

Reliable and Effective Healthcare Messaging in a Changing World

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Panthagani et al.¹ from Yale university have provided a comprehensive review on how the public currently obtain their facts on medical matters. In all developed countries the departments of health and professional medical bodies use a time-honoured system to communicate healthcare information. It is a top-down approach that involves the initial scientific evaluation of both existing and new evidence by the relevant experts, and then the subsequent transmission of the conclusions and recommendations through government health campaigns, academic and professional organisations, official healthcare portals, and ultimately in the individual doctor-patient discussions. For the most part it works well. Access to reliable health information is an important necessity for all patients when they are trying to reach a health-related decision. Good quality information allows patients to take more control of their healthcare.

In recent years it has become increasingly obvious that the current health communication programmes are at times regarded as insufficient by some members of the public. It is stated in patient surveys that the message can be too complex and too difficult to understand. Also, the communication structures are not conducive to asking further questions and getting clearer answers where needed. In one American study, most people thought that clinicians were knowledgeable but some felt that they were good communicators. The healthcare websites are considered too static and not sufficiently interactive. In other words, they are not keeping up with the current, fastmoving digital age in which people expect immediate access to the medical information that they are seeking. The official responses to the public's concerns in relation to whether rumours about medical matters are true or untrue, are considered to be too slow.

A vacuum has developed and the official organs of healthcare information have, to some extent, fallen behind. This space has been filled by other information sources which on occasions can be unreliable and inaccurate. Patients have turned to social media platforms for the information that they are seeking in relation to their health. One example is the major debate around vaccination programmes between official medical sources and unofficial sources. The key issue for the public is who to trust. Trust is a high value currency and it is built through consistent, clear messaging from those that are recognized as authorities in their field of expertise.

Advising patients to simply avoid unauthorised sources of medical information is not enough. The public must be provided with what it needs, which is immediate clear answers. The problem is that dynamic, responsive healthcare information systems are expensive in terms

of both technology, staff and time. Sophisticated tools are required in order to develop an interactive dialogue with the public. To start the process and to recapture lost ground, more healthcare staff will need to be trained in communication skills. The major gap is that between the two processes of dissemination and communication. Dissemination is the presentation of the facts in a cogent, organized, scientific manner. Communication is concerned with the ability to make the message understood in a clear unambiguous package for the wider public. The medical organisations and their experts are good at the former but are perceived by some to be not as good at the latter. There needs to be more training in the communication of uncertainty and the management of unreasonable expectations. Risk is a difficult concept to explain and is a significant challenge for professionals when communicating with the public. This problem was highlighted during the Covid pandemic. Healthcare organisations are cautious about permitting their staff to speak publicly on medical issues. This is understandable as it could result in the public receiving mixed or conflicted messages. However, over-restriction can result in a stilted communication which is ill-understood and not well received by the intended target audience.

Empathy is important when interacting with people. This requires insight and understanding of how the medical message is perceived from the patient's side of the fence. It takes considerable effort to effectively guide people on how to adopt a healthcare message into their busy, complex daily lives with the many other competing demands. The message must not evolve into a lecture type of communication which is likely to be counterproductive and seldom works. Some commentators have stated that experts can come across as superior to others. New tools are required in order to develop the interactive dialogue with the public. This is particularly important in relation to social inclusion initiatives that relate to people from deprived and diverse backgrounds.

In Ireland much has been done. The public health information is communicated through the Department of Health and HSE. Its official websites including HSElive, social media, and various public information campaigns. The Healthy Ireland Implementation Plan 2023-2027 has been published². The goal is to increase the proportion of people who are healthy at all stages of life. This involves the protection of the public from the threats to health and well-being. One of the messages is that a 40% reduction in chronic diseases in the next 2 decades is possible with 70% of that achieved by creating healthier environments and healthy behaviour changes. The Mychild.ie (the national healthy childhood programme) portal is very popular. In 2024 there were 5.9 million recorded visits, an 18.8% increase on the previous year. It contains over 500 guides spanning pregnancy, babies, and toddlers. It is a trusted source of useful, evidence-based information.

Among other developments have been the provision of digital information screens in healthcare waiting rooms and other clinical areas has been introduced. The HSE point out that in public surveys it has been requested by patients to be clear when giving them information about their health and general health matters. They also ask for compassion when we talk or write to them. It is advised to use short sentences and paragraphs. These directives are important because the European health literacy survey found that 39% of respondents have limited health literacy. The HIQA/NALA document also emphasizes the importance of plain English³. The public need it to make informed choices, obtain access to their entitlements, and meet their legal obligations. One specific tip given is to not use the term 'normal range', but instead give an example of what is considered normal. Another tip is to limit the length of sentences and the number of messages in a communication.

The provision of high quality, accurate and reliable health information is one the pillars of a modern healthcare service. The dividends are high with the potential to substantially reduce the burden of preventable ill-health across all age groups. A substantial amount of progress has been made. It is important that the gains are sustained and that the key messages reaching the public continue to be based on sound and proven scientific facts that are explained in a clear and accessible manner.

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References:

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