Consultation behaviour and the influence of the media

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SUMMARY. Consultations by patients requesting influenza vaccinations were monitored in nine group practices before and after a radio broadcast encouraging patients at risk to seek vaccination. In a population of over 88,000 patients 88 consulted about influenza vaccination prior to the broadcast and 52 after. Not one consulted for vaccination as a result of the broadcast. The implications of this are discussed.

Introduction

PATIENTS often consult their doctors in response to news items seen on television, heard on radio or read in newspapers or magazines. The nature of patients’ responses to any particular piece of news is important for two reasons. Firstly, if practices were forewarned of news items, they could prepare to meet the anticipated increased demand by patients; and secondly, when patients attend, such opportunities could be used to enhance the health education initiated by the media.

To assess responses to information given by the media is not easy. Different items will produce different reactions in different groups of patients. These will depend on the listener’s or reader’s knowledge of particular illnesses, his or her age, sex, social class and educational attainment.

The Research Committee of the South East Scotland Faculty of the Royal College of General Practitioners has embarked on a series of studies to assess the response to medical news presented by the media. The first of our studies is discussed in this paper.

Method

Every year a Scottish Home and Health Department circular suggests the time of year when influenza vaccine should be given and for what groups of people it is recommended. These include patients suffering from chronic pulmonary disease, chronic heart disease, chronic renal disease, diabetes and other endocrine diseases, patients being actively treated with immunosuppressive drugs, those in residential homes and health service staff.

Patients obtain vaccination against influenza by either approaching their own doctor or being recalled by them each autumn. For the purpose of this study, BBC Radio Scotland agreed to broadcast a short talk about the need for influenza vaccine in those in high-risk groups, and listeners were given advice about how this could be obtained (see Appendix). The talk was given at 07.45 on 3 October 1980 by a member of the South East Faculty with extensive experience of this type of broadcasting.

Nine group practices were asked to take part in the study. Patient-initiated enquiries about influenza vaccine were noted for two weeks before the broadcast and for two weeks after. Doctors, reception staff, nurses and health visitors were each asked to record any enquiry on specially prepared forms. The pre-broadcast form recorded the patient’s name, age, sex and the circumstances surrounding the enquiry (for example ‘home visit’, ‘telephone’, ‘surgery’). In addition to this information the post-broadcast form noted whether the enquiry was in response to the radio talk and whether the patient had heard the talk personally or had been told about it.

Results

The nine practices had a total population of 88,200 patients and 49 doctors. Each practice ran an appointment system and had attached health visitors and district nurses. Five practices were housed in health centres, three of these in a new town. The Table shows that there were 88 consultations relating to influenza vaccination in the two weeks before the broadcast and 52 in the two weeks after. Not one of these consultations was in response to the radio talk.
Consultations before and after the programme.

<table>
<thead>
<tr>
<th>Number of practices</th>
<th>Total practice population</th>
<th>Total number of doctors</th>
<th>Consultations relating to influenza vaccination</th>
<th>Consultations in response to radio broadcast</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>88,200</td>
<td>49</td>
<td>Before broadcast</td>
<td>After broadcast</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>88</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nil</td>
<td>Nil</td>
</tr>
</tbody>
</table>

Discussion

This particular study has not allowed us to comment on the effectiveness of different styles of health education. The poor response to this one broadcast is of interest and raises many questions. Was the timing wrong? Was the form wrong? Do patients think that influenza is never dangerous and therefore that protection is not important? Do they fear injections? Is a ‘one-off’ broadcast ineffective? These and other questions have to be taken into consideration when assessing the value of further health education broadcasts.

Though the apparently poor response to this radio broadcast was disappointing, it was, however, similar to the results of other studies which have demonstrated the difficulty of changing public attitudes and behaviour in health matters through the media. A controlled study of the effect of television messages on the use of safety belts conducted in October, 1970 in Washington showed that the television campaigns did not have any effect on the use of safety belts (Robertson et al., 1974). This approach, directed towards changing the behaviour of car drivers, was found to be inefficient and an ineffective means of reducing highway losses. On the other hand, the media clearly do have some impact, albeit sometimes a negative one, on health matters, as has been demonstrated in analysing the decline in the uptake of whooping cough vaccine in Dudley in the West Midlands in 1974 as a result of publicity given by radio, television and press to the hazards of this vaccine (McKinnon, 1978). It may, therefore, be as important to counteract negative effects as to seek ways to promote positive action.

The medium used also appears to have some relevance, since it has been shown that a weekly dental column in a newspaper was more effective than a weekly radio broadcast in promoting dental health in Canada (Richardson, 1969). For this reason it would be wrong to draw too many conclusions from our study, and it is proposed to examine the impact of different types of media in a future study.

We had hoped to be able to show that it would be of assistance to general practitioners to know in advance the announcement of certain medical topics in the media. We had circulated the script of the radio talk to the practices and everyone knew the date and time the talk was to be broadcast. This was to try to determine whether a practice could usefully make provision for a possible demand on its services. We hope to look at this again in future studies which are planned with television and newspapers.

Finally, we want to emphasize how easy it would have been in the absence of this investigation to attribute to the 52 post-broadcast consultations a cause-effect relationship. Assessments of the effectiveness of health education are particularly difficult to mount, and to be acceptable should be designed in advance of, rather than after, the educational activity in question.

Appendix

The following script was written to be delivered as a straight three-minute talk. In the event the information contained in the script was used to form the basis of a dialogue between the doctor and the presenter in a current affairs early morning programme.

Influenza vaccination

First of all I’d like to make two things quite clear. One is that most of you listening this morning don’t need ‘flu vaccination at all. In most cases ‘flu is just like an unpleasant heavy cold that knocks you off work for a week or so and, although it makes you feel a bit wobbly for the first few days when you go back, you recover completely from it without any lasting effects. As you know, ‘flu is caused by a virus and apart from staying indoors and waiting till it gets better, there’s not much more that you can do about it.

The other thing is that we just don’t know if there’s going to be much ‘flu about this winter; but what we do know is that if there is, there are certain groups of people who are at special risk of complications and they are the ones that should consider vaccination. It’s especially to them that I want to speak this morning so that I can try and encourage them to go and see their doctors about it.

There are three main groups of such people. The first are those who suffer from chronic chest or heart trouble like chronic bronchitis or angina. Patients with diabetes or chronic kidney complaints also come into this group. Folk with these conditions usually see their doctors pretty regularly to get prescriptions, so the next time you’re at the surgery, ask about ‘flu vaccination and don’t leave it too late.

The next group at special risk are those who live in long-stay hospitals or residential homes. They are usually elderly folk but there are some children in this group and vaccination should be considered for them if they are over four. Arrangements are usually made automatically to offer vaccination to such people but sometimes a reminder is worthwhile.

The last lot of folk who would benefit from ‘flu vaccination are health service staff, who are more likely than most to come into close contact with ‘flu patients. They too should consult their doctors about being protected within the next week or so.
Having the vaccination is very simple. By far the majority need only one small injection. However, if you’re under 25 a second jag about four weeks after the first is needed to give full protection. Fortunately, the number of young people in this age group who need vaccination is very small. The jag now used is much improved on earlier ones and should cause no after-effects. The only people who can’t be vaccinated are those who are sensitive to egg products and there aren’t too many of them around. This is simply because eggs are used in the manufacture of vaccine.

So there you are. If you’re in any doubt as to whether or not you should have ’flu vaccine this winter please see your doctor about it. And that goes for any friends or relatives that you have who may not have been listening this morning and whom you know come into any of the special groups that I’ve mentioned. Let me remind you of these again: those with chronic heart, lung or kidney disease; those with diabetes; those living in long-stay hospitals or residential homes; and those who work in the health service. Tell them that you heard about ’flu vaccination on the radio this morning and suggest that they might like to contact their doctor about it. He’ll be only too happy to advise, and in the long run it may make next winter a lot easier for everyone concerned. Take care of yourselves. Bye-bye.

References


Acknowledgements

We are grateful to the BBC for agreeing to broadcast this programme. We are also grateful to the following general practitioners and their partners for monitoring the response of patient consultation before and after the radio broadcast: Drs A. J. M. Butt, R. M. Dean, R. Denison, W. M. Patterson, D. J. C. Sneddon and J. Symonds.

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Cimetidine in use

The authors surveyed 200 consecutive hospital patients who received the drug and found that it was used for remarkably diverse purposes, such as oesophageal varices, metabolic alkalosis and Crohn’s disease, in most of which its use had not been validated. Fewer than 10 per cent of hospitalized cases were receiving the drug for FDA approved conditions (duodenal ulcer and pathological gastric acid hypersecretory conditions).