



Sigurd Høye (born 1972) is Deputy Editor of the Journal of the Norwegian Medical Association and researcher at the Antibiotic Centre for Primary Care, Department of General Practice, University of Oslo.

Photo: Einar Nilsen

We like to accuse the mass media of having a negative impact on people's health. How dearly we would like to know whether this is actually true.

Communicable diseases

Being a doctor means to communicate. Most of the consultation time is spent on transferring information – from the patients about their lives, their ailments and their own interpretations of them, and from the doctor about advice, comfort and quite often just reassurance. «It's not dangerous,» I say as I sit in my GP's chair. «You don't need to worry about this. Don't stop taking that medication.» However, even though the patient has received and understood this information as he walks out the door, it is hard to tell what impact it has made. A few minutes of information from the doctor must compete with the entire cacophony on health, body and disease that reaches my patient through his smartphone, computer, TV and daily newspaper.

Communicable diseases are what in Norwegian are referred to as *contagious diseases*. The term communicable diseases highlights a key question: is communication able to generate or transfer illness?

Detailed media coverage of individual suicides appears to increase the risk of suicide in others (1). The media recognise their responsibility with regard to suicide prevention. The Code of Ethics of the Norwegian Press therefore includes a section on showing restraint in the reporting of suicides and attempted suicides (2). However, less dramatic health effects than suicide may also occur as a result of media reports.

In 1999, Per Fugelli, Professor of Social Medicine, wrote an op-ed with the title *Dagbladet-type diseases*, candidly enough published in the very same newspaper (3). In it, he lashes out against such tabloid headlines as *Drinking water may cause cancer* and *Poison alert in the children's room*, claiming that such fear-and-loathing journalism may harm people's health and perceptions of illness in three ways: anxiety can make you ill, immune to sensible health information and misinformed about the causes of illness and health.

«Borrelia spreads through the Internet,» says Preben Aavitsland, specialist in communicable diseases (4). «The «chronic borreliosis» epidemic is spurred on by private clinics, patient activists, mass media and certain politicians,» he claims. The author and blogger Gunnar Tjomlid claims that the nocebo effect spreads through the media (5), and in a recent article in the Journal of the Norwegian Medical Association, Samdal and Meland asked whether it is overweight itself or the current focus on overweight which is most harmful (6). They argue that the risks posed by overweight have been significantly exaggerated and that the media are guilty of an unhealthy stigmatisation of overweight and obese people.

All of these authors share the view that certain types of media reports have a negative health impact. They also share an inability

to clearly document such a causal relationship. The media are part of our natural surroundings, and it is impossible to randomise people for exposure or non-exposure to the media in any realistic way. Concerted health campaigns through the media appear to have a positive effect on people's behaviour (7). It is more difficult to ascertain the health effects of editorial media content. We know that much health journalism is uncritical and imprecise (8), that a temporal correlation can be found between media reports about a fictitious condition and a belief in having this condition among the general public (9), and that overweight is associated with shame and guilt in newspaper reporting (10). However, we will never know the number of young people who will develop a negative self-image, depression and eating disorder from watching *The Biggest Loser*, the new weight-loss reality-TV series, or the number of Norwegians who are exposed to adverse effects of drugs or are wrongly diagnosed because of the borreliosis journalism in the *Dagbladet* daily.

The editorial boards, however, face a different situation – they have full knowledge of the effect of their reports and programme concepts. The difference is that they measure the effect in sales figures, viewer ratings and online clicks. Those who hope that the mass media will behave as though they were part of the health services are in for a disappointment.

Does the media support or sabotage health? *The Lancet* raised this question in an editorial (11). The best answer to this impossible question is yes. The media can provide invaluable support in informing and empowering the general public in health matters. The editor of *The Lancet* believes that well-intentioned journalists may easily end up being squeezed between overly critical health professionals and a sensation-hungry readership.

At the same time, there is ample reason to believe that some elements of journalism give rise to unwarranted anxiety, overtreatment, unrealistic expectations and ill health. Although the documentation of these correlations is less conclusive than for example with regard to the spillover effect of reports on suicides, the Code of Ethics of the Norwegian Press may be worth consulting also in this context: «It is the task of the press to protect individuals and groups against injustices or neglect.» And not least: «It is a press obligation to shed critical light on how the media themselves exercise their role» (2).

As it is, my advice to some of my patients is: «It might not be so smart to Google this». The knowing smile they give me in return provides me with a certain reassurance.

>>>

References

1. Stack S. Media coverage as a risk factor in suicide. *J Epidemiol Community Health* 2003; 57: 238–40.
2. Norsk presseforbund. Vær varsom-plakaten. <http://presse.no/pfu/etiske-regler/vaer-varsom-plakaten/> [27.1.2015].
3. Fugelli P. Dagblad-sykdommer. *Kronikk. Dagbladet* 23.1.1999.
4. Aavitsland P. Smitte med «kronisk borreliose» på Internett. <http://epidemi.as/?p=350> [27.1.2015].
5. Tjomlid G. Saksynt. <http://tjomlid.com/2014/09/15/folkets-stralevern-gjor-folk-stralesyke/> [27.1.2015].
6. Samdal GB, Meland E. Er det overvekt eller vektfokus som er helseskadelig? *Tidsskr Nor Legeforen* 2014; 134: 2247–8.
7. Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behaviour. *Lancet* 2010; 376: 1261–71.
8. Høye S, Hjortdahl P. «Ny vidunderpille!»—hva skriver norske aviser om nye legemidler? *Tidsskr Nor Lægeforen* 2002; 122: 1671–6.
9. Chapman S, St. George A, Waller K et al. The pattern of complaints about Australian wind farms does not match the establishment and distribution of turbines: support for the psychogenic, 'communicated disease' hypothesis. *PLoS ONE* 2013; 8: e76584.
10. Malterud K, Ulriksen K. «Norwegians fear fatness more than anything else» – a qualitative study of normative newspaper messages on obesity and health. *Patient Educ Couns* 2010; 81: 47–52.
11. Does the media support or sabotage health? *Lancet* 2009; 373: 604.