

Members of the medical profession possess expert knowledge that can benefit society. They are, thus, duty-bound to do all they can to educate the general public on matters pertaining to health and the prevention and treatment of disease.

The role of the doctor as educator is especially important when the public imagination is fired by rumour on epidemic disease or when there is a real threat to public health as by toxins, pollution or microbes. The lay press, radio and television offer excellent means for reaching all segments of society.

Both the medical profession and the media have betrayed public expectation.

Some doctors are known to approach the media to propel themselves into the limelight. They tout their medical or surgical prowess, their proximity to politically powerful individuals and do their best to get themselves projected favourably. Journalists may be forced to write such stories because of the political clout exercised.

It is also well known that in most instances, damaging tales on doctors reach the press at the instigation of other doctors. While the motive can be whistle-blowing to safeguard the public, investigation often proves the story to be baseless. When such events occur periodically, the reputation of the medical profession also takes a beating.

Doctors' responsibilities

Doctors - even those in full-time service in our teaching hospitals - are reluctant to write for the lay press purely to educate the public.

Our professional associations too have failed in their duties to the public. Unlike the British Medical Association or the American Medical Association, which issue weekly statements on matters of public importance and, when necessary, detailed briefing

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papers and guidelines on matters of topical interest, the Indian Medical Association maintains an almost deafening silence. This deficiency is especially felt when there is a public health crisis such as an impending epidemic.

Worse, when the press approaches senior physicians for such information, they often encounter indifference, apathy and even lack of simple courtesy. Journalists are denied access to statistics and other data required to write a meaningful story. When the

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information pertains to hospital practices, the reporter usually encounters an iron curtain instead of being flooded with facts and figures explaining what is being done.

The faults are not all one-sided. The rights of the media to information, comments and analyses must be balanced by responsibilities. Yet these responsibilities are often ignored.

The media's failings

Over the past decade or so, our newspapers have undergone a sea change for the worse. Editors now function under the dictates of executives whose chief concerns are revenue and political balance.

Newspapers do not encourage specialisation by reporters. A senior reporter may cover a breaking political story today, a financial scam tomorrow, a public health story the day after and then a gangland murder.

To complicate matters further, the reporter is told at 10 a.m. to cover a complex health story and submit her report by 5 p.m. The consequences are predictable. Most reporters lack the requisite background expertise. They also lack the time or the inclination to look up details on the topic in the library or archives. Meeting experts personally is out of the question. They thus content themselves with sitting by the telephone and trying to get as many experts as they can to provide their

observations and comments within two to five minutes. The resultant story is often a hotch-potch of quotes interspersed with the reporter's own observations and the few facts gathered. Contrast this with a news report in the *New York Times* or *The Times of London* where the reader is provided detailed background information, incisive comments from national and international experts and the reporter's analysis, suggestions and recommendations.

Our newspapers feature, from time to

time, reports that sustain an individual

doctor's inflated - and, at times, fraudulent - claims in print. In almost all such instances, no senior expert in the field has been consulted and the 'facts' put forth by the claimant have been accepted without question. Such lapses may be because reporters do not have the necessary expertise, time, energy or inclination to investigate such claims. Some have also suggested a doctor-reporter nexus.

Further, editors do not issue retractions even when proof is offered of the inflation or fraud. Such news items do not speak highly of either the competence or the integrity of our national dailies.

What could be done

Requests to the editors of *The Times of India* and *Indian Express* to get a physician to serve as a consultant on all medical stories have thus far met with no success.

It is a sad commentary that the medical councils have never investigated patently false claims or taken action against those advertising their 'competence' thus.

Much needs to be done both by the medical profession and those in charge of the media to correct the present sorry state of affairs. It is especially important to check malpractice, misrepresentations and the projection of individual doctors at their request.

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