

Summary: Ethical health PR

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- Journalists and PRs share a 'common agenda' when it comes to covering health based on shared ethical values, principles, codes of conduct and professional bodies.
- A Masters research project carried out on 84 NHS PRs showed:
 - NHS PR worked in small teams of 2-4 and dealt with conflicts of interest in their role.
 - Most (70%) thought they had had sufficient training.
 - Around three-quarters felt they worked in a framework that had ethical principles.
 - One in six of the total had been asked to act unethically by another member of NHS staff.
 - There was strong support for a normative, consequentialist ethical framework but views differed on whether this could be created across the NHS.
 - There was a very strong link between the way NHS PR role was defined and the relationship they had with their CEO.
- Looking at these findings more widely:
 - NHS PRs are under more pressure, have no service-wide framework, and little support.
 - There are equal pressures acting on health journalism.
 - Recent legislative changes in England could make this worse.
 - This could act against candour and openness.
- But there is hope in health PRs and journalists working together for better standards and training. Both share the same ethical principles: non-maleficence (do no harm), beneficence (do good), veracity (tell the truth), respect privacy, and fairness.
- These are similar to those in healthcare itself.
- A 'Potter box' decision-making approach should also allow ethical decisions to be taken:
 - Define the situation.
 - Decide what values apply.
 - Select the principles .
 - Choose your loyalties – prioritise ALL the stakeholders who have an interest in your decision.
- To first do no harm, start by asking, 'What happens next?'