



## FEATURE

## MEDICINE AND THE MEDIA

# Medical response to Trump requires truth seeking and respect for patients

Donald Trump's war with the media shows why medical journalists must acknowledge that not everyone thinks as they do, says **Peter Doshi**

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At some level, journalists must be reveling in covering the new Trump administration. Speaking truth to power seems to be a new low hanging fruit. The pronouncement about the “largest audience to ever witness an inauguration,”<sup>1</sup> was quickly followed by a revival of the post-election assertion<sup>2,3</sup> that “millions” of illegal voters cost Trump the popular vote. As icing on the cake, Trump's counselor, Kellyanne Conway, served up a neologism to explain discrepant realities: “alternative facts.” The media reacted immediately, calling a lie a lie.

And in case journalists needed any further galvanizing, the president and his staff are unapologetic. They release their own photos and say they didn't say things they did in fact say.

It seems fair to say that the war with the media is on.

But do journalists think the power of the pen will prevail? Do they think “fact checking” and detailed analyses of how falsehoods spread like “infections”<sup>4</sup> will change how people feel about Trump and his policies, either for or against? Will “the truth” guide us to broad consensus amid a background of deep ideological divisions that lead different segments of the population to read different news outlets, with no single platform trusted as both relevant and impartial? Do we really think the so called “filter bubbles” we live in are permeable enough that many of us will so much as even know what those in a different bubble are reading, writing, and believing?

I doubt it—and while I'd like to believe I know how those with whom I disagree think, I honestly doubt I really do. Tens of millions of Americans voted for Donald Trump, and I know only one. Instead of real people, my head is filled with the caricatures that the media have brought me: “uneducated white males,” the “basket of deplorables,” the “rust belt hillbillies.”

Unless and until the media come to grips with what they momentarily grasped in the immediate aftermath of the election—that mainstream journalists are largely out of touch with vast swathes of America<sup>5,6</sup>—the true power of journalism will not be realized.

With the impending dismantling of Obamacare—something polls suggest millions of Americans actually want to see happen

in some form—it seems certain that the challenges of the coming years will extend to medical journalists and the journals they work for as well. If the election of Donald Trump is any indication, current journalistic approaches will not work.

One topic the new president may test journalists on is vaccines. Candidate Trump expressed doubts about vaccine policy,<sup>7</sup> and there is reason to think a “vaccine safety commission” may be in the works.<sup>8</sup>

## Delicate balance

Good journalism on this topic will require abandoning current practices of avoiding interviewing, understanding, and presenting critical voices out of fear that expressing any criticism amounts to presenting a “false balance” that will result in health scares.

It does matter if the vast majority of doctors or scientists agree on something. But medical journalists should be among the first to realize that while evidence matters, so too do the legitimate concerns of patients. And if patients have concerns, doubts, or suspicions—for example, about the safety of vaccines, this does not mean they are “anti-vaccine.” Anti-vaccine positions certainly exist in the world, but approaches that label anybody and everybody who raises questions about the right headedness of current vaccine policies—myself included<sup>9</sup>—as “anti-vaccine” fail on several accounts.

Firstly, they fail to accurately characterize the nature of the concern. Many parents of children with developmental disorders who question the role of vaccines had their children vaccinated. Anti-vaccination is an ideology, and people who have their children vaccinated seem unlikely candidates for the title.

Secondly, they lump all vaccines together as if the decision about risks and benefits is the same irrespective of disease—polio, pertussis, smallpox, mumps, diphtheria, hepatitis B, influenza, varicella, HPV, Japanese encephalitis—or vaccine type—live attenuated, inactivated whole cell, split virus, high dose, low dose, adjuvanted, monovalent, polyvalent, etc. This seems about as intelligent as categorizing people into “pro-drug”

and “anti-drug” camps depending on whether they have ever voiced concern over the potential side effects of any drug.

Thirdly, labeling people concerned about the safety of vaccines as “anti-vaccine” risks entrenching positions. The label (or its derogatory derivative “anti-vaxxer”) is a form of attack. It stigmatizes the mere act of even asking an open question about what is known and unknown about the safety of vaccines.

Fourthly, the label too quickly assumes that there are “two sides” to every question, and that the “two sides” are polar opposites. This “you’re either with us or against us” thinking is unfit for medicine. Many parents who deliberate on decisions regarding their children’s health ultimately make decisions—such as to vaccinate or not vaccinate—with lingering uncertainty about whether they were right. When given a choice, some say yes to some vaccines and no to others. These parents are not zealots, they are decision makers navigating the gray, acting under conditions of uncertainty in perpetual flux.

And among those uncertainties are the known and unknown side effects that each vaccine carries. Contrary to the suggestion—generally implicit—that vaccines are risk free (and therefore why would anyone ever resist official recommendations), the reality is that officially sanctioned written medical information on vaccines is—just like drugs—filled with information about common, uncommon, and unconfirmed but possible harms.<sup>10 11</sup> Although MMR and autism have dominated journalistic coverage of this issue, and journalists have correctly characterized the scientific consensus that rejects any such link, most journalists have insufficiently acknowledged the fact that bodies such as the Institute of Medicine have “found convincing evidence of 14 health outcomes—including seizures, inflammation of the brain, and fainting—that can be caused by certain vaccines, although these outcomes occur rarely.”<sup>12</sup> And for 135 other adverse events investigated, the committee concluded “the evidence was inadequate to accept or reject a causal relationship” with vaccines.

Medical journalists have an obligation to the truth. But journalists must also ensure that patients come first, which

means a fresh approach to covering vaccines. It’s time to listen—seriously and respectfully—to patients’ concerns, not demonize them.

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Competing interests: See <http://www.bmj.com/about-bmj/editorial-staff/peter-doshi>

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