THE MEDIA DOCTOR – TIME FOR A NEW SPECIALITY IN MEDICINE?*

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It is often mistakenly presupposed that the interaction and relationship between practising doctors and the media is a recent one. Yet right from its very beginning, both in the national press and in broadcasting, early examples of health advice imparted through these communications sources abound. For example, a counterpart to the modern magazine 'Agony Aunt' column can be found in eighteenth-century newspapers, though usually penned by religious authorities offering advice on morals and etiquette as well as medical complaints and relationship problems. The BBC Talks Department broadcast advice on 'How to Keep Fit at Fifty' in the 1920s, while Dr Charles Hill[1] – perhaps the first nationally-recognised media doctor, became famous through his regular early evening broadcasts in the early 1940s.

But also from its inception, the relationship between medicine and the media was clearly a tangled one. For example, Dr Charles Fletcher presented a BBC TV series called 'Your Life in Their Hands', first transmitted in February 1958, which featured outside broadcasts of actual surgical operations being performed in real hospitals around the country. The British Medical Association (BMA) were furious that the BBC had not consulted them as professional advisors to the series, perhaps marking a problem which has dogged media medicine since: the tension between professional medical bodies and media doctors.[1]

Early advice of the BMA, and other medical organisations including the General Medical Council, was often that doctors should not talk to the media at all. Many reasons can be cited for this position: some laudable; for example, the aversion to, and indeed restriction on, doctors advertising themselves, or divulging with potential breaches of confidentiality what should be private matters between a doctor and patient. Dr Thompson, then editor of *The Practitioner,* complained on the BBC Radio 4 programme 'Ten O'Clock' in May 1968 about the publicity surrounding the first heart transplant operations at the National Heart Hospital in London.[1] He felt the surgeons involved were in grave danger of self-publicity and he was appalled that the name of the heart donor had been divulged.

BENEFITS AND RISKS OF MEDICINE IN THE MEDIA

There are undoubtedly risks with medicine's media involvement, just as there are hazards associated with ignoring the opportunity to inform and thus influence public opinion; the issue is whether the benefits outweigh the perils. The lack of satisfactory empirical evidence, to help resolve the issue one way or the other, leaves both sides of the debate reaching for old, entrenched prejudices.

The media doctor may have been previously seen as occupying a controversial position within the practice of medicine, but nowadays this has become vital, because modern scientific medicine faces many new rivals in the provision of health care advice nationally, not least from alternative and complementary medicine approaches. Of the UK population currently 8.5% consult a practitioner of acupuncture, chiropractice, homeopathy, herbal medicine, hypnotherapy or osteopathy in a year, and lifetime use is nearly 17%.[2]

Non-medical and non-scientifically trained therapists are often more 'media-friendly' than more cautious and caveat-prone doctors, leading to a potential bias in the information about health and disease reaching the public through the media.

If this unbalance is not corrected through a more pro-active use of the media by medical practitioners, scientific and more traditional medicine is in danger of being marginalised in the future. The complacency of the profession in this regard is due to it having enjoyed an entrenched monopoly in the past in health expertise, but this situation no longer pertains in the media age.

The issue of the role of media doctors has become more pressing. Changing sources of power and influence, as society evolves, have accompanied a recent decline in the traditional authority of the doctor, with some threat to the ability of the medical profession to maintain its erstwhile supremacy in the health care market.

The NHS has protected mainstream medicine from feeling the effects of competition in the past by limiting the availablility of alternative medical treatment. In contrast, in the USA, health care is much more of a free market: consumers choose a health care provider as an individual preference, whatever that may be. So the medical profession is more open to the use of the media as a way of projecting their expertise in the public domain. In Britain, rival crafts, from complimentary and alternative health care providers, will tend to increasingly oppose the mainstream medical approach in the future. It is in this context that medicine needs to ensure it does not suffer a terminal declining influence alongside the rise of alternative, often critical, approaches to health care. At the moment the media frequently favour more alternative approaches to health care, with more pages in newspapers devoted to complementary than mainstream medicine. It is perhaps no accident that alternative health-care practitioners are often more 'media friendly' than doctors. They tend to place a high value on media liaison, as they need journalists to raise public awareness of their services.

Interest has grown recently within the medical profession of the dangers in this representation and under-representation if doctors do not contribute to the health controversies that have entered the public domain. When

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things go wrong, as in the recent Bristol Royal Infirmary Inquiry, and the media seizes the opportunity to orchestrate attacks on medicine, doctors are then roused to the importance of getting their side of the story across to the public. Hence the debate in this respect within medical circles has changed in recent years, and moved away from the issue of whether doctors should get involved in the media: it now focuses on what is tolerable in terms of the nature, directness and breadth of that involvement. The inherent problem is that condensing a complicated medical issue down to palatable and comprehensible 'sound-bites' might dilute and distort so much of the message to be imparted that nothing is gained by disseminating it to millions. Maybe the compromises involved in doctors entering a relationship with the media disable the achievement of any worthwhile aims. So doctors have been sorely tempted to restrict appearances in the media to outlets and subjects where they feel comfortable, and where they will obtain peer approval for their participation. Yet broadcasting only to one's peers defeats the whole purpose of using the media, which is to reach a wider, non-specialist audience who wish to be accurately informed on a topic.

Yet academics themselves are influenced by what is reported in the public media more than they would like to admit; a recent study[3] found that papers reported in *The New York Times* were subsequently cited more frequently by scientists than papers not reported. This was not because *The New York Times* had picked up on the most important papers, as the effect was not seen with papers reported in issues of the newspaper that were not distributed because of a strike.

Of the traditional professions, medicine is arguably the most suspicious of pursuing an element of one's career outside the strict boundaries of clinical practice or research, so doctors are the least represented professionals in British public life. For example, currently in the House of Commons there are only seven medically-qualified MPs, while representation in the House of Lords is little better with just over a dozen.[4] A lack of representation in the civic world will ensure that doctors are less able to influence positively public policy and attitudes to the profession.

Preventive medicine has recently come to be seen as the most effective way of improving the health of populations. True primary prevention depends on getting health messages to well people, so they can learn how to prevent themselves from becoming ill. But the healthy do not go to see doctors, so the only way to effectively reach them is through the media. As most health promotion involves encouraging the population to change behaviour, for example to give up smoking or take up exercise, doctors need media skills in order to persuade the public to alter their actions and attitudes. These are precisely the same proficiencies which advertisers and politicians are interested in; two lines of work that place the media as central to their work.

THE CURRENT WAY ESTABLISHMENT MEDICINE WORKS WITH THE MEDIA

The usual model which medical organisations use when liasing with journalists is that of keeping a 'bank of experts', to whom the media are directed when a press inquiry comes in. The problem is that the experts are usually chosen because of their peer-recognised expertise in a particular speciality, not for their communication skills. This model fails because journalists sometimes complain that this kind of medical expert is not media-friendly. Even the press officers who have to pass journalists on to their bank of experts lament privately the lack of basic media skills among such officially-recognised authorities.

Unfriendliness takes on many forms, from being out of contact when an urgent bulletin is going out, to being unable to adapt to the requirements of the piece; for example, not being able to give short enough answers, or make it to the studio on time. Doctors usually regard media work with some scorn, in comparison to their more important daily clinical and research duties, and so are usually not motivated to help adequately when a press inquiry arrives.

Another problem with the 'bank of experts' approach is it ensures that, when one of the 'bank' finally gets called upon to make a broadcast or pass a comment, they have so little experience of performing that they are unlikely to execute the interview well. The demands of summarising complex issues succinctly, and knowing how to stay in relative control of the interview, despite an ignorant or unhelpful or frankly hostile journalist, as well as retaining composure in a stressful situation, require much *in vivo* practice.

While individually doctors might understandably and reasonably give precedence to their professional work over handling press interviews, the profession as a whole, however, need not make media liaison a low priority; if it does, it is in danger of having its views ignored. There is also an ironic paradox about doctors' frequent complaints about the poor handling of a medical story by the media, alongside their own individual reluctance to engage with journalists in an attempt to correct popular misperceptions.

A further reason why the 'bank of experts' model fails is that the initial inquiry is usually taken by a press officer working for a hospital, medical organisation or Royal College, who then has to decide which specialist is the most appropriate one to contact. The officer is invariably not medically qualified, and so has little knowledge about the subject, the particular interests and prejudices of the experts, or the line the profession should best take in order to safeguard its interests. This model of working means the press can be directed to someone the profession themselves may not have chosen. Also, this model, by inserting several intermediaries between the press and the eventual expert, via Royal College switch boards, secretaries, press officers, hospital switchboards and consultants' secretaries, ensure too many phone calls have to be made for a journalist with an urgent deadline.

Alongside these obstacles, most medical press offices close at the precise time in the late afternoon when newspapers and broadcasters start looking for comments for the news bulletins and tomorrow's editions of the newspapers. For all these reasons the current 'bank of experts' model often fails in the aim of better helping the medical profession connect with the media.

THE 'MEDIA DOCTOR'

An alternative model, but one which is still unpopular with the medical establishment, is to get doctors themselves working more centrally in press offices so they are involved at an earlier stage in handling the initial inquiry. In other words, route the initial inquiry through a doctor, or someone working closely with a doctor, rather than through another lay person.

One reason why this is an unpopular model is that it appears to collude with the elevation of particular physicians into 'media doctors', gurus who become famous among the wider public for regularly handling medical issues in the media. This is in contrast to the doctor who is one among many experts in a bank contacted by a press office; this latter kind of doctor handles a few inquiries every year and does not usually develop into a 'face' recognised by the public.

In North America, the presence of doctors with regular appearances in the media has developed faster than in Britain, partly perhaps because the profession there is less antagonistic to medical journalism than it is here. For example, the first nationally broadcast talk radio psychiatrist, Dr Harvey Reuben, who started his weekend phone-in radio shows in 1982, has claimed that he had the blessing of the chairman of his department at Yale from the start.[5] He also wrote that 'the professional response has, surprisingly, been most gratifying. In 1983, based on my work with Talknet [his radio programme], I was appointed the area representative to APA's [American Psychiatric Association's] joint commission on public affairs, and in 1986 I became its chairman'.[5] This is in stark contrast to the equivalent situation in Britain, where most media doctors remain relatively ignored by their professional organisations; not used by them sufficiently to aid media liaison.

The profession in Britain is often suspicious of those doctors who become media-famous and develop regular slots in the public eye. So a curious incongruity emerges, with the British doctors who are most popular with the wider public also being less than favoured within their profession. Yet increasingly this threatens to be a missed opportunity for UK medicine. Popular doctors are a valuable public relations tool, which the profession could use to help represent and foster the medical viewpoint to the public and opinion-makers.

What the occupation is failing to understand is that celebrity is already an instrument being used in health promotion, for example famous sufferers of disorders are frequently used by medical charities to raise the profile of their cause. The failure to utilise the power of famous doctors displays a marked unsophistication about how to influence public opinion.

WHAT HAS A PUBLIC IMPACT?

Celebrities' behaviour can influence the general public, which is why advertising agencies opt for the famous when constructing a persuasive campaign. But doctors may be naive about the effect celebrities can have, even on life and death decisions of the public, like the choice of treatment when facing cancer. Research from the Medical College of Wisconsin found a 25% decrease in the number of North American women choosing breast-conserving surgery as opposed to mastectomy, six months after Nancy Reagan, wife of the then-president Ronald Reagan, chose the latter in 1987.[6] This research finding is important because it may be the first hard data to conclusively demonstrate that celebrities are capable of profound influence over the health care behaviour of the general public. This dramatic drop in breast-conserving surgery was not associated with research publications in the academic or lay literature questioning the effectiveness of such an approach. The authors estimated that 3,400 fewer US women underwent breast-conserving surgery than would have been expected, as a direct result of Nancy Reagan's personal medical decision.

Two parameters around media influence on health decisions of the public emerge from this research. The first is that the effect of Mrs Reagan's surgery was greatest among women who were demographically similar to her: white women, aged 50 through 79 years, as opposed to older or younger women or non-white women. The second is that media effects could be temporally related to the media coverage itself – six months after Nancy Reagan's operation, the rate of breast-conserving surgery had returned to its previous baseline.

This suggests it is the ability of the public to identify with the celebrity which partly determines how much influence the luminary has. So the aloof and remote air of many medical experts is unlikely to render them effective public relations tools for the profession. The data also strongly imply that public influence can only be sustained by more-or-less incessant media coverage, as each particular news story has limited temporal impact. Again this illuminates the weakness of the 'bank of experts' model, as this supports a media intervention once in a while, rather than trying to get particular doctors recurring media slots. But it is the aversion to doctors becoming famous through their media appearances which raises antibodies by the profession for this approach.

A famous person is likely to influence health decisions of the general public for many reasons. The first simple reality is that well-known people are the subject of media attention, so the public are more likely to become aware of a prominent person and their decisions, rather than more obscure doctors' views, even if they are world experts in their subject. The second important reason is the issue of trust which develops between the public and the illustrious. By entering your living room daily through the media, a kind of relationship develops between the famous and their audience, which cannot happen between the public and an obscure doctor whom they see very infrequently.

But the ability to successfully court the affections of the public is a mysterious skill, often termed 'charisma'. Many, from politicians to public relations agencies, would dearly like to control and manufacture personal magnetism to order, but this remains too elusive and enigmatic a quality to reliably instil in those who do not already have it. Yet charm is critical in explaining the success or otherwise of those who go on to be popular with the public and those who fade from view.

THE FAILURE OF PUBLIC EDUCATION CAMPAIGNS

Doctors still have a tendency to focus on the technical expertise of professionals in the media in trying to explain their success or otherwise in courting sustained public popularity. For example, Burns,[7] an eminent Professor of Community Psychiatry, neglected the charisma issue in his discussion of a TV series presenting real-time assessment and formulation of emotional problems. This was broadcast for five years in Britain; but eventually failed to be recommissioned despite a high level of technical expertise in the presenters. The long-term failure of this TV programme to gain a regular foothold in the media perhaps reflects the repeated and wider inadequacy of the profession to form an effective relationship with journalism.

This explains why practically all medically inspired and run public education campaigns fail. For example, the BMA ran a poster campaign in the early 1990s to dissuade the

public from supporting the Conservative Party's proposed NHS reforms. One poster asked, 'What do you call a man who refuses to take the advice of his doctor? The Health Secretary'. The campaign failed to dent the popularity of the party, and the NHS reforms, which doctors vigorously opposed, were eventually implemented. Particularly sobering about the failure of this campaign is the fact that it flopped despite many opinion-poll surveys, where the public repeatedly affirmed that they trusted doctors more than politicians.

Another spectacular example of failed public education campaign[8] was the Doctor-Patient Partnership, launched in 1996 by the Department of Health and the BMA in order to reduce demands on GPs. To this end, over a million posters and leaflets were distributed to surgeries and pharmacies across Britain, but 10 focus groups and 70 in-depth interviews, performed in 1998 by *Health Which* magazine to assess the impact of the campaign, could not find a single member of the public who had even heard of the Doctor-Patient Partnership!

Assessing the impact of any public education campaign on the lay population itself is clearly vital in determining when medical campaigning is effective, and teaches valuable lessons in how to improve liaison with the community. Yet perhaps it is precisely because it is still not usual to incorporate any assessment of the impact of their messages on lay people, that doctors persist in failing to learn where they are going awry in public relations.

In October 1998 the Royal College of Psychiatrists launched a new five-year national public education campaign entitled 'Changing Minds: every family in the land' which aimed to increase public understanding and reduce stigmatisation of mental illness.[9] The campaign received much uncritical coverage from academic medical journals, including the *Journal of the Royal Society of Medicine* and the *British Medical Journal*. Yet a year earlier an evaluation of the Royal College's previous five-year public education campaign, entitled 'Defeat Depression', showed that 75% of GPs felt the publicity had had little or no impact on their clinical practice.[10] If GPs felt this way, the implications for what the public made of the campaign are surely ominous. Yet no survey has been done by the College to check the public impact of their attempts to publicise 'Defeat Depression'.

The only published attempt to audit the impact of the work of the Public Education Committee of the Royal College of Psychiatrists was a comparison of the media coverage of psychiatry from 1993 with 1997.[11] This found that media references to the Royal College of Psychiatrists were now more positive than negative. But references to psychiatry in general had become more negative than positive and, compared to 1993, references to the College's educational materials had decreased in the press.

This raises questions of how the new crusade is likely to build on lessons learnt about successful public and media liaison from previous efforts. Physicians appear to support much officially-sponsored civic education, oblivious to the issue of whether they are having an impact on the public at all. It would almost seem, therefore, that these campaigns are waged to be seen to be doing something, rather than with any real intention to alter public perception. This is probably because doctors do not place as much importance on public liaison as they do on their other professional activities, which is why proper evaluation of the success of these campaigns receives so little attention. This is in stark contrast to other areas of professional practice where audit receives more rigour and energy.

CONCLUSION

Not every doctor has the specialised skills necessary to tackle the obstacles of successfully handling the media, but physicians are likely to find this activity more stressful than most others, because practitioners also risk the opprobrium of colleagues. This strain, on top of the trying to find the time in a busy professional life, means the number of doctors who emerge as able to develop a relationship with the media remains very small.

If the profession is unwelcoming to these doctors, it will tend to drive them out of clinical medicine. Indeed, most media doctors in Britain today tend not to continue working in the NHS, nor are professionally attached to any major hospitals or medical institutions. Instead they tend to give up the practice of medicine altogether, in order to devote themselves entirely to journalism.

But this means the profession is losing a valuable resource: doctors who have developed the trust of the public through their media activity, and who have demonstrated they have the necessary contacts and skills to work successfully in the difficult and fraught world of journalism. If the profession is to continue to prosper in the next millennium, it must meet the new challenges which technological change and social progress bring. These transformations threaten a conservative profession if it does not also evolve to adapt to the shifting society it serves.

One essential change medicine must consider is to begin valuing media skills in some of its members, and learn to harness them in the service of the profession. The problem is that the practice of medicine in terms of doctors seeing individual patients has altered little in almost 2,000 years. This serves to reinforce the conservatism of the profession. But for the first time in history, twentieth century technology gives doctors the opportunity to reach more than one patient at a time, and instead advise millions in one broadcast, presenting unprecedented public education opportunities. The medical establishment has been slow to recognise these possibilities.[12]

New skills have become essential. A mere generation ago, doctors were leaving medical school unable to use a computer. Technological illiteracy in the future, no matter how good a doctor is at physical examination or clinical knowledge, will not be excusable. The same could also be said of the profession as a whole, and media skills. Perhaps it is now time to consider establishing journalism training as one of the options available to doctors, because working with the media is becoming one of the new proficiencies it is vital medicine can call on at times of need.

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