8.12 Ethical Physician Conduct in the Media

Physicians who participate in the media can offer effective and accessible medical perspectives leading to a healthier and better informed society. However, ethical challenges present themselves when the worlds of medicine, journalism, and entertainment intersect. In the context of the media marketplace, understanding the role as a physician being distinct from a journalist, commentator, or media personality is imperative.

Physicians involved in the media environment should be aware of their ethical obligations to patients, the public, and the medical profession; and that their conduct can affect their medical colleagues, other health care professionals, as well as institutions with which they are affiliated. They should also recognize that members of the audience might not understand the unidirectional nature of the relationship and might think of themselves as patients. Physicians should:

(a) Always remember that they are physicians first and foremost, and must uphold the values, norms, and integrity of the medical profession.

(b) Encourage audience members to seek out qualified physicians to address the unique questions and concerns they have about their respective care when providing general medical advice.

(c) Be aware of how their medical training, qualifications, experience, and advice are being used by media forums and how this information is being communicated to the viewing public.

(d) Understand that as physicians, they will be taken as authorities when they engage with the media and therefore should ensure that the medical information they provide is:

  (i) accurate;

  (ii) inclusive of known risks and benefits;

  (iii) commensurate with their medical expertise;

  (iv) based on valid scientific evidence and insight gained from professional experience.

(e) Confine their medical advice to their area(s) of expertise, and should clearly distinguish the limits of their medical knowledge where appropriate.

(f) Refrain from making clinical diagnoses about individuals (e.g., public officials, celebrities, persons in the news) they have not had the opportunity to personally examine.

(g) Protect patient privacy and confidentiality by refraining from the discussion of identifiable information, unless given specific permission by the patient to do so.

(h) Fully disclose any conflicts of interest and avoid situations that may lead to potential conflicts.

AMA Principles of Medical Ethics: II,V,VII

Background report(s):

CEJA Report 2-I-17 Ethical physician conduct in the media

.REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS[*]

CEJA Report 2-I-17

Subject: Ethical Physician Conduct in the Media

Presented by: Dennis S. Agliano, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws (Edmund R. Donoghue, Jr, MD, Chair)

Directive D-140.957 (1), "Ethical Physician Conduct in the Media," adopted at the 2015 HOD Annual Meeting, calls for a report on the professional ethical obligations of physicians in the media. The following analysis by the Council on Ethical and Judicial Affairs (CEJA) addresses ethics concerns in this area and offers guidance for physicians who participate in the media.

PHYSICIANS IN THE PUBLIC SPHERE

Physicians' knowledge is not confined to the clinical setting. Physicians have well-recognized responsibilities to use their knowledge and skills for the benefit of the community as a whole, whether it is by assisting a state health agency in identifying and tracing infectious disease during an epidemic, advocating for improved health care resources to lessen health disparities, or promoting behaviors that improve the health of communities [1]. Stepping into the media environment can serve as an extension of this public function.

However, the expectations held of physicians as members of the medical profession and of persons in the media are not always compatible. Participation in the media can have unintended consequences for the physician and the medical profession. Information in the public sphere can be sensationalized, misrepresented, or patently falsified, which can have potentially serious consequences if the benefits and drawbacks of medical advice are not appropriately conveyed [2]. Furthermore, physician recommendations may not always reflect the standard of care [3, 4].

A CONTINUUM OF ROLES

Physicians can engage the media in a number of roles. For example, they can serve as conveyors of information or advocates on behalf of public agencies or institutions; as expert consultants on medical science and practice; as commentators on health-related issues of interest to the public; or as journalists covering medicine-related stories. Imagine the following:

> *Dr. A is head of a health care agency in the federal government. A physician with two decades of public service experience, she is directly responsible for guiding the legislative goals of the agency and is supported by a staff of thousands of federal employees. Dr. A often gives statements to the press about matters under the agency's jurisdiction, and has, from time to*

[*] Reports of the Council on Ethical and Judicial Affairs are assigned to the Reference Committee on Amendments to Constitution and Bylaws. They may be adopted, not adopted, or referred. A report may not be amended, except to clarify the meaning of the report and only with the concurrence of the Council.

time, participated in press conferences to speak on urgent matters of public health or to make statements intended to garner greater legislative attention and support.

Dr. B works at an academic medical center. He is frequently approached by media outlets to comment on recent breakthroughs in medicine or topical issues in medicine and public health that are making their way through the news cycle. Dr. B also regularly contributes opinion pieces about medicine and health care policy to news outlets.

Dr. C is a physician whose work has been lauded by practitioners, academics, and celebrities alike. Recently, she has launched a daytime television program in which she discusses popular subjects related to medicine, public health, and a general assortment of topics regarding health and well-being. Dr. C maintains a practice where she sees patients, but the majority of her time is now spent producing and appearing on her television show.

As a public official, Dr. A uses the media to further a political agenda regarding the health and well-being of the American public, an agenda she has been tasked with upholding and protecting. For her, the media is a vehicle to address the needs and concerns of the public, and to keep the policy goals of her agency at the forefront of awareness among government and private actors integral to the provision of medical care.

Dr. B is first and foremost an academic physician whose interactions with the media serve a more consultative function. He generally offers his insight only when approached by the media, although he may occasionally use his training and experience proactively to shed light on topics when he feels the public may derive some educational benefit.

In contrast, Dr. C holds herself out to a national audience as a commentator on any number of subjects falling under the general categories of medicine, health, and wellness—topics that are at least in part developed by producers and pitched for their ability to boost ratings and increase viewership. Her audience may or may not know the specifics of her training and experience, although she uses her medical degree as a symbol of authority and credibility. Moreover, as a media celebrity, the recommendations she makes on air may be especially persuasive [4].

Whatever role physicians adopt when they participate in the media is very different from that of a clinical practitioner interacting with individual patients. Whether the medium is print, digital, or social, physicians who take part in the media marketplace engage in what is fundamentally a unidirectional relationship with the members of a vast audience who may regard themselves as patients, but whom the physician will never encounter in person. When a video clip ends or a reporter stops asking questions, the contact media physicians have with the audience ends. The hundreds, if not millions, of individuals who have watched, listened, or read have no opportunity to provide details about their unique medical histories, probe for more guidance about a treatment that was discussed, or report back to the physician about what effect, if any, the physician's advice has had.

FIDELITY, TRUST, AND DIVIDED LOYALTIES

For physicians in the media, then, navigating successfully among the potentially overlapping roles of clinician, expert consultant, journalist, or (for some) media personality poses challenges. Being clear about what role(s) they are playing at any given time is crucial [3]. So is being aware of how media content they create or the media presence they have blurs the lines of medicine, journalism, and entertainment [3, 5].

For a physician who pursues a distinct career as a singer, a dancer, or a cook on the line in a restaurant kitchen, the new role is entirely different than that of a physician [6]. But when a media career involves depending on the inherent authority of their MD or DO degree rather than their training and skills, physicians in the media are taking advantage of the credibility and prestige bestowed by the public and the media on members of the medical profession [6, 7]. It may never occur to a cancer patient watching a physician on television that "someone highly credentialed might mix critical medical advice with a touch of 'shock and awe'" even when such behavior might be condemned by other physicians and the medical profession as a whole [7].

Media entities themselves can have diverging interests and goals—winning a Pulitzer or an Emmy for excellence may compete with attracting advertising dollars, viewership, and ratings. Where the latter are the hallmarks of success, the qualifications of physicians who are media personalities, and the quality of the information they are disseminating, can be secondary for producers and audiences [6]. When there is temptation, or pressure, to attract an audience, it can be challenging for physicians to navigate the overlapping roles of health care professional and media personality, and to hold steady to the norms and values of medicine [7].

Trustworthiness and Authoritativeness

By using their medical expertise to reach out to an audience that is local, national, or even global in scale, physicians in the media carry with them heightened expectations as trusted resources, advisors, and representatives of the medical profession. Thus, like physicians in other roles that do not involve directly providing care for patients in clinical settings, physicians in the media should be expected to uphold the values and norms of medicine as a priority [8].

With respect to the recommendations or clinical perspectives a physician contributes to a media forum, such information must be acquired through practical clinical experience or supported by rigorous scientific research that has been carefully vetted within the peer-reviewed literature and presented accurately in the appropriate context [9, 10]. Physicians should likewise be transparent about the limitations of their knowledge or experience in a given area.

A message that is inaccurate, questionable, or false, may still be perceived as authoritative because it comes from a physician [2, 7]. Efforts to correct or recant misinformation from the public forum may prove futile. One contemporary example of this is the still pervasive but false public perception that childhood vaccines are linked to autism, despite the fact that this perception rests on a long-since discredited physician's publication and there is overwhelming scientific consensus that no such relationship exists [11]. Material that is of poor quality and that does not meet expected standards of scientific rigor can mislead individuals who do not question the content of the message, while the promotion of such subpar work can erode the public's trust in the larger medical community [7, 12].

Maintaining Privacy in the Public Eye

Physicians working in the media must be cognizant of their work's impact on patient anonymity, the process of patient consent (concerns of inadvertent coercion), and the potential to exploit patients. They must also make decisions about whether they will present the outcome of a patient case as a fictional representation or as a story of true events [2, 13]. While journalism requires strict adherence to the facts and details of a story, physicians asked to recount a procedure or speak to media about a particular case have a responsibility to obscure or alter details that would reveal a patient's identity unless the patient freely gave informed consent [13]. Physicians must also remain sensitive to how a story will affect patients under their care, and avoid situations where breaches of

privacy and confidentiality may occur [13, 14, 15]. In the media, physicians may at times need to emulate storytellers rather than journalists [13].

Physicians must exercise caution when they are asked to publicly diagnose celebrities, politicians, or private individuals currently caught in the media's gaze. Physicians in the media must draw a careful line between using the media to educate the public versus providing a professional opinion when asked to comment on the physical or mental status of a public figure or someone else the physician has not had the opportunity to personally examine [3]. While a sound professional medical opinion reflects a thorough examination of a patient, the clinical history, and all relevant information under the protection of confidentiality, none of this occurs when physicians make casual observations about people [3]. There is a "critical distinction . . . between offering general information about a condition as it pertains to a public figure and rendering a professional opinion about an individual, involving a specific diagnosis, prognosis, or both" [3].

Moreover, physicians may be enticed into offering professional opinion that is outside their individual area of expertise. Physicians who offer expert testimony in court are expected to testify "only in areas in which they have appropriate training and recent, substantive experience and knowledge" [16]. The same expectations should apply to physicians who offer public commentary on health-related matters.

CONFLICTS AND DISCLOSURES

Competing interests are a fact of life for everyone, not only physicians in the media [17]. But as individuals in positions of public trust, media physicians should be especially sensitive to possible conflicts of interest. Even when there is no actual conflict, the appearance of influence or bias can compromise trust in the physician and the broader profession, with downstream consequences for patients and the public.

Taking steps to ensure transparency, independence, and accountability allows media consumers to make informed judgments about the comments or recommendations offered by physicians who are active in the media. Disclosing conflicts of interest is an essential first step [18, 19, 20]. Direct, substantial financial relationships that may influence a physician's judgment, such as research funding, remuneration for advisory services or speaking engagements, or equity interests in featured products or services, should always be disclosed.

Nonfinancial relationships can also affect judgment and should be disclosed; for example, when a media physician has fiduciary responsibilities to a commercial entity that has an interest in the subject matter. Personal, political, ideological, or intellectual interests can also influence professional judgment in particular situations and media physicians should be prepared to disclose such interests [17, 21, 22].

Disclosure alone is not sufficient, however, and may have the perverse effect of inspiring false confidence on the part of media consumers and even discourage the media physician from rigorously ensuring that he or she is offering objective, unbiased information [23]. In some circumstances, the threat of actual or perceived conflicts of interest may be so great that the only way forward is for the physician to avoid the potential situation altogether.

Instituting measures to promote independent content is a further important step. For example, editorial review of proposed content and presentation can help identify possible bias or the appearance of bias or catch elements that media consumers might be expected to misinterpret. Prohibiting physicians who have clear, unresolved competing interests from being media

spokespersons on issues that involve those interests can likewise help ensure independence [24]. Making explicit to viewers the measures taken to address and mitigate the influence of conflicts of interest will hold media physicians accountable to their peers and the public for exercising sound professional judgment.

CONCLUSION

As trusted members of the community who regularly communicate with the public about health and wellness, physicians have a responsibility to consider their ethical obligations to their patients, the public, and the medical profession. In an increasingly technologically adept media marketplace where the context and delivery of messages are shaped by any number of social and financial forces, physicians must carefully delineate who they are and how they want to be perceived. Equally important, physicians should give thought to how they want to frame and support their messages, and how those messages should be consumed and utilized.

RECOMMENDATION

In light of the foregoing analysis, the Council on Ethical and Judicial Affairs recommends that the following be adopted in lieu of D-140.957(1) and the remainder of this report be filed:

Physicians who participate in the media can offer effective and accessible medical perspectives leading to a healthier and better informed society. However, ethical challenges present themselves when the worlds of medicine, journalism, and entertainment intersect. In the context of the media marketplace, understanding the role as a physician being distinct from a journalist, commentator, or media personality is imperative.

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(h) Fully disclose any conflicts of interest and avoid situations that may lead to potential conflicts.

(New HOD/CEJA Policy)

Fiscal Note: Less than $500

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