

This is the unedited version of the Media Bites column which appeared in Australian Doctor in April 1999. The published version may have had minor changes.

Media Bites: Consuming health

We were there as the ambulance was called to the heroin overdose, near a Melbourne railway station. We heard a description of the prostrate man. And then some of his first words after he rediscovered consciousness. Not surprisingly, they were pretty hazy.

It's impossible to know if the man fully appreciated that his scrape with death would be re-lived in thousands of lounge rooms and cars around the country, courtesy of ABC radio. But I, for one, was made an unwilling eavesdropper.

In one sense, his story is not so unusual. Health services regularly encourage their clients to "go public" in an attempt to raise funds or to highlight particular issues.

But this latest example, in particular, raises questions about whether patients are truly giving informed consent, especially if recruited when sick or vulnerable. It's hard to say no to the doctor/researcher/paramedic who may save your life.

Professor Miles Little, director of the Centre for Values, Ethics and the Law in Medicine, based at the University of Sydney, describes the ABC interview as "the most appalling invasion of privacy" and says it used a disadvantaged person as a means to an end.

An experienced public relations professional, who has previously worked in a big public hospital, was shocked by the interview and believes it should not have been allowed. "He was semi-conscious, for God's sake," she says.

For the Melbourne metropolitan ambulance service, however, the story was one way of helping publicise its message that overdoses can occur anywhere.

Ambulance spokesman, Mr John Fasham, says it was better to have a journalist tell the story under the controls imposed by his service - including that the patient would not be identified - than to arrange it themselves. "I would be very disappointed if your story suggested we weren't operating in the patients' best interests," he adds.

The ABC reporter, Peter Jeppesen, insists his story respected the patient's interests. His motivation was "to let people know what this was actually like as it was happening." He adds: "We have a commitment to tell the story."

But whose story is it to tell?

Journalists usually see it as “their” story, though interviewees may not realise that.

Emma-Jane Sayers, 23, is a law student and cancer survivor working with Professor Little’s team in researching the role of narrative in fostering better understanding between the health system’s many players.

Sayers is well practised at telling her personal story, to the media, to researchers, her support group. She is acutely aware of the constraints of dealing with the media, even more so since an unpleasant experience when a magazine did not honour a promise to show her a draft.

Dealing with journalists can be frustrating, Sayers says, because they are always trying to fit your story into their structure and their idea of what the story should be.

“You don’t have control over how your story is told,” she says. Sayers also argues that the ideal of obtaining a patient’s informed consent to media involvement cannot be achieved in reality because a patient can never be fully prepared for how the process will affect them.

Little’s advice to doctors - who are often asked by people like me if they have any patients who could be interviewed - is to ensure that the patient understands what is at stake. He adds: “That also means that the doctor has to understand what is at stake.”

The Consumers’ Health Forum says consumers are often assigned the roles of “cheer squad, awareness or fund raising” for the health system, rather than having a powerful independent voice on important policy issues. The overdose patient was certainly in no state to give a coherent view on such matters.

But many people have said to me, as one who makes a living out of telling the stories of the sick and suffering, that they are glad to be involved with the media, especially if it might help someone else.

Sometimes I wonder if the pain exceeds the gain. Especially when remembering a distressing interview, arranged by a hospital, with the family of a dying child. They were in no state to be facing a stranger’s intrusive questions.

But I persisted. I had to get my story.