

Editorial

Public Health at Risk: Media and Political Malpractice

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Decision-making about health issues differs among well-informed, well-intentioned, and well-meaning consumers. While we all would like to be as healthy as our global neighbors, we often differ in our definition of health—quality vs. quantity of life, collective vs. individual rights, and behavioral vs. biological interventions.

Regardless of whatever orientation and variables we consider, we are all subject to the limits of medical progress and the mechanisms that communicate such information.

Recent events in different regions of the world highlight the fragile nature of 21st century progress. While there have been great strides in saving the lives of millions with vaccines, vitamin supplements, and medicines, at any juncture, years of progress can be undermined with the spontaneity and reach of the modern media that can create doubt and develop unhealthy social norms.

A recent event heralded by the media in India began at the same time that rumors of dozens of children dying from Vitamin A supplements delivered in concert with polio eradication efforts began. This helped halt a Vitamin A campaign that reached 35 million children. The scientific community and donor organizations had supported Vitamin A as it reduces the chances that many malnourished children in developing countries will die from diarrhea, measles, and other disease. It also helps prevent blindness. Over 200 million children worldwide have benefited from Vitamin A.

The India incident made international news as six reported deaths occurred following the polio vaccine/vitamin A campaign. The BBC even reported the deaths might be due to the vaccine. When the facts were determined, it was clear the deaths were not due to the vaccine or the vitamin. Nonetheless, the campaign has not been restored. The Associated Press later reported that parents were staying away from the polio campaign due to fears of side effects. The unfounded rumors translated into only 47% of the targeted children showing up for the vaccine. This mirrors the global waning of vaccination campaigns.

In neighboring Nepal, the Human Services Association reported that 60 year-old students who received a capsule of 200,000 IU of vitamin A from their school began to have severe abdominal pain and vomiting. Scientifically, the likelihood that vitamin A caused the symptoms reported is nil. Another group of 60 children from the same school who got the same dose of vitamin reported no such symptoms. The infectious media reports threaten both vitamin supplementation and vaccination efforts; it has also spread to Thailand.

Other areas of misinformation concerning risk abound. In China, despite years of scientific research, policy decisions, and fervor regarding bovine spongiform encephalopathy (BSE; commonly known as mad cow disease), the Chinese government has decided

to ban cosmetic products made from bovine sources where BSE has been reported. There is no risk to humans using such products even if there were BSE endemic when the product was manufactured.

In the United Kingdom, the epicenter of the mad cow crisis, recent debate on the risk of the measles, mumps, and rubella vaccine (MMR) continues to fuel uncertainty related to many health events, presaging another measles outbreak in the UK.

In Jordan, the public suspected the government of contaminating drinking water. The mistrust generated by the idea that “they are trying to poison us” spilled over into the next public health crisis related to an outbreak of vaccine-associated events.

Finally, a retrospective analysis in the United States published in the *Journal of the American Medical Association* examined the coverage of rotavirus vaccine, a vaccine that could save over 500,000 children lives annually throughout the world: in the initial 12-year period, rotavirus vaccine was portrayed positively by the media and adverse events were rarely mentioned. Once the CDC published preliminary data concerning 15 cases of the adverse effect of vaccination among those who received the rotavirus vaccine—intussusception—media portrayal of the vaccine changed abruptly to negativity. The authors reviewed 280 newspaper, 49 wire service, and 257 television stories related to the risk of rotavirus vaccine and concluded: “The early idealization-sudden condemnation sequence seen with the rotavirus vaccine, [suggests that] scientists and health officials have an obligation to learn to work effectively with the media to assure that the public is informed about both vaccine risks and benefits, particularly since the media may be the public’s principle source of such information. Balanced portrayals of vaccines can help avert abrupt shifts in media and public reaction that can undermine the success of vaccination programs.” (JAMA. 2002; 287:1455–1462)

The media is often the principal purveyor of (mis)information with powerful messages that sway policymakers. The reporter creating the story is looking for high interest stories and wants to present at least two sides of the issue. Generally, the two points of view are presented on the same subject as if they are more or less equal in merit. In most situations, the scientifically validated and supported side is balanced by a rogue scientist’s perspective and presented as equal. In the case of vaccines, too often the standard medical view (the fact that vaccines and/or medical intervention is safe and effective and saves millions of lives) is balanced against the opinion or view of an individual that a particular event might be caused by a vaccine.

To the reader or viewer, whether a concerned consumer or a politician, these polarized views may appear more or less equal in merit. In reality, these two options are wildly unequal, with hugely different levels of certainty. Nonetheless, the media often have the reach and an audience that cannot be countered by the current health system.

One approach to advance public health understanding has been developed by the European Office of the World Health Organization. This systematic networking approach with a European Health Communication Network was the brainchild of Dr. Franklin Apfel, who proclaims the “pen as mighty as the surgeon’s scalpel.” Even with such emphasis and development of guidelines and ethical communication links, these approaches take time.

The events mentioned above are among a series of others to come. It is not a question of “if (an event will happen), but when.” The following five elements might assist those practicing health communication be better prepared to address future events:

1. Conduct communication surveillance—examination of media trends, professional deliberations, Internet rumors, cultural myths, etc.
2. Educate at all levels—develop social norms, reiterate key messages, and develop a health literacy.

3. Advocate with key leaders including the media, academic, and government communities, not just the health sector.
4. Create dialogue opportunities for public understanding of science/health in the media and public settings.
5. Integrate scientific knowledge and “truth” in sustainable systems (media, academia, government, etc.).

These suggested ethical elements can advance public health rather than contribute to a mass sociogenic illness due to misinformation. Whatever nomenclature we use to describe the pitfalls of unethical health communication, we must be scientific and ethical in responding to develop a health-competent society. The progress we have made in public health with vaccination and supplementation is too important to lose to media malpractice. The health and well-being of the global public demand that we use each and every available means to advance public health.