

Editorial

The Plural of Anecdote is not Evidence

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The 21st Century communication age has created unprecedented opportunity for instantaneous information transfer. Globalization translated observation and opinion into the data that forges the foundation of so-called knowledge.

With such speed and freedom of expression, unfiltered information abounds. The consequences are great in a new world where terror and disease know no boundaries safety and health remain the ubiquitous ideal.

While many of us herald new technologies as liberators providing access to information, we may be professing unfettered opportunities for ignorance. New information—so-called “news”—reaches people differently in multiple contexts. This is particularly important to consider as scientific discovery, medical breakthroughs, and political events all require decisions that affect our lives. How we react to biotechnology and cloning, complications of medical interventions, and violent acts of hatred is shaped with this. This new information often lacks moral guidance.

For example, the increase in online news commentary authored by anyone has evolved to what many term a blog. This term, short for weblog, presents personalized news filters that often challenges the knowledge and wisdom foundation that supports Western thought.

Thomas Friedman summed it up well in a recent editorial in the *New York Times*: “At its best, the internet can educate more people faster than any other media tool we ever had. At its worst, it can make people dumber faster than any media tool we ever had.” Furthermore, Friedman warns “. . .the uneducated believe information from it even worse. They don’t realize the internet at its ugliest is an open sewer; an electronic conduit for untreated unfiltered information.”

Say, for example, a consumer wanted vaccine information and went to the most popular search engine—google.com—and typed in vaccine info. Voila, the National Vaccine Information Center (NVIC) would appear as well as lawyer’s litigation services. With one click the user could be in what looks like a credible site. The NVIC is an organization dedicated to limiting the use of vaccines as it was started by Dissatisfied Parents Together (DPT). There are countless other examples with the scientific lexicon and common phrases throughout the world.

This is particularly important for health communication. Clearly, individual observation on medical issues repeated over cyberspace challenges the peer-reviewed, conventional wisdom, and status quo. Nonetheless, the new “paradigms” of Shared Decision Making (SDM) and Evidence Based Medicine (EBM) continue to percolate in

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21st Century health care. SDM activates the patient as a partner and decision-maker in health prevention and treatment, a move from the age-old white coat ethos of the “traditional” physician.

The move to EBM, namely the latest randomized controlled trial and peer reviewed often is at odds with experience and consensus reports. This EBM relegation to new, recent, and improved often confuses the public and professionals; witness the latest confusion over mammograms. EBM also figures in economic variables in a population based approach. Are these “movements” at odds? Is the patient armed with information from the internet, whether written by a blog or a patient support group, making the right decision? Alternative medicine, new/novel approaches, as well as prudent risk-taking and aversion fit different evidence models.

The current paradigms do not stress ethical and moral directives to help guide decision making. Idealism, self determination, quality of life, and moral decisions are difficult to characterize in a population-based approach. In an information-everywhere world, the technology as purveyor often services as the de facto credibility, rather than the provider of the information.

We need refocus on credibility by tempering scientific progress with context. On event for one individual—the anecdote—should not translate into population based decision making. Even with the a media seemingly offering repetitive information in a 24/7 news cycle, a single study with a large number subjects with 95% certainly of x in a million happening does not always lead to more informed or better decisions. This limitation of reliable evidence in context should be an ethical goal

The ancient Greeks promulgated the dialectic to find the truth. Today such “multi”-logue is faceless, with limited consequences for the originator of the communication act should s/he be lying or spreading falsehoods. Ancient rhetoric stressed the credibility of the sender. The Aristotelian notion of human flourishing as a guide for public policy with ethical communication would be a welcomed goal today. The bottom line is that, as health communicators, it is incumbent upon us to be well-versed in the science of health, while practicing ethical communication to inform quality decision-making.