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Hype and spin in the NHS
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People increasingly expect hype and spin to be a feature of almost all the publicly-available information generated by government, corporations and institutions in general - and the NHS is fully implicated in this phenomenon. The result is that, despite the unprecedented volume and accessibility of information, an understanding of the realities of our society seems as remote as ever it was. Propaganda and factual information are presented in an identical fashion - and only a trained economist can tell whether the latest 'increase' in NHS funding is a genuine injection of resources or merely an example of creative accounting.

Inflation and translation
Announcements from the NHS political and managerial hierarchy are usually accurate, when accuracy is defined according to 'legalistic', internal professional criteria. But the 'real world' value of such announcements is unpredictable. The informational content may be hugely exaggerated - such as the year-on-year reports of continual and substantial improvements in health services. On the other hand, the informational content may sometimes be highly accurate using external real world criteria - such as recent announcements that the MMR (measles, mumps, rubella) combined vaccine is safe.

This trend towards large but unpredictable exaggeration of informational content is termed 'communication inflation'. The fundamental reason for such inflation relates to the need for 'translation' of specialist NHS activities into publicly comprehensible terms, and the opportunities this affords for more-or-less subtle distortion. Systems of specialized communications such as occur within the medical profession - can be understood as comprising specific technical 'languages' used for information-processing. Although such languages are often criticised as being deliberately obfuscatory jargons, they are usually crucial to the efficient activity of the discipline.
Of course, the importance of different disciplines does vary - and phoney activities may generate almost wholly bogus languages. For instance, the medical profession was for centuries guilty of using a private 'latinate' jargon to keep its communications private from those outside the 'guild'. But it is uncontroversial that even the most objectively 'realworld valid' medical disciplines require specialised technical languages.

Consider communicating with colleagues compared with patients. Communicating with a colleague in the same speciality is usually a relatively swift and unambiguous process because both parties are embedded in the same set of practices and expectations, both are adept at using the specialised language. Communicating with patients, can - of course - be done, but is a much more long-winded affair if the same amount of information is to be conveyed.

The activity of communicating with people who do not share your discipline is actually a kind of 'translation': a specialist technical language must be converted to a shared general-purpose common language. Fully to convey an understanding of the treatment of a disease such as hypertension would require summarising some background physiology, a bit of pharmacology, risks and benefits of agents, published therapeutic trials in the area, relevant clinical experience, and so on. It all takes time.

The sound-bite culture

But given the constraints on time (and the human attention span) what usually happens is that no genuine attempt is made at this kind of full communication. Increasingly, we receive information in ‘sound-bites’. There is a very selective process of simplification in which technical terms and concepts are translated into roughly (but not exactly) equivalent common language terms and concepts.

Communication inflation most frequently occurs at the interface between a specialist internal language and the general public’s common language. Information gathered by the Department of Health, for instance, takes the highly selective form of numerous statistically adjusted performance indicators - whose relationship to understandable realities in the outside world is indirect and unclear. When communicating summaries of this data to politicians, the media and the public, there are almost irresistible temptations towards making a simplification that is distorted in a self-serving direction. The probability of bias during translation especially applies if the external interrogator is a person or organisation who is evaluating your performance - and making decisions about your future on the basis of the information you provide.

Fear of ’being caught’ usually spents actual falsification and fabrication of data, but still allows tremendous leeway in using language to mislead. A premium is placed upon the skill of communicating one thing while apparently saying another. Applying strictly formal criteria, a communication may be true - as when President Clinton asserted he had not had ‘sexual relations’ with Monica Lewinsky. He later admitted to oral sex; while claiming that he had been using the word ‘sex’ to refer exclusively to intercourse - ‘I have not had sex with her as I defined it.’
Much the same kind of strict ‘legalism’ applies to the bulk of public communications in our society, including public communications concerning NHS performance. To take a relatively uncontroversial example, for several years hospital activity was measured in terms of ‘consultant episodes’, and in public announcements an increase in the number of these obscure and unvalidated units was reported as being an increase in provision of services. Like Clinton’s denial, such communications were both technically accurate and cunningly misleading.

Public relations and the erosion of trust
When a ‘public relations’ bureaucracy is interposed between the medical and external institutions, then the possibility of communication inflation becomes a certainty.

Public relations groups are explicitly charged with disseminating information in ways that benefit the institution. Put bluntly, hype is the specified function of these bureaucracies, and the only constraint is that this be done within accepted boundaries of public taste and tolerance (recent government activities by spin doctors apparently overstepped such bounds, but only by a quantitative excess in prosecution of their fundamental role).

Public relations is now an increasingly significant activity of the NHS and its component institutions. But things have been going this way for many years. For example, the misleadingly exaggerated and incomplete official information about the probable risk of AIDS infection in the mid-1980s seems to have been an attempt to generate mass behavior change in the face of widespread public cynicism about the value of official information. When the heterosexual AIDS epidemic did not happen in the UK, public trust in NHS information was eroded. Presumably, something similar will happen in relation to the new variant CJD non-epidemic.

As well as occurring at the boundary between the NHS and the outside world, communication inflation has penetrated deeply into internal clinical activity. Grant applications for medical research funding have long been notorious for their rhetorical manipulations, and most of general biological research (such as the human genome project) is currently funded on the basis of a hyped-up pseudo-relevance to the generation of future therapeutic breakthroughs. The outcome is a general environment of biased and exaggerated medical information in which everyone feels the need to shout their message in order to be heard.

Indeed, the only realm that is largely immune to communication inflation is within the small, informal, personally-linked structures of colleagues - for example among the partners in a properly functioning primary health care team or among small clinical sub-speciality within a hospital. Within these groups honest communications occur by the medium of untranslated specialist languages. Living in such an enclosed and ‘hype-free’ community is one of the particular charms of practising medicine. But as soon as one of these personal groups is ‘called to account’ for its activities by politicians, NHS management or the media, or needs to compete for resources or tokens of esteem, then communication inflation almost invariably comes into play.
The future

Because the public cannot trust ‘official’ information, they have begun to take seriously alternative perspectives from ‘unofficial’ sources (some reputable, some bogus). These include charitable associations representing sufferers from various diseases, the Consumers Association, and lobby groups for special interest groups (e.g. womens’ health, the elderly, the homeless etc.) and investigative journalists. Even ‘dissident’ healers and the advocates of ‘complementary medicine’ are granted a respectful hearing. All this adds to the cacophony of competing voices, so that people must shout even louder.

Distrust may lead to people trying to insulate themselves from what they perceive to be a failure of the NHS system by seeking alternative providers. Inadequate state health care systems fuel the demand for ‘private’ providers. Since they must compete for clients, these may provide more reliable communications than the official health service. For example, advertisements for private health care provision seems to concentrate on essentially accurate claims: private care really is more convenient, and the hospitals are more likely to provide privacy and comfort.

NHS institutions might try to reverse the trend towards hype and spin by rebuilding a reputation for honest and accurate communications. However it seems unlikely that such a long termist strategy would survive in today’s political climate. Alternatively, a more truly democratic form of political regulation could impose effective controls on communication inflation. But the problems of a comprehensive and national health care system seem too large and deep-rooted to be solved in this way.

In the end, if attempted reforms continue to fall short, the unified structure of the NHS will presumably break-up in favour of a variety of smaller, simpler and more trustworthy alternative health care systems. Hype and spin are seductive short-term solutions, but will ultimately prove fatal to institutions that rely on public confidence.

*The above article is an application of information theory and systems analysis, mainly derived from the German sociologists Niklas Luhmann and the Hungarian jurist Bela Pokol. A more technically-argued and fully-referenced treatment is available in: Andras P, Charlton BG. Democratic deficit and communication hyper-inflation in health care systems. Journal of Evaluation in Clinical Practice. In the press.*