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Building trust in medicine through physician mass media presence



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INTRODUCTION

“What do you think, doctors?” In a room packed with producers, journalists, and executives at a leading news media network, all attention turned to our team composed of residents on a medical journalism elective. We were tasked with creating, editing, and vetting health-related news media. When we had applied for this elective, the prospect of being thrust into the media's spotlight was an alluring but highly improbable possibility. But COVID-19 reached pandemic status just days into our rotation, and physicians and scientists were unveiling new findings so rapidly that every news medium became a public health platform by necessity.

Although we slid into our roles as medical journalists at a precarious time, we were not the only physicians in the spotlight. Physician engagement with the media quickly became common, highlighting the trust bestowed upon our community by journalists and the public—as well as the fragility of this trust. While healthcare professionals brought clarity, insight, and nuanced expertise to the public through the torrent of COVID-19-related news, missteps also occurred. Communication shortfalls from industry and academia included under-reporting of study limitations and overemphasis of results without context. Dissemination of results from incomplete studies and availability of non-peer-reviewed preprints frustrated the medical community and resulted in misleading broadcasts to an already fearful public.¹

While these missteps are understandable considering the urgency with which information was delivered, they were not without consequences. The initial widespread use and subsequent shortage of hydroxychloroquine, an important treatment for medical conditions such as lupus, and its continued promotion for COVID-19 by some political leaders despite a complete absence of supporting evidence, is just one example of scientific communication that has contributed to public skepticism and fractured trust.¹

THE POWER AND PITFALLS OF THE MEDIA

Whether viewed as friend or foe, mass media is a pervasive and powerful tool to convey health information. Media coverage affects the public's perception of a disease's risk and severity, and can influence health-related behaviors.² When disseminated during a public health crisis, media messaging can literally determine the course of a disease.³

Journalists are charged with disseminating unbiased information to the public and holding society's policy-wielding powers accountable. But amid a pandemic and its associated “infodemic,”⁴ it is unreasonable to place the onus of generating, filtering, and interpreting scientific news solely upon journalists. Although they are considerate of the accuracy and social impact of their reporting, journalists are not equipped to do so alone—particularly when pressured to provide immediate answers.⁵

While some journalists may have medical journalism training, most do not have scientific backgrounds and may fall prey to sensationalism and oversimplification of complex topics, placing vulnerable readers at risk for misinterpreting critical health information.⁶ Given the uncertainties of a novel disease, heightened susceptibility to misinformation, and public fear, it is not surprising that misinformation is not only abundant on the internet, but also popular and voraciously consumed.⁷ Accurate information becomes difficult to find and even more difficult to believe. Without tempered and balanced reporting, trust in the media—and the physicians and scientists it is attempting to represent—erodes.⁴

To combat these threats to trusted messaging, physicians must partner with journalists to deliver health information accurately, recognizing that the public preferentially values and seeks the input of physicians,⁸ and journalists prefer those who are accessible, independent, and highly respected in their fields.⁵ Physicians willing to engage with the press must recognize their power and use it carefully to build trust with the media and the public.

BARRIERS TO ESTABLISHING TRUST

Inaccessibility and oversimplification

Publicizing health information requires experts who are available and equipped with advanced communication skills. Accessibility is often a significant obstacle for journalists, who face multiple layers of assistants and media relations departments as well as short publishing deadlines, often producing an article on the same day the science is published. This multistep process often leads journalists to interview the same few eager physicians. By being available and willing to communicate, these few individuals are afforded the privilege and responsibility of speaking publicly to a wide and captive audience.

Some medical and scientific journals produce press releases of their own, summarizing and drawing journalists' attention to notable articles. Though they may be attention-grabbing and can lead to increased media coverage, press releases can also omit research limitations, leaving journalists vulnerable to oversimplification of findings and researchers at higher risk for criticism and mistrust.⁶

Inadequate communication skills training

As a senior resident interested in medical journalism, I was elated but astounded at how readily my name became a byline on a major news organization's digital platform. Like many physicians contributing to mass media,⁹ I had no formal training or experience in journalism, nor did I receive feedback from medical experts on any of my published articles. In the absence of peer review, I was anxious about my ability to communicate delicate and novel scientific information. Nonetheless, I published numerous articles within days, trusting my expert interviewees to supplement my knowledge transparently. Those physicians also trusted me to authentically represent their statements. A minor breach in either direction could have led to loss of trust in us both.

While sheer willingness to speak publicly can lead to being cited—be it via print, podcast, or television programming—physicians must be adequately prepared to explain, translate, and draw meaning from scientific findings as well as anticipate the complex needs and desires of both journalists and the public. This type of communication differs significantly from sharing research results with peers trained to scrutinize study methods and limitations.

BUILDING TRUST BY PREPARING PHYSICIANS FOR THE PUBLIC ARENA

Physicians with public health training are not the only ones stepping into the media spotlight; journalists can call upon any physician to represent their institution, specialty, or profession as a whole. While not all physicians want to engage with the media, all should recognize the potential benefits to their patients and communities of being prepared to do so. Many communication skills that prepare

physicians to speak publicly are the same skills that foster empathy at the bedside and empowerment as an advocate.

Medical educators recognize communication as a key element of undergraduate and graduate training, but few have focused on media-specific skills. Select “how to” publications highlight fundamental principles, such as the need for short interview answers (to prevent editing or misunderstanding), segue statements (to provide answers to unasked questions), and symmetric reporting of benefits and harms.^{6,9} While these techniques may seem simple, they require explicit instruction, which very few medical training programs provide.^{10–12}

Physicians at the University of Minnesota created a course titled “COVID-19: Outbreaks and the Media,” which teaches medical students how to develop public health messages, critically appraise information, and correct misinformation while empowering them to actively engage in social media themselves.¹⁰ Some residency training programs have constructed smaller-scale forums related to media communication, such as monthly lunchtime talks focusing on how to frame issues related to mental health in the media¹¹ or the novel application of “Applied Improvisational Theater” to teach adaptive communication skills geared toward advocacy.¹² Other than these innovative programs, there are few resources to prepare physicians to speak to a public audience or to cognitively and emotionally process the impact their voices may have. These skills are particularly important when the audience is more captive, connected, and desperate for answers than ever.

Even outside of media-specific training, communication skills training in medical education varies greatly, often falling to the periphery of core science courses and clinical experiences. To prepare physicians to treat patients, lead teams, and advocate effectively, our training programs and institutions need to explicitly teach communication skills. Physician communication impacts patient satisfaction, adherence to treatment, health outcomes,¹³ and medical errors¹⁴; it can also contribute to health disparities.¹⁵ Considering the COVID-19 pandemic has further exposed disparities in disease incidence, knowledge, and behaviors among communities of color,¹⁶ and that physicians may be more influential among those with whom they are racially/ethnically concordant,¹⁷ institutions should deliberately support and provide platforms for Black and Latinx physicians to speak publicly.

NEXT STEPS

Like any technical skill, communication can be taught and learned but requires repetition, practice, and feedback. This training needs to begin early and continue through medical school and residency, particularly as communication skills and attitudes tend to decline during medical school.¹⁸ For those who already possess the skills and motivation to communicate effectively, structured practice will help physicians maintain composure in difficult public settings. This requires stepping away from comfortable, like-minded Twitter circles and toward heterogeneous communities that need education most.

The public ultimately desires the “bottom line” and wonders, “How does this affect me?” Ideally, answers are delivered early and in a contextualized manner, mindful of the audience’s baseline knowledge and comprehension.⁶ These same principles apply to patients and their families, who also deserve to have information conveyed clearly, empathetically, and with humble acknowledgment of uncertainty. Medical educators and institutions must equip, enable, and encourage healthcare professionals, particularly those underrepresented in medicine, to speak on public platforms and reach diverse communities who desire—and urgently need—compassionate and trustworthy guidance.

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