

Brian J. Ford, independent research scientist who has also produced and directed science programmes for both BBC and ITV, discusses the problems involved in

GETTING THE MESSAGE

ACROSS

THE impact of television on the public understanding of medical research has been profound.

In an example such as the Barnard heart-transplant experiments, world-wide attention was riveted on the team and their subjects in a wholly unprecedented manner, and new developments such as the FSH/LH treatment programme for sterility — which would formerly have remained as "closed-shop" clinical developments for many years — are brought dramatically into the homes of unwitting members of the public.

It is, by any standards, entirely reasonable that the mass media should inform the public about progress in medicine; after all, the public are both the patrons and the subjects of medical research.

Upset

But the new awareness that results is a profound departure from what has gone before; it has upset conventional patterns of behaviour and traditional relationships between the doctor and his patient, and, in some cases, may have cost lives.

It was reported by some transplant workers that next-of-kin permission for the use of organs from potential donors — which was previously given without hesitation — had occasionally been withheld following the publication on radio, TV and in the press of the results of the first few heart transplants on human subjects.

Although the implications of widespread publicity are so profound and multifarious, hardly any attention has been given to the subject in the past.

The symposium on "The impact of television on medicine" (*Medical News*, October 4) was — as far as I know — the first serious attempt to define terms and to delineate purposes; next month there is to be a joint meeting of BBC Television representatives with members of the Medical Journalists' Association to take the matter further.

There are, quite clearly, many problems to be settled.

One of the most persistent claims made by popularizers in the past has been that a given item was "factually accurate." But facts, *per se*, are not factual; statements made out of context, which are not in the least incorrect in content, may give a subliminal implication which can have unwarranted effects.

When we see items of the kind "Woman took 'pill' for three years; died of heart attack" there is a feeling of unease among those who realize that there is no indication of the implied cause-and-effect in the report — yet it remains factual, as far as it goes.

There is a tendency in human intellect to see a relationship where, often, one does not exist; one wonders what the casual reader might make of a headline such as "Businessman ate porridge; died of cancer."

There is ample evidence that a clear, assimilable outline of the context of an observation should be given.

Sewage

The fact that perhaps one-fifth, if not more, of the Londoner's water supply is the supernatant from the Reading sewage works is a perfectly ordinary remark to the biologist or the medical man who is conversant with the nature of tapwater; but to the layman who has a deep-seated emotive connotation about the word "sewage," the observation would need clarification before it was readily assimilable.

The use of qualified specialists in popularization has often been postulated as one answer to the problem, but they may know no more about subjects outside their discipline than the professional television reporter who avidly reads such things.

Additionally it is certainly arguable that the discipline of communication is a specialty in its own right, but of course the professional communicator — the journalist — cannot embrace the same understanding of medical research as will the worker engaged in the field.

Insight

Probably the eventual answer will be to train people as specialists in medical communication. Certainly my own experiences, which allowed me to write on science and medicine from my teenage and to retain active contact with this form of exposition throughout university and academic career, gave a unique insight into both aspects.

I am bound to confess that the basic criteria of popularization (which include, surely, balanced objectivity, conciseness and the use of

"neutral" terms — i.e. those which are levelled at the layman and neither talk down to him, nor blind him with science) are often singularly lacking from some of the material which is broadcast.

For example, the man who speaks of "phagocytic removal of invasive pathogens" is clearly addressing the public in esoteric, thoughtless shorthand which does little to explain anything; but on the other hand the popularizer who mentions "lots of tiny wriggly cells gobbling up the nasty germs" is equally ineffective — and substantially more insulting.

But it is perfectly feasible to write a succinct account, which perforce is likely to be a little more wordy, but which defines terms as the sentence proceeds: "the small germs, or bacteria, which get into the body are actually devoured by specially adapted cells, known as phagocytes. These phagocytes help to overcome disease by removing the bacteria. . . ."

But this emphasizes the nature of the problem facing us. What are the criteria that should be employed? What really is the most effective means of training or selecting people for this work?

And indeed, to what extent is it necessary to present subjects in a "biased" manner in order to leave a balanced impression in the minds of the viewers?

As a first step it would help greatly if journalists would refer back to the source of an item before the script was finalized.

Fatuous

Even a small error, e.g. "ultrasonic waves are faster than sound waves," can alienate the sympathies of an entire research department which had previously been co-operative and the checking of facts and interpretations with their source, whenever possible, would certainly be a step in the right direction.

Meanwhile we must realize that television is a potent medium, and it is fatuous to imagine that medicine can simply refuse to co-operate. Used well, handled efficiently and intelligently, it can do an enormous amount of good to the furtherance of medical knowledge and insight, probably in public health itself.

But misused the television programme becomes a danger, potentially a lethal danger, to the doctor and his efforts.

Ability to communicate

GETTING the message across, from the world of medicine to the general public, is the theme of an article (page 12) by a research scientist who, on television, has so notably shown himself to be one of the rare masters of the art.

Failure to do so is more often the fault of the speaker than of his audience, and misunderstanding of the message can lead to much unhappiness.

It would be of interest if an assessment could be made of how often in the course of a year busy general practitioners are asked to correct the wrong impressions and allay the anxieties arising from television programmes.

Few doctors have time to "waste" on such things, but those who do will be grateful for any steps that may be taken to remove this small item from the load which they have to carry.

A good case can be made out for the training of people as specialists in communicating matters medical to the mass. A speech reported in *MN* last week (page 18) argued forcibly in favour of "a new breed of medical communicator... skilled in presenting medical subjects to doctors."

"The editing problems of most medical journals would be considerably simplified," we are told, "if more doctors understood the elementary principles of conveying their thoughts on paper."

There is some analogy between doctors communicating with the lay public and doctors writing or speaking to doctors. In both cases the communicator usually has greater knowledge and understanding of the subject, and it behoves him neither to talk down nor to blind with science.

In addressing other doctors the writer or speaker, aware of his position of superiority, is so concerned not to insult his readers or audience by oversimplification that he tends to use more jargon than is necessary.

The main justification for the use of technical terms is that they succeed in more succinctly conveying their meaning to the educated reader or listener. Yet despite the employment of these aids to brevity there are few articles which would not benefit by cutting, even though it is an obvious overstatement to say that the importance of a paper read at a medical congress is usually inversely proportional to its length.

It is given to few to have such a command of language that they can "speak with the tongues of men and of angels." For ordinary mortals the basic criteria of professional communication are not so vastly different from those of popularization: balanced objectivity, conciseness and clarity — and the greatest of these is clarity.