing off" and breach of confidence.

Intellectual Property lawyers in the Litigation and Intellectual Property Department (L&IP) give advice on the protection and exploitation of the MCH's intellectual property rights and on the infringement risks to MCH of using third parties' intellectual property rights. Litigation lawyers in that department give advice on the infringement of intellectual property rights. MCH owns all copyrights on MCH produced content.



MCH seeks to shoot 100% of it's content with MCH producers and camera crews, any additional graphics, animations, interviews... must be legally released to MCH by the content's owner. There may be circumstances where a copyright work, in which rights have not been cleared, can nevertheless be included in a program under fair dealing or other copyright exceptions.

MCH produces both editorial and educational content. Educational grant providers are not bound by these editorial guidelines and may work closely with MCH producers during the development of educational videos, animation, training materials and presentations.

For more information about Mission Critical Health's news and editorial programs please contact a producer.