

# Medicine and the Media: the need to strengthen the bridge

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Doctors and journalists are unlikely ever fully to agree on the way medical matters should be presented to the public; this is not surprising. Perhaps the only thing truly they have in common is dedication to the preservation of confidentiality.

Journalists have not got the equivalent of the Hippocratic Oath. But they are still being prosecuted, and in some cases even gaoled, in this and other countries, for refusing to reveal who told them what, or how they came by information that, when published, proved embarrassing to authority.

Medical journalists, like doctors, feel strongly about this confidentiality issue. It can lead to misunderstandings between them when, for example, Royalty gets pregnant at 40-plus, a prominent politician has internal plumbing problems, or some film star or TV personality develops a sudden illness.

No medical journalist of repute would ask a doctor for specific information about a particular notable who was his patient, but he will most certainly seek information about a specific complaint of other doctors who are rated expert in dealing with that condition.

What is good (or bad) for notables is equally good (or bad) for ordinary people, who are readers of newspapers, listeners to radio programmes, and avid watchers of television. The recent disclosure that former England cricket captain Tony Grieg has epilepsy, and has conquered it with drugs, is a case in point; news stories such as this give tremendous comfort and encouragement to ordinary sufferers from the disease. Illnesses of prominent people merely throw into sharp focus interest in the particular complaint. Like it or not, ordinary people are keenly interested in what happens to those whose names make news.

Eastwood and Smith (1973) have stated the problem clearly. 'Doctors and journalists', they wrote, 'belong to professions which have intimate contact with the public. Doctors are constrained to further the public good by considering the well-being of the individual. Journalists, conversely, often use the individual to increase public interest which, when aroused, can frequently improve the well-being of the individual or the community'.

Fletcher (1973) can appreciate the problem from both points of view. This distinguished doctor and journalist has written —

Journalists and broadcasters, aware of the growing interest of the public not only in the science of medicine but also in its social consequences, feel a responsibility to

satisfy it. They deny the continuing claims of many doctors that only they themselves are qualified to judge what it is good for the public to know about medicine, for, like any other laymen, their main criticism of our profession lies in our unwillingness or inability to tell them all they want to know.

'Doctors have to come to terms with this conflict of attitudes and learn to appreciate that journalists and broadcasters are no less responsible than they are themselves and just as concerned with the good of the public. There are black sheep in both professions, but the majority have the same interest in matters of health; to encourage people to keep well and to get well'.

Basically, the medical journalist seeks to inform his readers, his listeners, or those who watch his TV programme, of what is new on the medical front, and to explain how doctors go about the task of treating illness and disease. He (or she) attempts to do this in a compelling way, telling as much as possible in as short a space, or time, as possible, and to do so as speedily as possible. News has been well defined as something new, or novel, to the majority. Reporting means getting to know things—or getting to understand better things already known.

Seymour-Ure (1977) neatly sums up the situation thus. Of the presentation of scientific and medical research in the national newspapers, using science as the overall term, he says —

'Science is a private world. The science writer is thus a translator to the lay audience. News values and the values of the scientific world often clash. The social significance of science writing has increased with the growth of science and its influence on public policy. Science writing is very diverse. At present, much of it is "indignant".'

'Some subjects are difficult to translate or hang on topical pegs. None remains subject to taboos. All are subject to fashion. Medicine, including research with animals, is always in fashion. Some fashions are triggered off; others grow gradually, reflect research priorities or personalities'.

Here again is a reason for conflict between the medical journalist and the doctor. On the one hand, the desire for simplification, on the other, the desire for not just one, but several, and sometimes conflicting, qualifications.

The doctor often wonders, after having been approached by a journalist seeking help, why it should matter whether he gives his answer today, tomorrow, or

next week, provided it is given. In the highly competitive world of the media, time indeed is vital. Logically, it should not much matter whether readers of the *Daily Z* learn tomorrow, or the day after, or next week, of some medical advance, so long as they are made aware of it in the end.

Newspapers, radio and TV do not work like that. Immediacy is their touchstone. They spend money, and much energy, to be first with the news, if possible, and if not first, then at least to present it at the same time as their rivals do so.

Giving information to the public at large of medical matters in vivid form has an honourable lineage. The Old Testament chroniclers, and the disciples who reported the sayings and doings of Jesus, would definitely have belonged to a Medical Journalists Association had such a body then been in existence. They described disease in simple terms—and the cure for it. They spread the word of the power of healing, knowing then, as we know now, that sickness and health exert a powerful fascination alike for those who are sick and those who are well. Their crisp, clear reportage of medical matters was in a style that would grace the front pages of any newspapers today, and make compelling listening on any radio programme. Their accounts bore witness, as do many of today's accounts, as much to the skill of the reporter in focusing popular attention on the skill and devotion of the physician as to the ability of the healer himself, and the success of his treatment.

Some doctors today, however, seem to belittle the medical journalist *his* skills. These include ferreting out governmental and administrative backslidings, publishing Health Service inequalities, and acting as a public health watchdog, in addition to keeping the public informed of the progress of modern medicine.

Some doctors, perhaps many, still genuinely believe that the task of passing on information about medical matters, or of interpreting what medicine is doing or trying to do, is best done by doctors. They alone, they feel, can and should judge whether information ought to be imparted, and, if so, how it should be presented.

To the medical journalist, this smacks of a last-ditch attempt to preserve the mystique of medicine. At worst, they believe, it would deny general information to patients, except on doctors' orders. At best, to use United States security jargon, it would limit the spread of medical knowledge to the 'need-to-know categories'.

It must be said, and clearly, that medical journalists have no more right than the next man to know what is going on in medicine. They cannot, by law written or unwritten, demand information. The media have no God-given authority—any more, for that matter, than has the doctor.

But the medical journalist can bring to the task of explaining what is happening in the medical world a communicating skill that is as important as the healing skill exercised by the doctor. Put bluntly, he can speak the language of the recipient of the information to be imparted. He can get rid of medical jargon and terminology. This may be a boon when doctor talks to doctor, but it is a handicap when communication with the public or the patient is involved.

As Shearer (1978) has expressed it to doctors: 'Why

don't patients listen to you? If you are not adequately trained to communicate, then change your training. Don't you like people? If not, stick to laboratory research'.

In matters of sex counselling, for instance, it is not that journalists know more than doctors on this subject, but that they can express themselves more clearly, give help and advice without embarrassment, even perhaps appear more concerned. It is only fair to add that the medical journalist does not see the inquirer face to face, as does the doctor; but he does think more in terms of helping the patient to understand than in treating the complaint.

In this paperback age, the price of a medical dictionary is well within the reach of the average individual, but he does not always have one in his back pocket (or in the handbag in the case of a woman) when the doctor is giving an explanation of what is wrong and how it is being tackled.

The medical journalist puts in simple terms what has happened to the individual, and explains equally simply what is being done, or can be done, to put it right. He aids the general ability to comprehend. Even if, in a doctor's view, a medical story is over-simplified (and it is at times, with risk of misinterpretation) at least the basic message has been put across.

Doctors sometimes complain that explaining medical matters has its dangers—for them. They tell of patients attending surgeries and consulting rooms waving the latest issue of the *Daily This* or the *Monthly That*, virtually demanding the new drug, the new surgical approach, or the new diagnostic method, hailed therein as the latest advance in the treatment of their particular ill.

Doctors, however, do not seem to realise that respected publications such as the *British Medical Journal*, *The Lancet*, and *Nature*, to name but a few, make their latest issues available, at least a day before general publication, to the medical and science correspondents of the national newspapers, the BBC, ITN, and the Press Association, which serves all major provincial newspapers. This gives the media the chance to be up to date in reporting medical matters. It also explains why a patient can be in possession of medical knowledge in potted form before the authorised version of what the doctor is being asked about has thumped through the letterbox at his surgery or consulting room.

To acknowledge this fact of life should not be to blame the publishers of medical journals for making advance copies available, or to blame medical journalists for combing them in order to retail to the public details of what, after all, is news passed by doctors to doctors, any more than it would be fair to criticise doctors for failing to read from cover to cover their medical journals the moment they arrive, in order that they can be fully briefed before seeing the first patient of the day.

Here again, it is the old problem of who tells, rather than what is told. As Crossman (1977) put it, defining Sir Harold Wilson's view of the leakage of information: 'Wilson regards the leak as some inner piece of information, appearing in the papers, which doesn't suit his own plans'.

What tends often to be overlooked, in any controversy over the handling of medical matters, is the common factor: the patient.

The patient, sick or healthy, is the doctor's daily bread, whether he likes it or not. The patient, as the reader, is certainly the journalist's daily bread.

This next point is easier stated than proved, but patients who are informed on health matters tend to be less likely to make demands on doctors than those who are not.

It is unchallengeable that widespread publicity can create problems; 'nothing but a Press scare' is a phrase often used by doctors to reply to patients' questions after something has appeared in print, or on the radio, or TV. The recent Birmingham smallpox incident is a case in point—or would have been had the media not been first to tell the public: Don't panic. The Department of Health was still dithering over what advice to give the public, clamouring at surgeries and public health centres for vaccination, when the Press gave the calming advice.

To give the public information on medical matters in popular form is not a media ploy to annoy doctors, to make life for them more difficult, or to attempt to 'put them down' if they have not heard or read of what is reported. It is done to try to raise the general awareness of what medicine is, what it does, how it does it, what it is trying or hoping to do, and, perhaps most important, what more might or could be done if greater financial resources were available for doctors and research workers alike to command.

However much doctors and even some journalists may deplore it, the public feeds on change; it wants to be kept aware of what is changing, and why, and to be told what it can reasonably expect of change. This is as true of medicine as of politics, international affairs, fiscal policy and fashion. Taxpayers' money finances medical research and the NHS alike—should not the taxpayer be aware of where the money goes and how it is spent?

Medical research bodies constantly lobby the Press to spread the word that research funds are drying up, and that the coffers need replenishing—but they do not always tell enough of how the money is being spent, or explain the snags that cause them to appeal for more.

Miller (1976), of Rockefeller University, wrote recently: 'How intelligently the public support our research depends on how they are educated. Science (and medical) writers are the chief source of education of the public. We have a stake in trying to help them with their work'.

Doctors who admit the force of this argument often counter that medical matters are sometimes sensationalised, or, if not sensationalised, trivialised. No medical journalist would, or could, deny that this does happen. Newspapers, radio and TV outlets, magazines, all have to sell their wares in the marketplace. Competition is keen.

A source of annoyance to many doctors, certainly as far as the printed word is concerned, is the flaring headline, with the eye-catching phrase that lures the reader to the smaller print below.

The distinguished Oldham gynaecologist Mr Patrick Steptoe has told me he has no objection to newspapers referring to ovum removal, *in vitro* fertilisation, and reimplantation, but that he jibs at the 'test-tube baby' tag attached to his work. Mr Steptoe has a point. But would his work, and that of his collaborator Dr Robert

Edwards, the Cambridge physiologist, have received world-wide attention if the headline writers had used his phrase and not theirs—always assuming they could have got it into a headline?

In the world of Concorde and the 125 mile/hour commuter train, it is not surprising that doctors prefer the 3.5 litre to the horse and buggy to make physical contact with patients who are visited at home.

Using the vivid phrase or analogy to impart information is just as important. The media must catch its clients speedily, or lose them; there are many counter-attractions. (Even if it catches them, it can hold them for but a brief period, hence the arresting headline and the phrase, the analogy, that sticks in the memory.)

Perhaps the public *should* find time to digest a column of medical news as printed by *The Times*, considering themselves well-informed after reading it; but if they absorb six paragraphs of medical news in one of today's tabloid daily newspapers, they are bound to be better informed than not at all. As Cudlipp (1976) has put it, explaining the strident approach of the modern newspaper: 'The barker on the stand outside is more important than the lion inside the tent. No audience, no circus'. It is a truth as old as Habakkuk, who wrote: 'Write the vision and make it plain upon tables, that he may run that readeth it. For the vision is yet for an appointed time, but at the end it shall speak and not lie'.

Doctors should not sniff at the presentation in popular terms of medical matters, as some do, on the ground that it is 'mere scribbling' and not the way such knowledge should be imparted. The media seek to entertain and to amuse as well as to educate.

Medical articles in the Press, medical programmes on radio and TV, are for the non-doctor. Doctor can always speak to doctor in his own language—or can he? Even in medicine, specialisation is now reaching a point where interdisciplinary communication is needed to keep abreast of developments. 'Popularisation' is becoming necessary here, too.

Those in Fleet Street (used here as the omnibus term for national and provincial newspapers, BBC and ITV), in spite of admitted imperfections, have much to offer those in Harley Street (used here as the omnibus term for all in British medicine) in the important task of telling the public what medicine is doing.

Few complaints are heard from Harley Street when Fleet Street spells out the need for better remuneration for doctors, when it advocates more money for the Health Service, when it demands new hospitals and better clinics, when it voices concern at the threat to confidentiality in computerising medical records, or at the more mundane level, when it calls for the doctor to be allowed to park his car without the threat of a ticket.

People from all walks of life are intensely interested in health—their own, and that of others—and much more interested in their ill-health, or somebody else's. They want to know, even if they do not have a particular complaint, what medicine is doing about it. This may be a kind of mental insurance should they fall victim to this ill, but they still want to know. Of course they can go to the doctor and ask for an explanation. More often, they turn to a newspaper or ring up a radio programme. Phone-ins are commonplace today, and Marjorie Proops,

at the *Daily Mirror*, gets 40,000 letters a year from readers, many seeking medical advice or reassurance.

Would these phenomena exist if all doctors had the communicating skill? This is not to blame the doctor if he cannot cope. It is equally not the fault of the medical journalist if he tries to bridge the gap.

Television is perhaps the medium doctors fear most. The newspaper used to be their Public Enemy No. 1. Not now. There is little doubt that the impact of TV on the public is staggering; they are mesmerised by it. Some still have to discover that the switch-on knob also turns the thing off.

The immediacy of television, the intimacy of television, gives it a power almost beyond belief. There is a greater receptiveness to what is seen and heard on TV than to almost anything else. The critical factor is less busy when the individual is slumped in front of the TV set at night. The TV set is counsellor as well as friend. Some women even kiss goodnight to the last man seen on the screen before the tube flickers and fades; nobody embraces the newspaper.

The distinguished US television reporter Daniel Schorr (1977) has summed up the impact of TV thus—

'Television lumbers into a complicated situation like King Kong, altering the landscape by its sheer weight and force. Brushing aside complexities and seizing upon a few concrete images, it often provides its own version of events, simplified and sometimes modified. Insatiably demanding to be shown something, it tends to neglect the thinkers and to pursue the doers'.

Nevertheless television, like sex, is here to stay, and never more so than in terms of presenting and interpreting modern life—including medicine. It is perhaps the most potent force in shaping public awareness, including awareness of what is happening in medicine.

Television, however, may have to afford, in future, greater co-operation than at present to those from whom it seeks co-operation in making programmes on topical issues, including those on medicine. Here again, it is the way that the message is put across that is the key factor; an article, a broadcast, a telecast, can be right as well as bright.

The tabloid newspaper does not, and should not, when reporting medical affairs, use the same terms as the *British Medical Journal* uses to inform doctors, or *The Times* uses to talk to Top People, but at the end, the recipient of the information should receive a fair picture, not a distorted one.

Greater willingness by television producers to let those who co-operate with them see the edited programme could smooth many of the present troubles, but, again, doctors must not expect to be given the right of veto.

This issue of what is regarded as important is well summed up by Crossman (1977). In his diary for 29th June 1969 he wrote—

'Yesterday I opened a health centre in Daventry and I took tremendous trouble with the Press release and an excellent speech on the state of health centres and the importance of getting doctors into groups. Nothing in the Press this morning. I had enormous coverage for family

planning when I said nothing, but not a line when I said something that really mattered'.

The fact that doctors and journalists are unlikely ever to agree on how medical matters should be presented to the public should not prevent both sides from getting together to improve things.

Great progress in this direction has already been made. In the 30 years I have been writing full-time on medical and scientific matters for the *Daily Mirror*, which has a daily readership of more than 12 million, an entirely new relationship has developed. The old idea that the Press can be whistled up like a dog, to fetch a stick or receive a pat on the head, has virtually gone.

Medical journalists can do much to allay public fears. The recent Birmingham smallpox incident is an example. They can inform of health risks. Would, for instance, the anti-smoking campaign have been as successful as it is, even with the three excellent reports of the Royal College of Physicians in 1962, 1971 and 1977, if the media generally, and the popular newspapers in particular, had not so fully and clearly presented the main conclusions, putting the information about the health risk into almost every hand in the land?

And they can 'educate', in the broadest sense, the public to be aware of the need for a new approach to controversial issues.

Has the time not come to back the 'contract-out' approach to the donation of kidneys and other 'spare parts'?

What is the truth about vaccination?

Is there a peril in the computerising of medical records, with busybodies having access? These are among the issues that the Press is regularly airing.

Medical journalists today are better educated than they were. They can talk on level terms about medical matters. Doctors are beginning to realise that the old suspicions of 'the Press' are outmoded, outdated—though not yet completely out, it seems.

Reasonably approached, more doctors are willing to help the Press unravel the complexities of new advances. However, they still seek, and rightly so, an assurance that confidentiality will be respected. There is less fear these days of being hauled before the General Medical Council for breaching one of the three A 'sins' of medicine—abortion, advertising and adultery—and such assurances should always be given.

The medical profession knows that it can always turn to the advertising slots of radio and TV, and to the advertising columns of newspapers, and pay at full-rate for any message it wishes to convey to be conveyed, without a comma being altered.

But it is also learning that far more heed is taken of what people read in the news columns and on the features pages—though, of course, the plugging of a slogan by repeated advertising cannot be underrated.

Doctors tend to be unaware, or to overlook it if they are aware, of the tremendous financial backing newspaper readers give to medical research. This is yet one more reason for co-operation, when it is sought, to present the facts to the public.

The *Daily Express* has just raised £66,000, and the money is still coming in, for the Simon Bostic Research

Fund, for bone marrow transplants, at Westminster Hospital.

The *Daily Mirror*, in 1977 alone, raised £49,152 from Live Letters readers; much of this money supports medical research. Grants this year are to be made to the British Diabetic Association, the Muscular Dystrophy Group, the Kidney Research Aid Fund, the Parkinson's Disease Society, and the Mental Health Foundation. To date, from *Daily Mirror* readers alone, muscular dystrophy research has benefited to the tune of £83,000.

Great Ormond Street Hospital has received £8,200 this year, and Birmingham University is using an £8,500 auto-analyser in the study of the immunopathology of muscle—thanks to the *Daily Mirror*.

There is a Live Letters Medical Fellowship at Manchester's Withington Hospital. Project title: The detection of latent and chronic virus infections in human brain cells.

The *Daily Herald* was for many years a major supporter of Great Ormond Street. Lord Beaverbrook's munificence to St Mary's Hospital is well known.

The *Sunday People* in 1977 raised £97,196 from its readers, with much of the money going to medical research projects. In almost all cases, the newspapers concerned bear the administrative costs of the appeals they organise, so that every penny can be disbursed.

Alas, there is a dark side still, to doctor-journalist harmony. One of the stumbling blocks to closer co-operation between doctors and journalists is the rogue elephant element.

When, in 1953, the late Professor Ian Aird was preparing the separation of the Nigerian Siamese twins at Hammersmith Hospital, he regularly made himself available to a small group of medical writers, with whom he discussed what he planned to do, and, later, how he did it. This ensured an accurate flow of information to the public. But the antics of some newspapermen in trying to gatecrash the wards, wearing white coats to disguise themselves as doctors or students, in an attempt to photograph the tiny patients, enraged doctors, administrators, nurses and medical journalists alike.

The trouble seems to be recurring following the 'test-tube baby' birth. Mr Patrick Steptoe (1978) has referred to the 'disturbing and sinister' business of hospital records

'being ruthlessly invaded, and a number of names and addresses of patients who have been in hospital under my care obtained by newspaper reporters. Several of these patients have been approached by the reporters for their story. This means that the security of hospital records is

very easily penetrated, and this unpleasant fact probably applies to all medical records throughout the country'.

Such practices must be condemned, and not least by the Press, if co-operation between journalists and doctors is to continue, let alone be improved. There is no place in medical journalism for cheque-book methods.

Many efforts are being made to improve communications between medicine and the media. The Royal Colleges have set a good example. The Royal College of Physicians regularly holds informal luncheons at which senior doctors and medical journalists meet to discuss matters of common interest. The Royal College of Obstetricians and Gynaecologists holds regular briefing sessions at which controversial issues, such as epidural anaesthesia and hormone replacement therapy are discussed in depth. The Royal College of Surgeons holds background briefing meetings, though less frequently.

The British Medical Association has perhaps the best Press Information Department in the country. Most Regional Hospital Authorities have a Press Office. The Medical Journalists Association (206 members, doctors as well as journalists) has held a symposium on communications problems, attended by the Presidents of the major medical bodies. Journals like the *British Medical Journal* now give regular space to the handling of medical news.

Doctors and journalists must come together for one reason if for no other: the need to prevent sickness by promoting health. Whether this is done by newspapers campaigning for better diagnostic facilities, or by doctors and journalists getting together to inform the public of what to look for (as with small lumps in the breast) and to seek early aid, the fact is inescapable: a nation's greatest wealth is its healthy citizens.

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