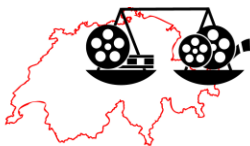

Schweizerischer Verein für **ausgewogene Berichterstattung**
Association suisse pour **une information équilibrée**
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NPO DETAILED ANALYSIS

2024-03-08_VPWON_1353091

Broadcast: NPO broadcast | 2024-03-08 | Analysed on: 2026-05-22 23:34

Version 3.0-detail | Universal 3.0-detail | Konverter 3.4 (2026-05-20) | Maatstaf: Mediawet 2008 Art. 2.1

TOTAL SCORE	5.3/10	*Considerable imbalance*

0 = balanced, 10 = strongly one-sided/manipulative

POLITICAL SPECTRUM

Classification based on Chapel Hill Expert Survey (CHES) 2024

The Chapel Hill Expert Survey (CHES 2024) is an academic survey of 609 political scientists in 31 countries. Each party is rated on a scale from 0 (far left) to 10 (far right).

Party	SP	GL-PvdA	PvdD	D66	CDA	NSC	CU	VVD	BBB	SGP	PVV	FvD
CHES	1.10	2.40	2.50	4.80	5.50	5.80	6.00	7.00	7.50	7.80	9.20	9.50
Spectrum	*Left*	*Left*	*Left*	*Left*	*Centre*	*Centre*	*Right*	*Right*	*Right*	*Right*	*Right*	*Right*

The overall tendency is displayed on a 0–10 scale (0 = strongly left-favouring, 5 = balanced, 10 = strongly right-favouring). The calculation is based on the difference in average favouring of left vs. right parties (grouping according to CHES 2024).

TENDENCY (L – R)	4.7 / 10	***Balanced***

0	1	2	3	**4**	5	6	7	8	9	10

← Left Right →

Source: Chapel Hill Expert Survey 2024 — chesdata.eu | Jolly et al., Electoral Studies, 2022 | Threshold values: Pew Research Center

This section provides political context and does not count towards the total score.

POLITICAL LANDSCAPE

The Schoof cabinet (took office July 2024) is an extra-parliamentary cabinet consisting of PVV, VVD, NSC and BBB. Prime Minister Dick Schoof is non-partisan. The largest opposition party is GL-PvdA (25 seats), followed by D66 (9 seats), CDA (5 seats), SP (5 seats), FvD (3 seats), PvdD (3 seats), CU (3 seats) and SGP (3 seats).

Party	CHES L-R	Seats	Government/Opposition	Core position
SP	1.1	5	Opposition	Socialist, anti-market healthcare
GL-PvdA	2.4	25	Opposition	Progressive-left, social security
PvdD	2.5	3	Opposition	Animal rights, left-green
D66	4.8	9	Opposition	Liberal-progressive, pro-EU
CDA	5.5	5	Opposition	Christian democratic, centre-right
NSC	5.8	20	Government	Economic security, centre-right
CU	6.0	3	Opposition	Christian-social
VVD	7.0	24	Government	Liberal-right, market economy
BBB	7.5	7	Government	Agrarian-populist, right
SGP	7.8	3	Opposition	Reformed, far right
PVV	9.2	37	Government	Populist far-right, Wilders
FvD	9.5	3	Opposition	Far right, Baudet

The main political fault line concerns the tension between austerity and the sustainability of the welfare state, with the Schoof cabinet on the one hand promising purchasing power measures and on the other hand facing rising healthcare costs. The migration debate dominates the coalition agenda, while the opposition emphasises social inequality and climate. The war in Gaza is causing domestic tensions around the Netherlands' position regarding Israel. Finally, market forces in healthcare are once again under discussion, with parties from left to right questioning the current funding system.

The Dutch public broadcaster (NPO) operates under the Media Act 2008, which in Article 2.1 requires pluriform, balanced and independent reporting across the total output. The NPO system is fragmented: individual broadcasting associations (such as BNNVARA, KRO-NCRV, AVRO-TROS) bear their own editorial responsibility, while the NPO as a whole must comply with the pluralism obligation. PVV leader Wilders has repeatedly criticised the NPO as a "left-wing broadcaster", which increases the political sensitivity of the public broadcaster.

CHAPTER 1 — PARTY-POLITICAL BIAS

Assessment per party

Party	Score (-5..+5)	Broadcast representation vs. Party programme
VVD	-2	19:46 "Market forces have perhaps gone too far. Even the VVD has said that." — Party programme: VVD supports market forces and entrepreneurship in healthcare, but acknowledges the need for correction — representation selective: only the self-critical statement is quoted, without contextualising the broader VVD pro-market position — partially distorted
PVV	0	Not covered in the broadcast — absent
GL-PvdA	0	Not covered — absent
NSC	0	Not covered — absent
D66	0	Not covered — absent
BBB	0	Not covered — absent
CDA	0	Not covered — absent
SP	0	Not covered — absent

Summary Party Bias

- Most accurate representation: No party was represented extensively and accurately; the broadcast is primarily a journalistic-analytical programme without direct party-political confrontation.
- Strongest distortion: VVD (score -2): the only party reference concerns a selectively quoted self-critical statement about market forces, without contextualising the broader VVD position.
- Average deviation from 0: 0.3 (based on the only scoring party)
- Conclusion: The broadcast largely avoids direct party-political positioning. The only explicit party reference (VVD, 19:46) is selective and places the VVD in a self-critical light without mentioning its broader programmatic position. Politicians are collectively addressed as "politics" that is failing, without distinction by party or coalition.

Left-Right Overall Tendency

TENDENCY SCORE: +1.2

CLASSIFICATION: Slightly left-favouring

Reasoning: The broadcast consistently frames market forces in healthcare as the core problem, which aligns with a left-progressive narrative advocating less market and more public control. The only explicit party reference concerns a self-critical statement by the VVD about market forces (19:46), implicitly identifying the right-wing policy course as the cause of the healthcare crisis. Left-wing alternatives such as public funding or abolition of the production incentive are presented as self-evident solutions, without right-wing counter-arguments (such as efficiency gains from market forces or patient choice) being structurally addressed.

CHAPTER 2 — BROADCAST INFORMATION AND THEMATIC FRAMEWORK

Broadcast details

- Title: Nieuwsuur (NOS/Nieuwsuur joint investigative editorial team)
- Date: 08.03.2024
- Length (estimated from transcript):
- Presenter/Reporter: Not named in transcript (presenter speaks in first person plural "we"); reporter Judith Pennarts (mentioned at 18:22)

Persons interviewed

Person	Function	Party/Affiliation	Political Spectrum
Judith Pennarts	Reporter NOS/Nieuwsuur	NPO/NOS	Journalistic, neutral
Unnamed hospital director	Director, >25 years experience, 6 hospitals	None	Healthcare professional
Unnamed medical specialist	Medical specialist, former hospital management	None	Healthcare professional
Verena Dirkse	General practitioner (The Hague, near Westeinde)	None	Healthcare professional
Unnamed emergency physician/physicians	Emergency physician, Westeinde Hospital	None	Healthcare professional
Spokesperson Dutch Society of Emergency Physicians	Professional association	None	Healthcare professional
Spokesperson The Rights Forum	Human rights organisation pro-Palestine	None	Civil society, left-progressive
Director National Holocaust Museum	Museum director	None	Cultural
Documentary makers Peter and Petra Lataster	Documentary makers, Academy members	None	Cultural
Documentary maker Van der Horst	Documentary maker, Academy member	None	Cultural
Nasrah Habiballah	Correspondent Tel Aviv	NPO/NOS	Journalistic, neutral
Lawyer Jalal O.	Lawyer for suspect Rotterdam explosion	None	Legal
Cabinet spokesperson (purchasing power)	Not named	Schoof cabinet	Government side

Main theme

The broadcast analyses the impending healthcare crisis in the Netherlands, with the central thesis that the procedure-based funding system in healthcare structurally creates wrong incentives and that politicians are failing to address this.

CHAPTER 3 — 15 CRITERIA: DETAILED ANALYSIS

Hard Facts — countable and scientifically substantiated

Hard facts — 9 techniques that are countable and scientifically verifiable

1. EXPERT SELECTION									7/10
1	2	3	4	5	6	7	8	9	10

Definition: Who speaks as an expert?

Expert 1: Unnamed hospital director

Timestamp: 11:58–12:03

Statement	*"We speak with a hospital director. He has more than 25 years of experience in six hospitals."*

Positioning: Expert by experience from the hospital world; advocates for fewer production incentives and more appropriate care.

Missing counter-voice: A representative of health insurers or an economist representing the efficiency arguments for market forces.

Source depth check:

(a) FUNDING: Hospital director works at a hospital funded through the DBC system (procedure-based funding). Institutional interest: hospitals have an interest in the funding system being adjusted if this reduces pressure on them, but also an interest in maintaining production revenues — conflicting interest.

(b) MANDATE: Operational hospital management; qualified to speak about business operations, but not as an independent policy analyst.

D1 Conflict of interest: 0 — Conflicting interest (hospital benefits from production incentive and has an interest in less pressure)
D2 Personal risk: +1 — Some reputational risk with open criticism of own sector
D3 Professional competence: +1 — Extensive operational experience, but no scientific expertise
D4 Opinion consistency: 0 — Not verifiable from transcript
D5 Emotionalisation vs. data: +1 — Predominantly factual, some normative statements
D6 Source level: 0 — Secondary source (experiential knowledge, no primary data)

- TOTAL: +3 → SOURCE LIGHT: YELLOW

(c) PROFESSIONAL COMPETENCE: The director is presented as an expert by experience with "great concerns", which suggests a neutral framing while his institutional position implies a conflicting interest.

Expert 2: Unnamed medical specialist / former hospital director

Timestamp: 12:03–12:10

Statement	*"We speak with this experienced medical specialist. He also served on the hospital management for a number of years."*

Positioning: Advocates for fewer procedures, more consultation, adjustment of the funding system.

Missing counter-voice: A medical specialist who defends the advantages of the current system (rapid access, innovation).

Source depth check:

(a) FUNDING: Medical specialist working in a hospital; personal income partly dependent on procedures (self-employed or salaried not specified).

(b) MANDATE: Clinical and managerial experience; qualified on healthcare practice, not as an independent policy researcher.

D1 Conflict of interest: -1 — Personal income possibly dependent on procedures
D2 Personal risk: +1 — Some reputational risk with open criticism of own professional group
D3 Professional competence: +2 — Direct clinical and managerial experience
D4 Opinion consistency: 0 — Not verifiable
D5 Emotionalisation vs. data: +1 — Predominantly factual
D6 Source level: 0 — Secondary source

- TOTAL: +3 → SOURCE LIGHT: YELLOW

(c) PROFESSIONAL COMPETENCE: Presented as an "experienced medical specialist" — a social qualification that is not substantiated in terms of content.

Expert 3: General practitioner Verena Dirkse

Timestamp: 09:13–09:42

Statement	*"I would most like to realise that there are beds for elderly people in the neighbourhood."*

Positioning: Advocates for strengthening primary care and neighbourhood beds; critical of the current system.

Missing counter-voice: A general practitioner who indicates that primary care is already overburdened and cannot take on additional tasks.

Source depth check:

(a) FUNDING: General practitioner in own practice; funded through registration fees and consultation fees. Interest in strengthening primary care (more resources for GPs).

(b) MANDATE: Direct practical experience; qualified on primary care bottlenecks.

D1 Conflict of interest: -1 — Financial interest in strengthening primary care
D2 Personal risk: +1 — Some reputational risk
D3 Professional competence: +2 — Direct practical experience
D4 Opinion consistency: 0 — Not verifiable
D5 Emotionalisation vs. data: +1 — Factual
D6 Source level: 0 — Secondary source

- TOTAL: +3 → SOURCE LIGHT: YELLOW

(c) PROFESSIONAL COMPETENCE: Presented as a neutral practical expert; her interest in strengthening primary care is not mentioned.

Missing expert groups:

- Healthcare economist with empirical data on the effects of market forces
- Representative of health insurers
- Policy official or Minister of Health

Source traffic light for participants:

Source	D1	D2	D3	D4	D5	D6	Total	Signal
Unnamed hospital director	0	+1	+1	0	+1	0	+3	YELLOW
Unnamed medical specialist / former hospital director	-1	+1	+2	0	+1	0	+3	YELLOW
General practitioner Verena Dirkse	-1	+1	+2	0	+1	0	+3	YELLOW

Summary (matrix result):

- Hospital director: YELLOW (+3) — conflicting institutional interest, not mentioned
- Medical specialist: YELLOW (+3) — possible personal financial interest, not mentioned
- GP Dirkse: YELLOW (+3) — financial interest in strengthening primary care, not mentioned

All three experts score YELLOW and advocate in the same direction (fewer production incentives, more primary care). Not a single expert with a divergent viewpoint was interviewed, making the expert selection structurally one-sided.

2. SOURCE SELECTION									**6/10**
1	2	3	4	5	6	7	8	9	10

Claims without a primary source = penalty points (rumour check)

Definition: Which sources are cited? Are they diverse and independent?

Source 1: Court of Audit (2020)

Timestamp: 20:05–20:27

Statement	*"The Court of Audit established in 2020: all those sensible-care projects have yielded nothing. The Court of Audit then gave a clear recommendation: Do something about the wrong financial incentives in the healthcare system."*

(a) Funding and management: The Netherlands Court of Audit is an independent High Council of State, funded by the central government. No direct conflicts of interest in assessing the healthcare system.

(b) Structural conflict of interest: Minimal; the Court of Audit has no institutional interest in a particular outcome of the healthcare debate.

(c) Missing counter-source: A study that does demonstrate positive effects of sensible-care projects, or a response from the ministry to the Court of Audit report, is absent.

Source 2: National emergency department figures (ministry/hospitals)

Timestamp: 04:50–05:04

Statement	*"The number of elderly people here has risen in one year from almost 13,000 to over 14,000. National figures we requested show that 30% of visitors to the emergency department are now over 70."*

(a) Funding and management: Hospital registrations and ministerial data; reliable primary source.

(b) Structural conflict of interest: Minimal for the raw figures; however, the interpretation ("without medical necessity") is normative and not substantiated with a primary source.

(c) Missing counter-source: The definition of "without medical necessity" (03:36, 07:13) is not substantiated with a scientific or policy definition.

Source 3: Dutch Society of Emergency Physicians

Timestamp: 06:31–06:48

Statement	*"The Dutch Society of Emergency Physicians also recognises this. Lying still really does cause a decline in physical condition."*

(a) Funding and management: Professional association of emergency physicians; funded through membership fees.

(b) Structural conflict of interest: Emergency physicians have an interest in recognition of the problems at the emergency department (more resources, more staff); this interest is not mentioned.

(c) Missing counter-source: A study that relativises or nuances the health risks of hospitalisation for elderly people is absent.

Rumour check (penalty points):

Rumour 1:

Timestamp: 03:36 / 07:13

Claim: "Every year 300,000 elderly people end up at the emergency department without medical necessity."

Word marking: "without medical necessity" — normative judgement without reference to a primary source or definition

Primary source present: No — penalty point (+1)

Rumour 2:

Timestamp: 08:29

Claim: "It concerns no fewer than 727 wrong beds per day."

Word marking: "no fewer than" — intensifying language without source reference

Primary source present: No — penalty point (+1)

Summary: The source selection is limited to sources that support the central thesis (Court of Audit, professional associations, hospital figures). Sources that would nuance or refute the thesis are entirely absent. Two factual claims are presented without primary source references.

3. TIME ALLOCATION									**5/10**
1	**2**	**3**	**4**	**5**	6	7	8	9	10

Definition: Distribution of speaking time between different positions.

Estimated speaking time (healthcare segment, approx. 00:00–20:27):

- Presenter/reporter (NOS/Nieuwsuur): approx. 7 min. (35%)
- Hospital director + medical specialist (critical of production incentive): approx. 5 min. (25%)
- Emergency physicians (critical of elderly patient influx): approx. 4 min. (20%)
- GP Dirkse (advocates strengthening primary care): approx. 2 min. (10%)
- Other healthcare professionals: approx. 2 min. (10%)
- Counter-perspective (market forces, health insurers, politics): 0 min. (0%)

Summary: All speaking time in the healthcare segment goes to persons who support the central thesis (production incentive is the problem). Not a single speaker with a divergent or opposing viewpoint receives speaking time. The time allocation is structurally one-sided in favour of one policy direction.

4. OMISSION (Selective Omission)									7/10
1	2	3	4	5	6	7	8	9	10

Definition: What is not shown, even though it is relevant?

Omission 1:

Context	The role of health insurers in the production incentive is entirely absent.

Relevant at: 11:22–11:32 ("that the hospital encourages doing a great many procedures")

Effect	The suggestion arises that hospitals and politicians are the only responsible parties; health insurers as the purchasing party that also maintains the DBC system are kept entirely out of the picture.

Omission 2:

Context	No response from the Minister of Health (Fleur Agema, PVV) or the ministry to the criticism.

Relevant at: 18:14 ("And you see all politicians skirting around it, time and again.")

Effect	The accusation that politicians are failing is not tested against the official cabinet position; the right of reply is absent with regard to politics.

Omission 3:

Context	Not a single argument in favour of the current funding system or in favour of market forces in healthcare.

Relevant at: 14:48–15:02 ("That production incentive has been the subject of debate for years.")

Effect	The thesis that market forces lead to overtreatment is presented as an established fact; the possibility that market forces also have advantages (efficiency, innovation, freedom of choice) is not discussed.

Summary: The broadcast structurally omits all perspectives that would nuance or refute the central thesis. In particular, the absence of the right of reply with regard to politics and the absence of the role of health insurers are journalistically significant omissions.

Missing voices

- Health insurer (e.g. Zilveren Kruis, VGZ): Could have explained what role purchasing policy plays in the production incentive and what steps they themselves are taking.
- Minister of Health (Fleur Agema, PVV): Could have explained the official cabinet position and responded to the criticism that politicians are "skirting around it".
- Healthcare economist (e.g. affiliated with CPB or a university): Could have provided empirical data on the effects of market forces and the cost-benefit analysis of a system change.
- Patient organisation (e.g. Patiëntenfederatie Nederland): Could have contributed the patient perspective on freedom of choice, self-determination and overtreatment.

- Representative of home care/district nursing (e.g. ActiZ): Could have explained the capacity problems in home care as an explanatory factor for the influx at the emergency department.
- Advocate of market forces in healthcare: Could have provided counter-arguments about efficiency, innovation and freedom of choice under the current system.
- International healthcare expert: Could have provided a comparative perspective on how other countries address similar problems.
- Representative of the hospital umbrella organisation (NVZ or NFU): Could have explained the institutional position of hospitals in the debate on system change.

5. USE OF FIGURES									**5/10**
1	2	3	4	5	6	7	8	9	10

Complete figures include: absolute number, share (%) and trend

Definition: Selective or misleading use of statistics.

Finding 1:

Timestamp: 03:36 / 07:13
Figure: "300,000 elderly people without medical necessity at the emergency department"
Dimensions: (a) Absolute value shown ✓ — (b) Share not shown ✗ — (c) Trend not shown ✗

Missing context	What is the total number of emergency department visits per year? What is the percentage of 300,000 relative to the total? How is "without medical necessity" defined and measured?
Effect	The absolute figure of 300,000 sounds alarming; without context about the total emergency department volume and the definition, it is impossible to assess whether this is a large or small problem.

Finding 2:

Timestamp: 08:25–08:33
Figure: "727 wrong beds per day. On average people spend five days in such a wrong bed."
Dimensions: (a) Absolute value shown ✓ — (b) Share of total hospital capacity not shown ✗ — (c) Trend: "substantial increase of 30 percent" shown ✓

Missing context	How many hospital beds are there in total in the Netherlands? What is 727 as a percentage of total capacity?
Effect	"727 wrong beds" sounds concrete and alarming; without a ratio to total capacity, the severity cannot be assessed.

Finding 3:

Timestamp: 40:45–40:50
Figure: "more than 40% of all people aged 65 and over and more than 50% of all people aged 75 and over are admitted"
Dimensions: (a) Absolute value not shown ✗ — (b) Share shown ✓ — (c) Trend not shown ✗

Missing context	Has this percentage risen or fallen? How does this compare to other countries?
Effect	High percentages are presented as evidence of the problem, without historical or international comparison.

Summary: Figures are consistently presented in the dimension that comes across as most alarming (absolute numbers or percentages), without providing the missing dimensions needed for a complete assessment. The definition of "without medical necessity" — a normative key concept in the broadcast — is never substantiated.

6. GUILT BY ASSOCIATION

1/10

1	2	3	4	5	6	7	8	9	10

Definition: Discrediting through association with negative groups or ideas.

Association 1:

Timestamp: 19:46–19:50

Quote	*"Market forces have perhaps gone too far. Even the VVD has said that."*

Technique: By using "even the VVD", the VVD is associated with the acknowledgement of a policy failure; the party that introduced market forces implicitly admits that things went wrong.

Effect	The VVD is associated with the healthcare crisis without its current policy position being presented.

Summary: Guilt by association plays a limited role in this broadcast. The only relevant association concerns the VVD and market forces (19:46), which is a mild but not dominant technique. No persons are discredited as "conspiracy theorists" or otherwise.

7. TIMING									**6/10**
1	2	3	4	5	6	7	8	9	10

Definition: Strategic placement of information (beginning/middle/end).

Finding 1:

Position: 00:02–00:28 (beginning)
Content: "If we continue like this, we are heading for an enormous healthcare crisis." / "Now that 300,000 elderly people annually visit the emergency department without medical necessity... it is time to talk about solutions."

Timing effect	The alarming thesis is presented in the first 30 seconds as an established fact, before any nuance or context is provided. This sets the cognitive tone for the entire broadcast: the system is broken, solutions are needed.

Finding 2:

Position: 18:14–18:19 (end of healthcare segment)
Content: "And you see all politicians skirting around it, time and again. But that is the cause of the problem. If you want to solve the problem you have to tackle the cause and not skirt around it."

Timing effect	The healthcare segment ends with a harsh condemnation of "all politicians" as the culprits. This is the last impression the viewer takes away before the transition to the Gaza news; a response from politicians is absent.

Finding 3:

Position: 20:05–20:27 (conclusion of healthcare segment)
Content: "The Court of Audit established in 2020: all those sensible-care projects have yielded nothing."

Timing effect	The Court of Audit quote is presented as the definitive closing argument, thereby "confirming" the thesis through an authoritative body. A response from the ministry or politicians to this report is absent.

Summary: The broadcast opens and closes the healthcare segment with alarming statements and political condemnations, without counter-arguments or nuances being placed at comparably prominent positions. The timing reinforces the one-sided framing.

8. SELECTIVE INDIGNATION									3/10
1	2	3	4	5	6	7	8	9	10

Indignation = bias. Selective indignation reinforces the finding. Score = degree of indignation (0–5) + selectivity (0–5)

Definition: Indignation at certain positions, but not at comparable others.

Methodological principle (v2.2): Before each assessment, the triggering event is documented. A reaction can only be assessed as selective if comparable triggering events at other positions did not produce an analogous reaction.

Finding 1:

Timestamp: 18:14

Triggering event: Hospital director states that politicians are "skirting around it" and not addressing the problem.

Reaction: "And you see all politicians skirting around it, time and again." — The presenter lets this statement stand unchallenged and does not probe further into specific parties or policy measures.

Comparison	When the statement is made that "the system" forces hospitals into overproduction (13:28–13:34), no further questions are asked about the responsibility of health insurers or patients either.

Asymmetry: The indignation is directed exclusively at "politics" as the culprit; other actors (health insurers, hospital boards, patients) are not approached with a comparable critical tone.

Degree of indignation: 2/5

Selectivity: 2/5

Summary: There is a mild but consistent selective indignation: politicians are framed as the primary culprits without other actors in the healthcare system being approached with a comparable critical tone. The indignation is not intense but is one-sidedly directed.

9. COMPLETENESS (Selective Omission — Overall Picture)									**7/10**
1	**2**	**3**	**4**	**5**	**6**	**7**	8	9	10

Definition: How completely does the broadcast portray the theme?

Finding 1:

Timestamp: 11:22–18:27 (entire policy analysis)

Missing perspective/fact: The role of health insurers as co-responsible for the production incentive.

Relevance: Health insurers are the purchasing party that negotiates DBC rates and thereby also maintains the production incentive; without their perspective, the causal narrative is incomplete.

Effect	The impression arises that hospitals and politicians are the only responsible parties, while the system is a triangular relationship between government, health insurers and healthcare providers.

Finding 2:

Timestamp: 18:14 ("all politicians skirting around it")

Missing perspective/fact: Response from the Minister of Health or the cabinet to the criticism.

Relevance: The right of reply is a basic journalistic principle; an accusation of political failure requires an opportunity to respond.

Effect	The accusation is presented as an established fact without being tested against the official position.

Finding 3:

Timestamp: 14:48 ("That production incentive has been the subject of debate for years")

Missing perspective/fact: Empirical evaluation of the effects of market forces in Dutch healthcare (positive and negative).

Relevance: The thesis that market forces lead to overtreatment is a political-normative position, not an established scientific fact; empirical substantiation is absent.

Effect	A political-normative position is presented as scientifically established.

Summary: The broadcast structurally lacks three categories of information: the role of health insurers, the right of reply with regard to politics, and empirical substantiation of the central thesis. This results in an incomplete and one-sided picture of a complex policy issue.

Hard Facts End — Soft Facts Begin

Soft Facts — discussable, not purely countable

Soft facts — 6 qualitative techniques

10. FRAMING (Setting the frame)									7/10
1	2	3	4	5	6	7	8	9	10

Definition: How is the theme fundamentally framed?

Finding 1:

Timestamp: 00:09–00:14

Quote	*"If we continue like this, we are heading for an enormous healthcare crisis."*
Manipulation	The word "healthcare crisis" is a medical metaphor that evokes an acute, life-threatening scenario. By using this as the opening sentence, the viewer is placed in an alarmist cognitive state before any nuance is provided.
Why problematic	A "healthcare crisis" is not an established scientific concept but a rhetorical frame; it presents a complex policy challenge as an acute emergency, which reduces the space for nuanced analysis.

Finding 2:

Timestamp: 01:44–01:51

Quote	*"because the GP is too busy, nursing homes are scarce and care homes have been cut away."*
Manipulation	The cause of the emergency department influx is attributed in one sentence to budget cuts ("cut away"), which is a political-normative judgement presented as a factual explanation.
Why problematic	"Cut away" implies a political choice that was wrong; alternative explanations (demographic development, changing care needs, personal choices of elderly people to live at home longer) are not mentioned.

Finding 3:

Timestamp: 13:28–13:34

Quote	*"We are paid per procedure. So the more procedures you do, the more money you bring in."*
Manipulation	The funding system is framed as a moral problem ("perverse incentive", 15:02) rather than as a policy trade-off with advantages and disadvantages.
Why problematic	The term "perverse incentive" is a normative judgement presented as a neutral description; the possibility that procedure-based funding also has advantages (transparency, efficiency, freedom of choice) is not discussed.

Summary: The broadcast consistently employs an alarmist-normative frame: the healthcare system is broken, the cause is the production incentive (introduced through market forces), and politicians are failing. This frame is introduced in the opening sentence and is not challenged or relativised throughout the entire broadcast.

11. WORD CHOICE AND TERMINOLOGY									6/10
1	2	3	4	5	6	7	8	9	10

Definition: What language is used? What connotations are created?

Finding 1:

Timestamp: 00:09 / 02:04 / 02:07

Quote	*"healthcare crisis"*
Manipulation	Medical emergency metaphor that evokes an acute, life-threatening scenario.
Why problematic	A neutral alternative would be: "structural overload of the healthcare system" or "sustainability challenge in healthcare".

Finding 2:

Timestamp: 15:02

Quote	*"You are assessed on production? Yes. That is a perverse incentive."*
Manipulation	"Perverse incentive" is a strongly normative term that morally disqualifies the funding system.
Why problematic	A neutral alternative would be: "financial incentive that can lead to overproduction". "Perverse" implies moral reprehensibility, not merely policy inefficiency.

Finding 3:

Timestamp: 01:44–01:51

Quote	*"care homes have been cut away"*
Manipulation	"Cut away" is a political-normative judgement presented as a factual description.
Why problematic	A neutral alternative would be: "care homes have been closed as a result of policy changes" or "the number of care homes has decreased". "Cut away" implies that the closure was unjustified.

Summary: The word choice in the broadcast is consistently normative-alarmist: "healthcare crisis", "perverse incentive", "cut away", "wrong beds". These terms are not neutral but load the subject with a specific political connotation (market forces as moral failure) that is presented as self-evident.

12. MODERATION BEHAVIOUR									**5/10**
1	2	3	4	5	6	7	8	9	10

Definition: Asymmetries in follow-up questions, interruptions, expressions of sympathy.

Methodological principle (v2.2): Before each assessment, the triggering event is documented. An intervention can only be assessed as asymmetric if comparable triggering events with other guests did not produce an analogous intervention.

Finding 1:

Timestamp: 10:08–10:13
Triggering event: GP Dirkse states that she wants neighbourhood beds for her patients.

Quote (presenter)	*"That sounds good."*
Comparison	When the statement is made that the funding system gives "perverse incentives" (15:02), the presenter responds approvingly without asking follow-up questions about counter-arguments.

Asymmetry: The presenter explicitly expresses agreement with the GP's position ("That sounds good"), which is an expression of sympathy that is not balanced by critical follow-up questions.

Finding 2:

Timestamp: 18:26–18:34
Triggering event: Hospital director states that "all politicians are skirting around it".

Quote (presenter)	*"Yes. Why don't we do that? If it is so clear and obvious?"*
Comparison	The presenter aligns with the criticism of politicians ("Why don't we do that?") instead of testing the statement or asking for a political response.

Asymmetry: The presenter adopts the position of the interviewee instead of fulfilling a neutral moderating role; a comparable critical question to a politician or health insurer is absent.

Finding 3:

Timestamp: 13:57–14:03
Triggering event: Medical specialist states that if you start providing appropriate care, the budget will go down.

Quote (presenter)	*No follow-up question; the statement is left unchallenged.*
Comparison	When the statement is made that the system gives "perverse incentives", no follow-up questions are asked about the advantages of the system either.

Asymmetry: Critical statements about the healthcare system are consistently not followed up with counter-arguments; the moderator functions as a facilitator of the central thesis rather than as a critical discussion partner.

Summary: The moderator consistently shows sympathy for the critical voices about the healthcare system ("That sounds good", "Why don't we do that?") and does not ask follow-up questions about counter-arguments or alternative perspectives. This moderation behaviour reinforces the one-sided framing of the broadcast.

13. QUESTION ASYMMETRY

4/10

1	**2**	**3**	**4**	5	6	7	8	9	10

Definition: Different degrees of hardness/softness of questions to different persons.

Asymmetry 1:

To hospital director, 17:19: "What should the cabinet take up with great urgency?" — soft (invitation to make recommendations, no critical testing)

To politicians: no direct question asked — absent

Comparison	Healthcare professionals are invited to make recommendations; politicians are not interviewed and cannot defend themselves against the accusation that they are "skirting around it".

Asymmetry 2:

To GP Dirkse, 09:42: "That GP therefore wants beds for her patients in the neighbourhood." — affirmative (paraphrase without critical testing)

To health insurers: no question asked — absent

Comparison	The GP's wish is paraphrased affirmatively; the role of health insurers in the problem is not questioned.

Summary: Questions are asked exclusively to healthcare professionals who support the central thesis, and are predominantly soft in nature (invitations to make recommendations). Politicians, health insurers and advocates of the current system are not questioned.

14. FALSE BALANCE

3/10

1	2	3	4	5	6	7	8	9	10

Definition: Artificial balance despite factual imbalance.

Finding 1:

Timestamp: 12:10–12:12
Construction: "Two people with great concerns."

Analysis	Two experts with identical positions (hospital director and medical specialist) are presented as "two people", which creates the suggestion of a broad, representative sample. In reality they represent the same institutional position and the same viewpoint.
Effect	The appearance of plurality is created without there being any substantive diversity.

Summary: False balance plays a limited role in this broadcast; the problem is rather the absence of any balance than the artificial creation of it. The only relevant finding concerns the presentation of two like-minded experts as "two people" (12:10).

15. AGENDA-SETTING									7/10
1	2	3	4	5	6	7	8	9	10

Definition: What counts as normal/self-evident? What does not make it onto the agenda?

Finding 1:

Agenda item: Market forces in healthcare are the problem; abolition of the production incentive is the solution.

Timestamp: 00:09–00:28 — Evidence: "If we continue like this, we are heading for an enormous healthcare crisis." / "revise the funding system"

Alternative agenda: The question of whether market forces also have advantages, or whether other factors (demographic ageing, rising care demand, staff shortages) are equally important, does not make it onto the agenda.

Finding 2:

Agenda item: "All politicians" are failing; it is a political problem that politicians do not want to solve.

Timestamp: 18:14 — Evidence: "And you see all politicians skirting around it, time and again."

Alternative agenda: The question of why a system change is politically complex (interests of health insurers, patient organisations, hospital umbrella organisations, trade unions) does not make it onto the agenda; the complexity is reduced to political unwillingness.

Finding 3:

Agenda item: The healthcare system is "broken" and requires urgent reform.

Timestamp: 01:51 — Evidence: "In other words, it really is five to twelve."

Alternative agenda: The question of whether the Dutch healthcare system performs well by international standards (the Netherlands consistently ranks highly in international healthcare rankings) does not make it onto the agenda.

Summary: The broadcast sets a specific policy agenda: the production incentive must be abolished, primary care must be strengthened, and politicians must act. Alternative agendas (market forces as a solution, international comparison, role of health insurers) are systematically kept out of the picture.

CHAPTER 4 — OVERALL ASSESSMENT

Overview of Individual Scores

No.	Criterion	Type	Score	Main finding (1 sentence)
1	Expert selection	H	7	All experts advocate in the same direction; not a single counter-voice was interviewed
2	Source selection	H	6	Sources exclusively support the central thesis; two factual claims without primary source
3	Time allocation	H	5	All speaking time goes to supporters of the central thesis; counter-perspective receives 0%
4	Omission	H	7	Role of health insurers, right of reply for politics, and counter-arguments are structurally absent
5	Use of figures	H	5	Figures are presented without missing dimensions; key concept "without medical necessity" not defined
6	Guilt by association	H	1	Limited; only relevant association concerns VVD and market forces (19:46)
7	Timing	H	6	Alarming thesis in opening sentence; political condemnation as conclusion of healthcare segment
8	Selective indignation	H	3	Mild but consistent indignation directed at "politics"; other actors spared
9	Completeness	H	7	Three structural categories of information are absent; one-sided picture of a complex policy issue
10	Framing	Z	7	Alarmist-normative frame ("healthcare crisis", "perverse incentive") consistently employed
11	Word choice	Z	6	Normatively loaded terms ("cut away", "perverse incentive") presented as neutral descriptions
12	Moderation behaviour	Z	5	Presenter expresses agreement with central thesis; no critical follow-up questions about counter-arguments
13	Question asymmetry	Z	4	Soft questions to like-minded experts; politicians and health insurers not questioned
14	False balance	Z	3	Limited; two like-minded experts presented as "two people"
15	Agenda-setting	Z	7	Specific policy agenda (abolition of production incentive) presented as self-evident

Results

- HARD FACTS SCORE (average criteria 1-9): 5.2 / 10
- SOFT FACTS SCORE (average criteria 10-15): 5.3 / 10
- TOTAL SCORE (average all 15 criteria): 5.3 / 10

Dominant Techniques

1. Framing (Score 7): The broadcast employs an alarmist-normative frame from the first to the last second of the healthcare segment ("healthcare crisis", "perverse incentive", "five to twelve") that presents market forces as moral failure. This frame is never challenged or relativised, causing it to be presented as self-evident reality.

2. Omission / Completeness (Score 7/7): The role of health insurers, the right of reply with regard to politics, and empirical counter-arguments are structurally omitted. This results in a causal narrative that illuminates only one side of a complex policy debate.

3. Expert selection (Score 7): All interviewed experts advocate in the same direction (fewer production incentives, more primary care); not a single expert with a divergent viewpoint is given a voice. The experts are presented as neutral specialists, while their institutional interests are not mentioned.

Core Messages of the Broadcast

****MESSAGE 1 (SUBSTANTIVE):** "The Dutch healthcare system is heading for a crisis because the production incentive forces hospitals into overtreatment."*

Technique: Framing + Agenda-Setting — Evidence: 00:09, 13:28–13:34, 15:02

****MESSAGE 2 (PERSONAL):** "Healthcare professionals know what needs to be done, but politicians refuse to act."*

Technique: Selective expert selection + Moderation behaviour — Evidence: 18:14, 17:19–17:21

****MESSAGE 3 (SOCIETAL):** "Market forces in healthcare have failed and must be reversed."*

Technique: Word choice + Timing + Source selection — Evidence: 19:46, 20:05–20:27, 01:44–01:51

Reasoning: The broadcast scores 5.3/10, indicating clear one-sidedness. The central thesis — market forces in healthcare are the problem, abolition of the production incentive is the solution — is presented as an established fact, supported exclusively by like-minded experts and sources. The right of reply with regard to politics is absent, while politicians are explicitly accused of failing (18:14). The word choice is consistently normative-alarmist. In the light of Media Act Art. 2.1, the broadcast is not pluriform: only one policy direction is presented, without alternative perspectives being structurally addressed.

CONCLUSION

The Nieuwsuur broadcast on the impending healthcare crisis presents a coherent but one-sided journalistic narrative: the procedure-based funding system is the cause of the problems in healthcare, and politicians are failing by not addressing this. This narrative is supported exclusively by like-minded experts (hospital director, medical specialist, GP, emergency physicians) and sources (Court of Audit, professional associations), while health insurers, politicians, healthcare economists and advocates of market forces are entirely absent. The word choice ("healthcare crisis", "perverse incentive", "cut away") is consistently normative-alarmist and loads the subject with a specific political connotation. The moderation behaviour reinforces the one-sidedness: the presenter expresses agreement with the central thesis ("That sounds good", "Why don't we do that?") and does not ask follow-up questions about counter-arguments. In the light of Media Act Art. 2.1, which requires pluriform and balanced reporting, the broadcast is problematic: a complex policy issue with multiple legitimate perspectives is reduced to one normative narrative without structural right of reply.

OVERALL EVALUATION OF THE 15 CRITERIA

Individual scores — All 15 criteria

No.	Criterion	Score	Classification
1	EXPERT SELECTION	7	●●●●
2	SOURCE SELECTION	6	●●●
3	TIME ALLOCATION	5	●●●
4	OMISSION (Selective Omission)	7	●●●●
5	USE OF FIGURES	5	●●●
6	GUILT BY ASSOCIATION	1	●
7	TIMING	6	●●●
8	SELECTIVE INDIGNATION	3	●●
9	COMPLETENESS (Selective Omission — Overall Picture)	7	●●●●
10	FRAMING (Setting the frame)	7	●●●●
11	WORD CHOICE AND TERMINOLOGY	6	●●●
12	MODERATION BEHAVIOUR	5	●●●
13	QUESTION ASYMMETRY	4	●●
14	FALSE BALANCE	3	●●
15	AGENDA-SETTING	7	●●●●

HARD FACTS SCORE (1-8)	**5.2/10**	*Considerable imbalance*
SOFT FACTS SCORE (9-14)	**5.3/10**	*Considerable imbalance*
TOTAL SCORE	**5.3/10**	***Considerable imbalance***

Average of Hard Facts and Soft Facts

KEY — Meaning of the scores

Individual scores per criterion (0–10)

Score	Label	Meaning
0	No finding	No relevant deviation established.
1–2	Weak finding	Minor deviation without material impairment of balance.
3–4	Slight to moderate finding	Recognisable tendency; minor to moderate impact.
5	Moderate finding with impact	Relevant imbalance that affects the opinion-forming potential of the public.
6	Considerable finding (threshold)	Scores from 6 onwards are classified as 'considerable findings'.
7	Considerable finding	Clear, well-documented imbalance with clear impact.
8–9	Serious finding	Pronounced imbalance; multiple documented individual findings in this criterion.
10	Maximum severity	Systematic, persistent imbalance in this criterion.

Aggregated deviation index — Interpretation ranges

Range	Label	Meaning
0.0 – 2.5	Unremarkable	No material patterns discernible; broadcast complies with the balance requirement.
2.6 – 4.0	Slight imbalance	Isolated deviations; statistically visible, but within tolerance range.
4.1 – 6.0	Considerable imbalance	Multiple considerable findings; relevant impairment of diversity of perspectives.
6.1 – 8.0	Serious deviation from the balance requirement. High degree of deviation	Pronounced patterns across broadcasts; high impact.
8.1 – 10	Fundamental systemic one-sidedness. Very high degree of bias	Maximum severity across almost all criteria; systematically one-sided reporting.

Party-political bias (-5 to +5)

Range	Label	Meaning
-5 to -3	Strongly disadvantaged	Party is clearly disadvantaged in framing, airtime or presentation.
-2 to -1	Slightly disadvantaged	Recognisable but minor disadvantage.
0	Neutral	No discernible favouring or disadvantaging.
+1 to +2	Slightly favoured	Recognisable but minor favouring.
+3 to +5	Strongly favoured	Party is clearly favoured in framing, airtime or presentation.

CHAPTER 5 — LEGAL ASSESSMENT (Media Act Art. 2.1)

Assessment on the basis of Media Act Art. 2.1

The Media Act requires pluriform, balanced and independent reporting by the public broadcaster.

Violation 1:

Standard: Media Act Art. 2.1 — pluriformity

Factual description: The broadcast presents exclusively experts and sources that support the central thesis (abolition of production incentive); not a single expert or source with a divergent viewpoint is given a voice.

Evidence: Timestamp 11:58–20:27 — Quote: "We speak with a hospital director [...] Two people with great concerns." — all interviewed experts advocate in the same direction.

Assessment: The pluriformity requirement of Art. 2.1 requires that different societal and political perspectives are addressed. A broadcast that presents exclusively one policy direction, without structural counter-arguments, does not comply with this requirement.

Violation 2:

Standard: Media Act Art. 2.1 — balance / right of reply

Factual description: Politicians are explicitly accused of failing ("all politicians skirting around it", 18:14) without being given the opportunity to respond.

Evidence: Timestamp 18:14 — Quote: "And you see all politicians skirting around it, time and again. But that is the cause of the problem."

Assessment: The principle of the right of reply, which is inherent in the balance requirement of Art. 2.1, requires that persons or groups accused of failing are given the opportunity to respond. This is entirely absent.

Violation 3:

Standard: Media Act Art. 2.1 — independence / normative framing

Factual description: The broadcast consistently employs normative-alarmist language ("healthcare crisis", "perverse incentive", "cut away") that carries a specific political connotation and is presented as a neutral description.

Evidence: Timestamp 00:09 — Quote: "If we continue like this, we are heading for an enormous healthcare crisis." / Timestamp 15:02 — Quote: "That is a perverse incentive."

Assessment: Independent reporting requires that normative judgements are presented as such and not as neutral factual descriptions. The consistent use of normatively loaded terms without making their normative character explicit is contrary to the independence requirement.

Overall Assessment Media Act Art. 2.1

The broadcast fails to comply with the requirements of Media Act Art. 2.1 on three points. First, pluriformity is absent: only one policy direction (abolition of production incentive) is presented, without structural counter-arguments or alternative perspectives. Second, balance is absent: politicians are accused of failing without the right of reply, and health insurers as a co-responsible actor are kept entirely out of the picture. Third, independence is at stake: normatively loaded terms ("healthcare crisis", "perverse incentive", "cut away") are presented as neutral descriptions, creating the appearance of objectivity while conveying a specific political connotation. Although the Media Act assesses pluriformity across the total output of the public broadcaster and not per broadcast, this broadcast makes a significant contribution to a one-sided picture of the healthcare debate that, if structurally repeated, is contrary to the pluralism obligation of Art. 2.1.

CHAPTER 6 — SOURCE DEPTH CHECK

1. Dutch Society of Emergency Physicians

1. FUNDING: Professional association funded through membership fees of emergency physicians; no external funding mentioned.

2. MANDATE: Represents the interests of emergency physicians; not independent when assessing workload and capacity problems at the emergency department.

3. CONFLICT OF INTEREST: Institutional interest in recognition of the problems at the emergency department (more resources, more staff, higher status of the specialism); this interest is not mentioned in the broadcast.

4. CREDIBILITY MATRIX:

D1 Conflict of interest: -1 — Institutional interest in recognition of emergency department problems
D2 Personal risk: +1 — Some reputational risk with public statements
D3 Professional competence: +2 — Direct clinical expertise
D4 Opinion consistency: 0 — Not verifiable
D5 Emotionalisation vs. data: +1 — Predominantly factual
D6 Source level: 0 — Secondary source

- TOTAL: +3 → SOURCE LIGHT: YELLOW

5. COUNTER-VOICE: A study that relativises the health risks of hospitalisation for elderly people, or a perspective that assesses the emergency department influx as adequate, is absent.

2. Court of Audit (report 2020)

1. FUNDING: High Council of State; funded by the central government.

2. MANDATE: Independent audit of central government expenditure and policy; mandate is compatible with neutral assessment of the healthcare system.

3. CONFLICT OF INTEREST: Minimal; the Court of Audit has no institutional interest in a particular outcome of the healthcare debate.

4. CREDIBILITY MATRIX:

D1 Conflict of interest: +2 — Independent High Council of State
D2 Personal risk: +1 — Institutional risk in case of incorrect findings
D3 Professional competence: +2 — Specialised in policy analysis and efficiency research
D4 Opinion consistency: +1 — Consistently critical of sensible-care projects
D5 Emotionalisation vs. data: +2 — Data-driven reporting
D6 Source level: +2 — Primary source (own research)

- TOTAL: +10 → SOURCE LIGHT: GREEN

5. COUNTER-VOICE: A response from the Ministry of Health to the Court of Audit report, or an evaluation that does demonstrate positive effects of sensible-care projects, is absent from the broadcast.

3. The Rights Forum

1. FUNDING: Foundation funded by private donors; founded by lawyer and activist Jan Wijenberg; pro-Palestinian advocacy organisation.

2. MANDATE: Explicitly an advocacy organisation for Palestinian rights; not independent when assessing the Israeli-Palestinian conflict.

3. CONFLICT OF INTEREST: Structural interest in a negative assessment of Israeli policy and Israeli state officials; this interest is not mentioned in the broadcast.

4. CREDIBILITY MATRIX:

D1 Conflict of interest: -2 — Explicit advocacy organisation with structurally partisan mandate
D2 Personal risk: +1 — Some reputational risk
D3 Professional competence: 0 — Legal-political expertise, not independent
D4 Opinion consistency: +1 — Consistent pro-Palestinian position
D5 Emotionalisation vs. data: -1 — Normative-appellative statements ("slap in the face")

D6 Source level: -1 — Tertiary source (advocacy position)

- TOTAL: -2 → SOURCE LIGHT: YELLOW

5. COUNTER-VOICE: A pro-Israeli organisation or a neutral human rights organisation (e.g. Amnesty International) that provides a more nuanced picture of the visit by President Herzog is absent.

IMPORTANT: "Recognised" is not a substantive qualification. It is a social attribution that must itself be critically assessed. None of the expert bodies cited in this broadcast are referred to as such, but all three are presented as neutral or authoritative sources without mention of their institutional interests.

Source traffic light for participants:

Source	D1	D2	D3	D4	D5	D6	Total	Signal
Dutch Society of Emergency Physicians	-1	+1	+2	0	+1	0	+3	YELLOW
Court of Audit (report 2020)	+2	+1	+2	+1	+2	+2	+10	GREEN
The Rights Forum	-2	+1	0	+1	-1	-1	-2	YELLOW

Legal and methodological notes

No factual determination	The presented results do not constitute factual determinations about individual persons, editorial teams or broadcasts. They are the product of a standardised operationalisation, not a determination of individual responsibility.
No legal judgement	The aggregated deviation index does not replace a legal assessment on the basis of Media Act 2008 Art. 2.1. The assessment of whether a specific broadcast violates statutory requirements is exclusively the responsibility of the competent authorities (in particular the Commissariaat voor de Media).
No proof of causality	Statistical correlations must not be interpreted as proof of causal relationships or editorial intentions. Deviation values may be influenced by subject choice, news environment, political controversiality or format logic.
No judgement on intent	The analysis measures observable structural characteristics of broadcasts. A score of 7 means that a considerable imbalance has been established — not that the editorial team intended this. The methodology makes no statements about motives or strategic objectives.
Heuristic comparison instrument	The index serves for comparative pattern recognition across thousands of broadcasts, not for precise metric measurement of individual contributions. Threshold values serve as heuristic orientation, not as sharp legal qualifications.

APPENDIX 1: NATIONAL LEGISLATION

Legal basis Netherlands — NPO

Act

Media Act 2008

Relevant articles

- Art. 2.1 (Public media remit): The public media service provides independent, pluriform, balanced information of high journalistic quality. The public media service contributes to the democratic, social and cultural needs of Dutch society.
- Art. 2.1 paragraph 2: The public media service reflects the societal diversity of the Netherlands.
- Art. 2.88: Editorial independence and journalistic standards are guaranteed. The programmes are made under the editorial responsibility of the broadcasting associations.

Core obligations

1. **Independence:** Independent provision of information
2. **Pluriformity:** Pluriform reporting
3. **Balance:** Balanced information of high journalistic quality
4. **Societal diversity:** Reflection of Dutch society

Supervisory authority

- Commissariaat voor de Media (CvdM): Media supervision, compliance with Media Act
- NPO Ombudsman: Internal complaints body

Complaints procedure

1. NPO Ombudsman
2. Commissariaat voor de Media
3. Court (administrative law)

APPENDIX 2: SCIENTIFIC SOURCES

Literature

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Unbalanced reporting is the response to the halving initiative in Switzerland: here the manipulation techniques are explained in detail, starting with the selection of staff and source selectionSubsequently 15 principles are explained: omission, framing, temporal framing, guilt by association, emotionalisation, removal of context and much more, illustrated with numerous examples. Moreover, it becomes visible where we ourselves apply these techniques — this promotes not only insight but also empathy.
Optionally the book is supplied with **playing cards**.
Also available as an **audiobook**.

The interview is not a conversation. It is a stage — and someone else has written the script.
Those who do not know this provide material. Good quotes that are cut incorrectly. Correct statements that end up in the wrong context. Honest answers that are framed as confessions.
This book is not a media criticism book. It is a toolbox — for everyone who has a microphone in front of them and wants to know what they can do about it.7 chapters. 7 tools: What an interview really is. The 7 most common pitfalls.The three basic principles of sovereignty — anchoring, reframing, setting boundaries. Preparation in one hour. Body and voice. What to do when things go wrong. And what counts after the interview.
For politicians, activists, entrepreneurs, whistleblowers — for everyone who is in the spotlight and wants to understand how the game works. So that they stop playing along — and start shaping it.
In A5 format. Direct. For preparation, for consultation, for debriefing and in difficult situations

You think you see the world. In reality you see the frame that someone has placed around it. Framing is the oldest and most elegant manipulation technique in the world. It does not change the facts — it changes what we make of the facts. How we feel. What we believe. How we decide. And it works — because we all participate. Daily. Unconsciously. You too. This book is not a dry textbook. It is a workbook — playful, direct, full of examples from real life. You learn not only how others frame you. You learn how you yourself frame — and how you can use it consciously and fairly.
Because those who understand framing see the world more clearly. Hear news differently. Conduct conversations more confidently. And no longer let themselves be so easily imposed a frame that someone else has chosen.
With many exercises and concrete examples from politics, media and everyday life — and an occasional smile.
Framing with style. Because the frame changes everything.