

Communication and Miscommunication of Public-Health Risks: Towards Good Practice for Medical Journalism

Massimo Cecaro*

Italian Medical Press Association (ASMI), via Valpolicella, Roma, Italy

Risk communication is the final part of a process which leads the decision-maker to determine whether a particular risk is acceptable or not and to adopt preventive behaviors [1]. Along this process mass-media play a crucial role in shaping citizens' opinions and attitudes. When reporting public health risks (such as foodborne diseases, influenza, anthroponozoonosis,...) to the general reader, mass-media try to translate expert knowledge in a clear and understandable way. In general, a proper communication of health-related issues requires a careful verification of the source, a detailed and complete report of facts and a clear presentation of different interpretations of facts.

However, research suggests that journalists are often unprepared to cover health-related topics, mainly because they lack of adequate expertise in medicine and are not properly trained in science reporting [2]. Catastrophic assumptions and frightening tones are quite common when health-related news are reported. Such communication strategy responds to the needs of news-making: the acute phase of an emergency is highlighted because the extra-ordinary event moves audience emotions, captures its attention and stimulates the search of confirmatory news.

When the press gets it wrong on science, the results can be devastating. Those communication strategies which are mainly oriented to stress the emotional impact of news, typically increase audience's concern and may also change its attitudes. In Europe, for example, H1N1 flu was presented by mass-media under a scaring light; terms as "pandemic", "peak", "deaths", and "alarm" have frequently appeared in newspapers' headlines for several weeks. Miscommunication did amplify citizens' concerns and stimulate excessive reassurance seeking. It is worth remembering that H1N1 flu was not an emergency but an "object of surveillance", which represents the normal reaction of an efficient Health System. All the initiatives taken by the European Countries to face H1N1 flu represented a jointed preventive strategy, but were erroneously interpreted as alarms. Other examples of mass-media miscommunication come from occupational medicine. Again in Europe, the recent diffusion of new regulations on workplace safety has moved mass-media's interest to work accidents. A recent Italian work highlighted the role of print media in shaping a social representation of work safety [3]. After analyzing more than two-hundred print articles published in the main national newspapers, authors concluded that print media were accurate in reporting news, but they not served as source of education in work safety-related issues. Information was mainly focused on single catastrophic events, such as tragedies on work place, which were repeatedly presented by different media in a limited time window. The frequency and relevance of news significantly decreased along time. This flooding of news enhanced citizen's diffidence and insecurity towards public institutions. A semantic analysis of newspaper's headlines revealed a massive use of dramatic terms, which easily induce a negative arousal in the readers, while very few articles contained a critical discussion of methods and operational proposal to improve workplace safety.

Health literacy is full of similar examples. This suggests to apply the highest standards of journalism when the public interest is involved. Today, there is an increasing agreement among medical journalists

on the basics of good medical science reporting. Some guidelines have been discussed in international meetings and draft by several medical journalists' associations. However, good practices are still far to be applied. An ideal check-list should incorporate the basic principles of medical science reporting with the journalist's code of ethics. Health communication should adhere to the principle of beneficence, non-maleficence, respect for personal autonomy, and justice; sources should be checked for reputation of the individual and reliability; reports should be accurate, clear, accountable, but not necessary exhaustive; presentation of new research should include the sample size and highlight if the sample is large enough to draw general conclusions; when presenting new findings from a clinical trial with relevant implication for health, the stage of the study should be emphasized to understand the realistic time frame for the work's translation into a treatment or cure; any increase in risk should be reported in absolute terms as well as percentages; case stories and shocking findings should include the wider context; contrasting opinions and viewpoints from different experts should be highlighted [4].

Some researchers have also proposed practical solutions to improve communication between scientists and journalists, such as sharing of informational resources, scenario exercise, and raising awareness at professional trade meetings [2]. Other attempts to improve health-news reporting come from the "One medicine approach". This concept is defined as the collaborative efforts of multiple disciplines, working locally, nationally and globally, to reach optimal health for people, animal and the environment [5]. This means that a focused collaboration between medical experts and mass-media should be strongly recommended when health-related issues are divulged.

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*Corresponding author: Massimo Cecaro, Italian Medical Press Association (ASMI), via Valpolicella, Roma, Italy, E-mail: massimo@cecaro.com

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