



Media medicine

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It has to be one of the great ironies of general practice, doesn't it?

While we are increasingly expected to practise the highest levels of evidence based medicine, the general public seem more and more willing to adopt new wonder drugs and miracle treatments on the basis of a magazine article or a program they have seen on television.

There are many reasons for this unquestioning acceptance of the promotional spiel. The fundamental desire to believe the manufacturer's claims rather than truly believing everything that is said is probably one of them. And the allure of the magic new cure or the quick fix solution is far greater than 'the evaluation of the best available scientific evidence'.

Nonetheless, the power of advertising is amazing. This coupled with the public's seemingly insatiable appetite about health issues is a volatile situation. For manufacturers of 'magic water' or a herbal remedy for cellulite it's nirvana. A newspaper feature or a spot on a current affairs program and a fortune is made.

Drug companies too have not been backward about influencing public opinion through the popular press. Realistically, you would have had to have been living under a rock not to have been aware of the launch of Zyban, Xenical and Viagra.

The problem is not, of course a health conscious public. Nor is it that these new treatments are without merit. The problem is that the community is made aware of them at the same time as general practitioners. The press releases

are simultaneously distributed to television stations and the medical press. We constantly have to scramble for information in response to a patient who has presented complete with the newspaper clipping! Patients still value the medical profession's opinion, but we are asked for that opinion without sufficient time or resources to fully evaluate the evidence.

The latest study¹ on the effects of HRT and the subsequent hype is a classic example. It was everywhere wasn't it? - HRT study stopped because of unacceptable risk of breast cancer? Naturally enough patients were worried and had plenty of questions - the trouble was that most GPs had yet to sight the study, let alone have time to form any opinions about the results.

All the major groups including the RACGP recognised the urgency of formulating a position. Besieged GPs needed information and they needed it quickly. Media medicine. The common catchcry at the time was: 'if you have concerns - see your GP'.

We are still expected to be the voice of sound medical advice and considered professional opinion - it's just that it is all expected to be formulated overnight.

So much for checking the guidelines or the Cochrane review. It's reactive medicine and, even though it doesn't sit comfortably in an evidence based profession, it's a reality.

What is the answer? It is unlikely the general media will be held more accountable for the impact of their coverage of health issues. Their objective is news, and while they strive for accuracy,

putting the issue in context and measuring it against all the available evidence is time consuming and not necessarily a priority for them.

The answer is more likely to come from within our profession.

It has been suggested that GPs improve their ability to critically evaluate data and studies (along with every other skill we're expected to improve!). This would be worthwhile, but constraints of time and confidence are likely to limit the effectiveness of this solution.

The trend toward the collaborative approach to patient care may offer a better solution. As a patient seeks a change in medical management based on information in the media, we can inform to the best of our ability but the patient has to accept some responsibility for this decision. It might promote a more critical attitude in the patient.

Maybe such an approach could see some of the scepticism that often characterises the medical profession's attitude to new wonder drugs and miracle cures rub off on our patients. Or maybe it's just wishful thinking and we are destined to assume the role of damage controller and keeper of the voice of reason as the general public remain ever at the mercy of media medicine. Oh for 24 hour clinical guidelines!

Reference

1. Writing Group for the Women's Health Initiative Investigators. Risks and benefits of oestrogen plus progestin in healthy postmenopausal women: principal results from the women's health initiative randomised controlled trial. JAMA 2002; 288(3):321-333.