UWE Bristol

Who Can You Trust?
Deciphering Decline in Trust of Government-sponsored Sources of Health Information

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Declining trust

• Government seen as more credible than commercial sources
• BUT
• Significantly less trusted in last 30 years
• Health sector is not immune
• - decreased confidence in public health risk communication
• Lower trust in public health experts
Example of Lack of Trust in Government-originated Health Information

- “Only 6% of the population trust and act on all government advice regarding diet.
- 37% said they did not trust any government advice
- and
- 20% said they completely ignored it”

(National Social Marketing Centre, 2006: 18).

Passive Acceptance?

- Passive acceptance of information is no longer assured
  - Information reiterating policy stances no longer accepted unquestioningly
- Synthesis of input from multiple sources, including media and informal networks
Role of the Media

- Assumption that media accurately and uncritically give medical ‘facts’

- Yet evidence of:
  - Sensationalism
  - Amplification of risk
  - Emphasis on emotional aspects (individual cases)
  - Speculation on worst-case scenarios

- Editorial may not be in line with expert opinion / public interest

Example: MMR Vaccine (1)

- 1998: Wakefield et al suggested link between measles, mumps and rubella combined vaccine and autism.

- Vaccination rates fell from 92% to 80% - and as low as 50% in some areas.

- Decline highest among socially advantaged – most active information seekers.

- News reports sensationised paper ‘findings’ and potential risk.
MMR Vaccine (2)

- Media reported GPS were advising parents not to have children vaccinated with MMR
- Reinforced perceptions of problems with the MMR vaccine
- Overall loss of confidence in vaccine safety and credibility of government advice.

- Subsequent studies refuted Wakefield et al.’s speculative link – but these were not reported widely in the media.

Public Trust Erosion Occurs When:

- Experts disagree over risk factors
- Media to focus on controversy
- Media scrutiny intensifies in a perceived crisis
- Government reassurances failed to convince
- Widespread belief that health professionals are biased
Media Coverage

• Miscommunication of risks

• Each side of the argument judged as having equal merit as a result of volume of coverage

• ‘No smoke without fire’

• Note: General Medical Council’s Fitness to Practice Panel ruled that Dr Wakefield had acted “dishonestly and irresponsibly”. Lancet printed a full retraction 12 years after its original publication. Dr Wakefield was then struck off the medical register in June 2010

Government Responses to MMR Coverage

• Traditional paternalistic approach,

• Merely reiterated that the vaccine was safe

• Emphasised potential risk from the disease

• No evidence of attempts to analyse the impact of the media controversy on risk perceptions

• Nor to understand / address parental perceptions or misperceptions.
Memories of ‘Mad Cow’?

• Collective memory of the government handling of the 1990s Bovine spongiform encephalopathy (BSE), (mad-cow disease) crisis

• Government officials initially refused to accept that BSE could be transmitted to humans

• Lack of urgency in policy development, implementation and communication of risk to the public.

Memories of ‘Mad Cow’ Revisited

• Recent media headlines:
  – Government vCJD death figures ‘manipulated’ (BBC News, 20/03/2010)
  – Hospital blunder puts 38 patients at risk of human form of Mad Cow disease (Mirror, 30/03/2011)
SARS  (Sudden Acute Respiratory Syndrome)

- Hong Kong government failed to act to contain the SARS outbreak in late 2002
  - criticised the media for scare mongering
  - provided “inconsistent and anarchic messages”

- Led to loss in public trust of government advice and actions

- Contrasted with more effective containment and communication measures in nearby Macau and Singapore

USA 1976 Swine Flu

- Vaccine turned out to be worse than the swine flu

- Neurological problems, especially Guillain-Barre Syndrome were linked to the vaccine

- US Secretary of Health used the word “fiasco”

- Reduced confidence in public health pronouncements

- Fostered cynicism about federal policy makers that continues - extends beyond vaccination programmes
Swine Flu 2009: Media Sensationalism

• “Swine flu mass graves” (estimating the UK death toll as possibly up to 750,000)

• “Swine flu jab linked to killer nerve disease”

• “Swine flu drug Tamiflu does children more harm than good”

• Half of all pregnant women will refuse swine flu jab, poll reveals

More seriously….

• Confidence questioned as the result of £1.2 billion expenditure on the 2009 outbreak in Britain alone

• Stockpile of unused vaccines which could not be returned to the manufacturers

• British Medical Journal carried several editorial pieces in mid 2010 criticising the WHO for their approach to the pandemic
  – included failure to reveal conflicts of interest for the WHO scientific advisors
Risk Assessment: Balancing Act

- Consideration of levels of uncertainty about the likely magnitude and severity of effects;
- Cost / benefit analysis of contingency scenarios such as vaccine and antiviral preparation
- Prioritization of population segments for both vaccine and antiviral provision.

What about Low Risk Situations?
The Example of Vitamin D

- “Hold the sunscreen – at least for a few minutes. Evidence is emerging that some unfiltered sun exposure repels ills from heart disease to cancer to multiple sclerosis, not to mention depression – enough to add seven years to your life. Are you ready for a more nuanced view of sunshine” (Ackerman, 2007, p. 97).
Sample Media Headlines

• Vitamin D deficiency linked to high risk of dementia

• Rickets warning from doctors as Vitamin D deficiency widens

• In tests, Vitamin D shrinks breast cancer cells

• Low Vitamin D levels tied to incontinence

• Kids with type 1 diabetes lack vitamin D

Conflicting Advice Regarding Sun Protection Factors

• Information about sun protection and skin cancer is largely passively acquired via consumer media.

• Elaboration Likelihood model: low involvement, peripheral effects (perceived quality of presentation / source effects) important.

• Decisions made to simply accept / reject the message without any investment of thought or deliberation.

• Conflict with prevailing norms, unlikely to be persuasive
Extracts from focus groups (evaluating official advice to use factor 15+)

- “Not sure they know what they are talking about. Everyone knows the manufacturers make kids stuff a lot higher.”

- “I notice on both it says factor 15 and to me that seems ridiculously low.”

- “These say factor 15 – even I know that’s too low. It makes me doubt the rest of the information.”

- “I wouldn’t actually trust anything that was in that leaflet then, I’d go with my own judgement.”

Potential Framework: We Need To:

- Raise public awareness of issues / uncertainties / risk.

- Educate the public on relevant policies and processes.

- Increasing the diversity of public engagement
  - and

- Improving the communication skills of health leaders.
The key question is..... How?