

## Editorial

# Truth and Health Consequences

SCOTT C. RATZAN

Most of us reading this Journal are engaged with improving the health of the public through a variety of interventions. In our quest, the ethical base to do no harm and advance with scientific integrity and humanistic values are implicit. Nonetheless, in 2004, modern day communication media—whether it be medical journals (e.g., the Lancet), the popular press (e.g., USA Today) or interactive media—straddle the ethical fence where fact and fiction blur in the instantaneous and repetitive 24/7 news environment.

In issues relating to health and security, such communication *faux pas* have great consequence. One of the best—and most unfortunate—example – relates to the Measles, Mumps, and Rubella (MMR) vaccine (Clements and Ratzan, 2003). As autism is usually diagnosed during the toddler years, when children receive many childhood vaccinations, some believe that the causes of autism are vaccine related. In 1998 researchers from the Royal Free Hospital and School of Medicine London published a study, linking autism to the MMR vaccine. Andrew Wakefield, lead author of this study, reported that two-thirds of 12 cases studied demonstrated an “association” of the onset of behavioral symptoms with MMR vaccination, spent nearly 6 years on a public campaign proclaiming this hypothesis as fact. This led to a diminution of MMR vaccination in the United Kingdom, as well as continued distrust of advances related to therapeutic interventions in children. Thousands of parents with children with behavioral symptoms continue to look for causation, often turning to immunization as the agent.

Given such media coverage and need for the “truth,” a panel of experts was convened by the US Institute of Medicine in 2001. The expert committee rejected the contention that vaccination with MMR caused autism, on the basis of overall data at a population level. The panel did, however, encourage additional studies to assess the possibility that a few children might be at increased risk. The studies ensued and doubt continued.

In 2004, the London Sunday Times ran a front-page story uncovering Dr. Wakefield’s motivation and proclaiming that the Legal Aid Board in the U.K. paid Dr. Wakefield £55,000 (\$102,690) to investigate children who were allegedly vaccine-damaged for a possible legal action by their parents. Dr. Wakefield’s research study never disclosed the conflict of interest. The subsequent Times article was widely followed up in print and broadcast media.

Following this recent disclosure, ten of the 13 authors of the original study, which raised the possibility of a link between the MMR vaccine and autism, “retracted” this interpretation of the data.

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Scott C. Ratzan MD, MPA is Editor-in-Chief of the Journal of Health Communication: International Perspectives.

The Lancet editor Richard Horton also became a purveyor of the hypothesis. He shed light on his role “as the father of a three year old who has had the MMR, I regret hugely the adverse impact this paper has had.” But he added: “Professionally, I don’t regret it. The Lancet must raise new ideas.” Yet he also suggested that, with the benefit of hindsight, the Lancet would not have published the paper due to “fatal conflicts of interest . . . that would have strongly affected the peer reviewers about the credibility of this work and in my judgment it would have been rejected.”

This pursuit of “new ideas” translates into to annual NHS immunization statistics for England showing that by March 2003 only 82% of children aged two years had been vaccinated with the MMR vaccine.

The consequences of ethical lapses are often unquantifiable. Public confidence, trust, and integrity that relate to people, journals, and/or brands do not fit easily into studies or reports, nor does the future decision-making of a public consuming divergent health messages. Additionally most of the education and training of scientists and researchers have emphasized the hard sciences as the foundation of clinical knowledge and research. The current educational and reward system also places great pressure to produce papers in peer-reviewed journals.

Perhaps it not only is time to review the processes of how MMR and other recent events occurred so that we can reduce the possibility of similar events happening in the future, but it may be time to think of ways to institutionalize “ethical training” for critical thinking and discriminating among values. A virtuous goal may be to add ethical issues in health communication to standardized curriculums for medicine, public health, journalism, communication, public relations, and related public “media literacy” programs. Of course, it would be ambitious to think that this alone could translate into incorporation of this ideal into standard media practice and consumption. Yet, without any changes in our systems and mindset, we can only wait to see not if faulty premises and unethical behavior beget public confidence and health, but how frequent and how great the consequences may be.

With scientific advances, medical breakthroughs, and information sharing advancing at a 24/7 pace, the goal of diffusing sound ethical throughout society relating to health is of utmost importance.

## References

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