The role of the media

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Summary

There is an increasing awareness on the part both of the media and the profession of the need to co-operate in providing information and education on medical matters. This co-operation should be strongly encouraged. Where children are concerned the opportunities for education are great.

THESE are exciting days for doctors interested in the prevention of disease, since the media have increased enormously the opportunities for effective propaganda. The public are avid for informed advice on health, but they are now much more discerning and will no longer accept pontifical statements made without scientific foundation. There is no place for 'pinnacle doctors', whether in their relationship with the media or with their patients; no subject is too complicated to be explained in simple terms and interviewers can be ruthless with pompous doctors.

Since the public desires more medical information, the professionals operating the media have been quick to respond to the need. The medical profession should be equally responsive.

It is a cause for satisfaction that the Royal College of Physicians of London has gone so far in its encouragement to doctors to co-operate with the media as to issue, through its Public Relations Committee, guide-lines for working with the media (Fletcher, 1975). It is also significant that the College has a Public Relations Committee and employs a firm of public relations consultants.

The opportunities for doctors to work with the media are limitless and include articles and books in lay publications, newspaper interviews and appearances on radio and television programmes. The role of the media in the prevention of coronary heart disease is naturally being considered here but the author's comments refer to the role of the media in all medical subjects.

Titles are important and the organizers of this Symposium are to be congratulated in choosing a compelling title. How dull it would have been if solely called 'The Prevention of Coronary Heart Disease'. This is, no doubt, the reason for employing

sub-editors to write the headlines of newspaper articles. Healthy children are a big draw in media terms; whereas an article on the prevention of coronary heart disease in a lay journal would attract few readers, the involvement of children would produce an immediate response.

Some years ago the BBC wished to try out an early morning 'phone-in' programme to determine whether the public would respond at that hour, in the same way as they were doing for an 8.00 p.m. programme. They chose the subject, 'Is my child healthy?' as being the strongest bait and the present author was invited to answer the questions. The telephone lines were open from 7.00 a.m. until the programme started at 9.00 a.m. However, unlike the evening programme in which the lines remained open during the programme, this time they had to close when it started since mis-dialling would have caused chaos in the Oxford Street shopping area. Despite this fact and the early hour, the response was the largest ever. Some 800 callers got through to have their questions written down by the eleven secretaries, which meant that many thousands never got through because all the lines were engaged. Since then 'Tuesday Call' at 9.00 a.m. has become a regular radio feature.

It is good to know that the proceedings of this seminar will be published in the *Postgraduate Medical Journal* and that the *Archives of Disease in Childhood* will carry a short report. It is hoped that a report for the lay public along the lines of the report *Smoking and Health Now* published by the Royal College of Physicians (1971) will also be produced. Such a report would give an additional opportunity for considerable publicity at a press conference to be held on the day of publication.

Practical co-operation

One of the ways in which doctors can co-operate with newspapers is to be prepared to take telephone calls from journalists. Fear of misquotation has led many doctors to refuse such calls but it is the author's experience that, provided one is satisfied by the bona fide qualifications of the reporter, one's remarks are treated with accuracy and respect. It is

ideal that the doctor should see the copy before publication but since most editors want their reporters' pieces the day before yesterday this is seldom practical. However, most will be willing to read the final copy over the telephone.

Always ask to be sent a copy of the published article and never work again with a journalist who has not taken the trouble to be accurate. Depending on the subject one should sometimes insist on a personal rather than a telephone interview. In this connection it is instructive to study the different methods employed by journalists. One should beware the reporter with a tape recorder because, although this should lead to greater accuracy, in practice it does not because the notes taken are more brief and the reporter seldom has the time or inclination to replay the interview.

Phone-in programmes and 'chat-shows' are highly popular and can be very instructive. It is remarkable what intimate questions callers are prepared to ask even when not anonymous, being clearly oblivious at that moment of the thousands of people who are listening to the conversation. Such calls mean a sad lack of communication between patient or parent and the family doctor who should be the one to be involved. It seems that he is regarded as being 'too busy' to have the time to listen. The format of the 'Jimmy Young Show' in which listeners' letters are answered is possibly the most effective in terms of the amount of medical information which can be transmitted.

Whether a doctor allows his name to be used can only be a personal decision. However, there is no doubt that an anonymous doctor has much less influence than one who is named. To some extent naming is dependent on whether the doctor sees private patients and this author would not undertake many of the programmes he does if he ran a private practice. The basic question is whether the doctor's participation carries an element of personal advertisement as a result of which he could gain financially. An honest opinion about different forms of treatment would always be admissible but a recom-

mendation for the individual doctor's personal therapy would rightly lead to a complaint by the General Medical Council.

It is medically unethical to answer letters personally from individuals subsequent to a press article or a radio or television appearance. However, the journalist or producer should be asked to reply explaining this aspect and asking the writer to get in touch with his family doctor.

Lay medical education

Since the prevention of coronary heart disease starts in childhood, there must be more education in schools. Education for parenthood should be a vital component of the school curriculum. The ignorance of children, as well as many parents, about basic anatomy and physiology is appalling. Many student nurses lectured by this author in their first year cannot give the reasons for not smoking in pregnancy.

Admission to hospital is another opportunity for learning which should not be lost. Child patients are encouraged by the author to undertake a project on their illness which they can then present as a 'lecture' to their class, on return to school. The preparation of this project and the necessary drawings and collage is the responsibility of the ward teachers and it is regarded as far more important than keeping up with algebra lessons.

The responsibility shown by the media in medical matters is impressive. What is needed is to persuade those at the top to place medical programmes earlier in the evening. The late slot relates to the poor value placed on 'educational' programmes compared to entertainment programmes. It is up to the medical profession to grasp the opportunities which are without doubt being extended to them by those responsible for the media.

References

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