

DOCTORS AND THE MEDIA*

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A common dictionary definition of the Media is 'the main means of mass communication which comprises radio, television, newspapers and journals'.

The Media should have two major, ingrained ambitions: to spread accurate information and opinion and to ensure their continued survival by satisfying public demand. Surprisingly, the two may be in conflict.

In this respect the Media have an awesome power to create 'conventional wisdoms' that may, like a significant number of conventional wisdoms, be incorrect. For example, the Media-created myth that 'Edinburgh is the AIDS Capital of Europe' is incorrect; Amsterdam, Milan and Barcelona each has a stronger claim to this title.

The direct effect on the population at large of Media reporting has not been studied in great depth: it is still unknown if sexual or violent crimes are encouraged by, or only associated with, explicit Media images of such crimes. Individual occurrences give some guide, both to the extent and duration of Media influence. For example, widespread publicity about Nancy Reagan's mastectomy altered the rate of breast conservation in the US for about six months thereafter.

The Media can also affect medical practice. A league table of the operative outcomes of New York Cardiac Surgeons received Media publicity, and those surgeons who had higher mortality rates responded by not operating on the more severely unwell. Their operative mortality went down (to 2.7% from 4.2%) but the overall mortality rate went up. Everyone was happy – or dead!

The Media are particularly important when there are outbreaks of disease. Certain features of outbreaks are of obvious importance to doctors. However, it is the speed of evolution and infectivity of disease outbreaks, not the actual numbers of people involved, which determines continued public, and thus Media, interest. To achieve public attention and Media interest, a rapidly evolving outbreak need only affect a few individuals (e.g. bacterial meningitis), a moderately paced outbreak requires hundreds (e.g. methicillin-resistant *Staphylococcus aureus* (MRSA) in hospitals, multi-drug resistant tuberculosis), slow outbreaks require thousands (e.g. malaria), whereas epidemics measured in years take millions of patients (e.g. HIV and AIDS).

SOME PROBLEMS THAT DOCTORS HAVE WITH THE MEDIA

The Media do not usually appreciate the routine stresses that doctors have to work under. When doctors are dealing with unexpected or dynamic (and thus newsworthy) events, the need to communicate with and inform the Media is an extra stress. Doctors feel unprepared and

vulnerable because they know they have to speak without preparation and without time to anticipate the implications of their extemporised statements. Doctors worry that their reputation may be damaged if they are misquoted or their opinions are blown up out of proportion. Apocryphally, a public health doctor was asked on arrival at an airport 'How will you be assessing our health service supervision of brothels?' His reply, *but not the question*, was printed verbatim: 'I will visit most of the brothels.'

Certain diseases receive disproportionate Media attention; for example, Legionnaire's disease receives much Media attention despite its rarity. One reason why this is so is because of the name, which conjures up a poetic vision of indestructible disaffected psychopaths, young muscular men wronged in love, escaped criminals and others, bayonets at the ready, bearing the banner of the French Foreign Legion. Legionnaire's disease was first described following a convention of American Legionnaires at a hotel in Philadelphia. Interestingly, the preceding conventions were of those of Candlemakers and Magicians. Would there have been as much Media focus on Candlemaker's disease or Magician's disease?

Sometimes the Media ignore important health topics because conditions happen to be common; gastroenteritis, for example. The (literally) unpalatable (and thus usually unpublished) truth is that most gastroenteritis is due to faecal-oral spread; eat animal or, sometimes, as a special treat, human faeces and get diarrhoea and vomiting (always referred to by euphemisms). Gastroenteritis is not worthy of Media attention because it is common and, although not featured in any Travel Agent's literature, the UK population tolerates gastroenteritis as a routine part of a foreign holiday.

The Media may communicate controversial information without emphasising the intrinsically controversial nature of the information and without realising the associated risks. If the mainstream medical view that HIV causes AIDS were wrong then little harm would result. But if the highly controversial non-mainstream view that HIV does *not* cause AIDS is wrong (which it is), then unqualified publicity will have cost lives. The Media are often forced to take sides with controversial issues, but it is important from a medical point of view that each side of an argument is adequately represented. Members of the public have a right to know, but also a right not to be misled.

The Media may be the sole source of medical information and advice for well people who tend not to visit doctors. When dealing with preventative medicine messages, an adverse comment from 'Media doctors' can significantly affect vaccination rates (and GP remuneration), and most doctors would agree that the Media often present an unbalanced view or favour a focus on the risks rather than the benefits of vaccination. For example, when did

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we ever see a picture of thousands of children who have been spared various infections? What we do see is a picture of one child who has, sadly, developed illness after vaccination, and, of course, the vaccination must be to blame.

The Media may devalue medical advice by presenting it in inappropriate contexts. How can anyone take anything seriously in a newspaper, which carries front page headlines along the lines of 'Carlos the Jackal was my driving instructor.'

To be fair to the Media, they do have to respond to public demand, and the pressure to produce accurate information and informed comment is a slow process, whereas news must be brand new.

SOME PROBLEMS THE MEDIA HAVE WITH DOCTORS

The Media should provide well-written, factually correct copy produced to strict time limits. Doctors do not usually appreciate these stresses, often preferring to give their less vibrant, delayed, learned opinions in writing.

Some doctors may not know what they are supposed to know in general or in their speciality – it happens. *Mastermind* (a British television quiz show testing contestants' general knowledge plus a specialist subject) competitors were advised not to choose a specialist subject related to their occupation in case they were revealed to be ignorant in aspects of it.

Doctors may have no idea how to communicate with the Media or may be less communicative than normal if they have heard of unfortunate experiences of colleagues.

The Media have to be aware of single issue fanatic doctors. These are usually easy to recognise, being typically highly intelligent specialists who have rampant enthusiasm and an ambition sometimes verging on a calling from destiny, a sense of isolation from mainstream colleagues and often, interestingly, little sense of humour. They hold views sincerely, but this is not an unequivocal guide to veracity or value. Their views may of course be those of visionaries but, statistically, are more likely to be otherwise. Some doctors are just foolish, as are some members of any group: some fool will always claim dramatic success after treating a few patients with a drug. My advice to investigative journalists is to develop contacts with an array of specialists but also find a generalist who can be trusted to put unusual views in context so that reporting can be both controversial and balanced. A counsel of perfection would be for the Media to take several opinions and, when these sound contradictory, make up their own mind.

The Media have to recognise when a doctor, or doctors as a whole, have no insights worth communicating – it happens. Even advice given by Media doctors may not be good – advice columns written by doctors were found to contain potentially life-threatening advice in 28% of cases, in 22% critical issues were not clearly identified and in 14%, opinion masqueraded as fact.¹

Doctors who ought to be able to give chapter and verse by virtue of an organisational position with access to relevant information are in effect often gagged because anything they say might pre-empt the official opinions of the organisation whose opinion is sought. But who can then speak off the cuff? A Media contact advises that it is useful to ask those who are gagged for the name of someone else who could represent their views. Unsurprisingly, most will then want to speak for themselves as highly placed 'unnamed sources' close to the source of the story.

MISTAKES COMMON TO DOCTORS AND THE MEDIA

Both doctors and the Media make assumptions that associations are causal. The best illustration is the undoubted association of lung cancer with alcohol intake. However, it is the increased frequency of smoking in those with a high alcohol intake that is the cause of high cancer rates, and not the alcohol itself.

Similarly, both doctors and the Media may falsely assume that, if A occurs and B results, then if there is B, there must have been A preceding it. Stating that smoking causes most lung cancer is not the same as stating that if there is lung cancer then smoking must automatically be the cause. Then there is also the homoeopathically intelligent belief that, if X causes Y, then small amounts of X can cure Y. Few doctors and few Media medical journalists realise that double blind, prospective, multicentre, placebo-controlled trials (often conducted at great expense) only show that something is statistically significantly better than a dummy preparation – to show useful efficacy a comparative trial is required, with the therapy under test being compared to a therapy of known specific efficacy.

Both the Media and doctors tend to shy away from assessing the reliability of evidence – this involves hard work and takes valuable time. Nearly everyone fails to mention the number of patients needed to treat so that one patient benefits. A drug may be wonderful – a 'miracle cure' – for one patient, but if 10,000 other patients derive no benefit, or worse, have side-effects, then it may not be sensible to use or publicise the drug.

So who knows best? Doctors or the Media? A bit of both and a bit of neither.

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REFERENCES

- ¹ Molner FJ, Mansonhing M, Dalziel WE *et al.* Assessing the Quality of Newspaper Medical Advice. *Can Med Assoc J* 1999; **161**:393-5.