

This is the unedited version of a column which appeared in *Australian Doctor* in 2003. Minor changes may have been made to the published piece.

Media Bites: DEEP FRIED PROSTATE

Late last year, a newspaper article titled “Early detection is the key to beating prostate cancer” really got up the nose of Professor Alan Coates, head of The Cancer Council Australia.

It gave what Coates considered to be an uncritical presentation of the arguments put forward by prostate cancer support groups to promote testing.

He stewed on it for a few days, then rang the article’s author, The Australian Financial Review’s Jill Margo.

He told her the reasons why, at 59, he had decided not to have the PSA test himself.

It was a deliberate, considered decision to reveal this. He expected it would create a storm of criticism but figured this was worth it if it promoted debate about testing.

Even so, Coates was surprised by the ferocity of the attacks which followed Margo’s subsequent article, published several weeks ago.

He and his prostate were just about fried alive by politicians, patients and some doctors. There were calls for him to resign from the Council and the Prostate Cancer Foundation of Australia board, and threats the Council would lose funding.

Now the dust has settled, Coates has no regrets about making that phone call. Money can’t buy that sort of media exposure for an issue, he says.

He says his aim was not to discourage other men from being tested but to encourage them to make sure they are well informed before making such a decision.

But whether the tumultuous coverage really helped men and their families become better informed about the complex issues surrounding testing is debatable.

It's possible the whole episode just left them more confused than ever.

Much of the coverage - more than 70 items appeared in print and electronic media - reported personal attacks on Coates rather than providing any critical evaluation of the evidence on screening.

Then again, news values are rarely driven by evidence. If they were, Coates' decision might not have been judged so newsworthy.

What is so shocking, after all, about a well-informed cancer specialist deciding that the evidence in favour of prostate cancer screening is not conclusive? As a British Medical Journal article subsequently noted, "in this analysis he is hardly Robinson Crusoe".

Some might argue that it was inappropriate for Coates to speak about his personal decision given his professional role. In that case, similar criticisms should also be made of doctors who reveal their choice to be tested to patients.

All in all, it's probably a good thing that Coates was prepared to put his prostate in the spotlight. The voice of men who have made an informed choice not to be tested has been largely absent from the debate to date.

This isn't surprising - there are no support groups providing a mechanism for their views to be aired.

Men with cancer have tended to be the only consumer voice heard and it's not surprising they tend to support screening. As Coates says, it's natural they would believe themselves saved by testing - or that they would have been cured if only they'd been tested earlier.

Despite the public attacks, Coates says feedback by e-mail and letter has been overwhelmingly positive, and that most of his Sydney University colleagues have also chosen not to be tested.

It's a shame that Coates' roasting may deter others from going public.

