

Panel Discussion: PR in Healthcare

Alan Taman (AT) and Barry Turner (BT) (Chair: John Lister (JL))

(Unattributed) A question about PRs. You said they have no framework in the NHS. Nobody to represent them. But is it needed? Because all PRs have the option of either belonging to the NUJ or the CIPR and both of these unions have ethical standards and codes, so why is there a need for a framework? Also, did you in your survey ask how many of the PRs belong to any union, whether it's the NUJ or the CIPR?

(AT) I'll answer the easiest one first. I did ask that, that was one of the survey questions. Not many of them were in the NUJ. Nearly all of them had heard of the CIPR and I think between a quarter and a third were members of the CIPR, but again this was not universal. In terms of needing some kind of supportive framework, in theory you are right. Both the NUJ and the CIPR have got excellent ethical codes specifically designed for PRs. But that's not necessarily for health PR. My argument is that within the health service, especially because of this critical almost defining relationship you've got with the chief executive officer which in many cases stipulates what their role is almost, that could place them at risk if the CEO doesn't happen to agree with what they are doing. That's when you need something else other than your individual ethical conviction. At the moment the NHS doesn't recognise the NUJ as a trade union in terms of bargaining, and it doesn't have any kind of recognition that the CIPR code which is excellent (as is the NUJ code) should be applied as an inherent part of the PR role. As it does for health professionals, that's my point as well – doctors, nurses have got their own very strong sense of professional ethics which the NHS implicitly does recognise as part of the way they interrelate with those staff, which they don't for PRs.

That's all the more ironic when you look at the five golden pillars for good PR, which lead straight back – you can almost use a ruler – to the ethics of healthcare. Well, for goodness' sake, this country's health service doesn't recognise that and that's where the risks come from, I think.

(JL) The CIPR is not a trade union.

(Unattributed) So those one in six who have been pressurised to act unethically. Can they not get help from the CIPR?

(AT) Again yes, in theory in could. I didn't press the survey respondents too closely on that, because I thought if I did they were probably not going to reply because they could feel they were going to be compromised. I did press it further with the face-to-face interview respondents, about 18 of them. In most cases they felt it was just a matter of clarification. I think the closest response to that is that a couple of them said 'well look, if push came to shove I would probably leave'. So no, I don't think they do feel that they can call in the CIPR because at the moment there is no recognition by the NHS that that's an established process and I think that's getting worse.

(Jane Hammond) A brief comment on that. People may remember years ago that there was the issue of row over helicopters or something and a letter was leaked to the Press Association by Colette Bowe who was director of information at the relevant ministry. It's been pointed out that

she was instructed to do that and as a civil servant she did it. If she had been a member of CIPR she could have flatly refused and have pointed out that it would mean expulsion from CIPR if she did not do so. So that is some sort of protection, I know it's not that much.

When you talked about public relations officers in the health service having training, did you find out how many of them had the recognised qualifications such as either public relations degrees or diplomas or certificates?

(AT) Not as a part of the survey, but many did volunteer that in replying. So a fair number had, but not all.

(John Illman) Barry, a great deal about what is bad with cancer reporting. If you were an on-the-road journalist, how would you report cancer?

(BT) The way my editor told me to!

(JI) Which is how?

(BT) Within the frameworks. I think I perhaps missed out a point here. The majority of the news values that we refer to, news frameworks, are not governed by the journalists or by the editors. They are governed by the people who buy the newspapers. I am constantly pointing this out, that it's not the Daily Mail that necessarily has the views that are expressed all over it, it's the people who read it. The Daily Mail and all other newspapers are products, and if the *Daily Mail* all of a sudden tomorrow started writing pro-left-wing stories, the only effect of that would be they would lose their entire readership. So I fully appreciate there are major constraints on journalists into how they report cancer stories, but if we were going to have a – I hate this particular concept – 'balanced' reporting going on we would have some of the more serious reporting going on as well. My own experience from extensive research on this is most of the reporting on cancer is flippant. Most of the reporting on cancer is populist, and a large slice of it is simply entertainment.

(JI) It would be very useful though if you could give us some specific examples about how you would do it.

(BT) I wouldn't be able to do it, because I would write it in scientific language and it would be geared towards people who can understand oncology, epidemiology etc.

(JI) But isn't good science all about, to quote Einstein, making things as simple as possible but no simpler? That's the challenge facing scientists, that's the challenge facing journalists and it's one that I would like you to embrace right now.

(BT) I agree entirely. I would like to be able to write a 14,000 word article or a paper explaining how C450 cytochromes break down drugs within the liver. The point about it is, I've already said that I appreciate that journalists are some kind of conduit between the scientists and what's going on here and the public know nothing about science. In fact it's not as simple as that because the ways stories get to the public is via various filters. The information will be in the academic and scientific journals,

from which it's filtered through magazines like New Scientist and Scientific American, from which it's taken through another filtration system to dumb it down even more, until the people on the street can be told that 'this particular chemical here causes this particular kind of cancer'.

I instruct my students to reverse engineer that process, find out where the information actually came from; 99 times out of a 100 what it says here about a cancer breakthrough is a single experiment carried out in a single university lab somewhere that's not been repeated; but by the time it's been filtered through the journalistic system it is being portrayed as a breakthrough.

You'll have to excuse my flippancy, I'm well aware of the fact that you can't go straight to the academic journal and write from that a story that the press and public are going to understand; if it's too complicated they simply won't read it.

(Harry Dugmore) Two points. The first is, the low levels of literacy folks have about scientific subjects. It's not really the job of the media to rectify that. In that context of people having a lack of fundamental knowledge it's in certain areas that stories can go awry for context. For instance, people who don't understand the difference between a bacteria and a virus. This causes all sorts of things, not least the over-prescription of antibiotics on demand from patients to doctors when they have a cold, which is a viral infection; people don't know the difference.

But one of the things papers are very good at, and the media is very good at, is the watchdog role: keeping government services working well. So we are certainly planning in South Africa, and it may work here as well, is to hammer government more for the lack of their public education campaigns. They should be doing more in schools, you should be able to get good, easy to understand pamphlets when you visit the nursing sister for your quarterly blood pressure check on whatever topic you want. That's where the 14,000 words come in, condensed to maybe 1500 words. Maybe instead of us trying to do the job we should be putting more pressure on governments. So find some country that does it really well, say Norway, and say compared to them you are really crap at that.

Second point. For every health journalist in the USA there are four people working in analogous health PR. I've just been looking at this new movie which is coming out which is called Fed Up, which is about the sugar industry and about the food industry. Talking about the PR and the ethics of PR, when one is moving out of the NHS and into the food companies and the large pharmaceuticals, there it does seem that there are no rules and there are no ethics. They have set up a website called Fedup.com, which is the Grocery Association of America. So when you Google Fed up' and want to talk about this movie, the first five or six hits that you get on Google are all carefully designed for the opponents of the movie rather than the movie people.

How does one take on the tremendous amount of money that is put into PR by a large food and pharmaceutical company?

(Unattributed) To what extent has celebrity reporting affected positivity? In a negative way, public understanding of health and disease, health celebrity reporting?

(Unattributed) What would it be if you did your research on the private sector PR? And what stops journalists reporting on side effects? I don't quite understand that. Why don't they report that, for example, that is high prices that's causing the NHS trust in their area not to provide this particular medicine? What stops it?

(BT) What stops them reporting it?

(Unattributed) Yes – what stops them reporting that? Why do they take the easy option of reporting on bacon and eggs instead of reporting on this company who refuse to comment?

(BT) I think people frequently forget that the media are not a public service. The media are an industry, the same as the pharmaceutical industry is an industry. They are in the business to make money. The reason they don't report certain stories is because they don't believe they will sell. Some of these stories simply will not sell. Putting a scare story about bacon and sausages in the paper does sell to the public. If that's it on the front page of the Daily Express tomorrow, people will buy the Daily Express. If there is a great debate about political decisions about whether Herceptin can be obtained etc, the vast majority of people simply don't buy that. If we separate out this idea that the press are some kind of public service from the idea that they actually work for commercial interests just the same as pharmaceutical scientists do then that's the easy answer.

(Unattributed) But they are not all in the *Daily Mail*. There's the *Guardian* and the *Independent*.

(BT) The *Guardian* does the best health reporting in this country by far. But the *Guardian* is also constrained by the fact that it may have a slightly higher intellectual readership but they certainly don't understand things like oncology and endocrinology. Writing these stories in a way that the public can understand them is virtually impossible.

(HD) The BBC is a public service.

(AT) Harry and one or two of the others have described the shadow in the Dark Side. That is pretty much what I am afraid of, and the name of the shadow is privatisation in the NHS. I didn't look at that in my research because I realised that private health PRs would have been even less inclined to respond than NHS PRs would. I suppose my fear for that, and looking at the international picture, stems from the fact that PR outside public health is less likely to subscribe to the same sense of public values.

I did speak to a couple of private healthcare PRs in this country through the CIPR and they said they did have their own sense of ethics, and they would not take on cases for which we know there will be a conflict of interests – but they were honest enough to say they couldn't speak for all our colleagues. So that's the risk, I agree. How you resolve that risk, especially internationally, I don't know. But I think defining it and pointing to it as much and as loudly as we can will be a very good start.

We are fortunate in this country in that health education is regarded as a duty of the health professionals. The Royal Colleges for instance have statements saying they must educate the public

and so on. We do have that distinction in this country. So health professionals, health organisations do tend to produce their own information for patient's which does address most of those concerns, but a final point on that is that some of it frankly isn't well written! They do need the input of journalists and professional wordsmiths. That was a constant battle I had as an NHS PR.