

Briefing the media

When we next met, Charles returned to The Today Programme debate that had caused us concern in June.¹

‘Coe, you remember when we talked about influenza immunisation, I suggested that the idea of universal use in the fit elderly had raised another issue?’

‘Yes, I do. I wonder if it is what I had in mind! Go on!’

‘One of our mutual physician friends, the old sage Benedict, heard the programme. He believes little if any relationship exists between influenza, as opposed to some other viral infections, and asthma and so listened intently to the programme. He was so appalled by the imbalance between the scientific evidence presented against universal immunisation of the elderly and anecdotes in favour that he emailed the programme expressing his concerns.’

‘And he got the expected brush off justifying it by journalistic freedom?’

‘On the contrary, he got a sympathetic reply admitting that they were concerned that the anecdotes might be misleading but they did not know where to turn for advice.’

I looked surprised.

‘It surprises you? I was too. Soon afterwards I went to a charity event where one of the programme’s presenters was the guest speaker. I raised the issue with him. He was quite open in expressing his regret that the media and his programme got it wrong over this, and also the triple vaccination and autism debacle. He said that as few journalists and producers had scientific training they did not know where to turn when one party declines to comment.’

This reminded me of something.

‘On reflection, I can give another, but perhaps less surprising, example. Our local member of parliament (MP) is a very well known and widely read member of the opposition front bench. He asked for an informal meeting with the profession to brief him on health matters. The meeting was in as non-political spirit as such meetings can be. We are in a rural area where local provision of services

is a very hot potato. When it came to accident and emergency services our MP said that the government, the Department of Health and royal colleges all told him that more concentrated services were necessary. He turned to us looking genuinely perplexed, asking whether that was really true or not. He clearly was at a loss to know where to get an impartial opinion.’

‘Part of the same problem!’ *Charles responded.*

‘And the solution?’

‘First things first, Coe!’ *he cautioned me.*

‘What do you mean Charles?’

‘Remember the engineers’ dictum, first define the problem, or maybe problems, precisely and then the solution will manifest itself!’

‘Amplify!’

‘Two different skills are involved. We must distinguish between the expert who is capable of explaining complex ideas in simple language and an assessor who is asked to comment on the likely validity or impact of a hypothesis. Let’s concentrate on the latter. What do the media or the politician require of him, and so who is he most likely to be?’

‘The advice should be authoritative and able reliably to point out which propositions have substance, without being unduly influenced by the orthodox. I can think of many advances in my professional lifetime where the difficult step was recognition that the accepted approach was wrong.’

‘This suggests that advice should come from a source with knowledge or experience of the subject but not currently intimately involved. As the unorthodox is often the key to many advances it must be allowed to flourish, so direct advice from institutions might rarely be appropriate.’

‘But they and their nominees are most likely to have the knowledge!’

‘And have an intellectual interest in sustaining the orthodox!’

‘I suppose so, Charles,’ *I conceded doubtfully.*

‘We should be clear what we are looking for. I am sure the Royal College of Physicians (RCP) has a

list of experts to whom the media are referred when they are requiring explanation of medical advances. But...'

'I am not sure they have!' *I interrupted.*

He looked surprised but continued , 'Be that as it may, Coe, but even if they do and the practice is to nominate an individual that is fine for an expert but perhaps too close to home if an assessor is needed.'

At that point an urgent call intervened and we agreed to think about the problem. In my researches I came across the Science Media Centre,² whose sponsors include the Medical Research Council and the Royal Society. In the past the RCP itself has contributed to the centre's website but their medical support and interest is primarily directed at basic research rather than clinical medicine. When I told Charles this at our next meeting, he replied.

'I found it too Coe, and I wondered why *The Today Programme* did not automatically turn to them.'

'Perhaps they need more publicity!'

'And are they accessible at four o'clock in the morning?'

'This points to the need for a service which is available twenty-four hours a day.'

'Yes Coe! The service should give access to both experts and assessors. The Science Media Centre might do this for basic science. A parallel source for clinical medicine might be desirable. I think the Academy of Medical Royal Colleges with its wider constituency might be a better than individual colleges for suggesting assessors.'

'How public would the list be? Some people might not like their telephone numbers on the internet!'

'Ideally there should be the possibility of personal contact twenty-four hours a day, but the clients are sufficiently defined to enable restricted secure online access.'

'But who would be willing to be on the list if they were likely to be called in the early hours?'

'The price of fame, Coe! But to return to the original point we need both experts and assessors trained in medicine or science. The latter would have to be prepared to comment on things outside their immediate field of current activity.'

'Personally I would not feel competent to do so!'

'But others less self-effacing might not. Leaders in medicine and science who have shown wide interests which demonstrate that they are capable of lateral thinking outside their own narrow field, or perhaps better completely outside science or medicine, would be required.'

'Who would determine that, Charles?'

'It must be the responsibility of those who provide the lists, Coe.'

'So you see three columns in the lists, current immediate expertise, willingness to act as assessor, and wider present and past experience?'

'Yes and it should be available twenty-four hours a day either by telephone or on a secure site to which editors could apply for access. While experts might be nominated, it is essential that editors are given a choice when assessment of potentially controversial matters is required.'

'The even more difficult problem of the viability of our local maternity unit also came up at the meeting. Can there be a universally acceptable right answer? Is there such a thing as an absolutely unbiased opinion?'

'Probably not, Coe! But unless they are overt advocates, those commenting should be seen to be as independent as possible!'

I am not sure how practicable Charles's suggestions are, but I am struck how often logic disappears when property, be it financial, managerial or intellectual, is involved. I do not absolve myself from guilt in this respect and I can see how such a system might help the media decide whether protagonists may be falling into that trap.

Coemgenus

References

- 1 Coemgenus. Preparing for the influenza pandemic: remember its ally the pneumococcus. *Clin Med* 2007;7:309–10.
- 2 Science Media Centre. www.sciencemediacentre.org