



MMR and the value of word of mouth in social networks

Kamran Abbasi

Editor, JRSM

E-mail: kamran.abbasi@rsm.ac.uk

Mention 'social network' and most people's thoughts turn to Facebook, MySpace, or LinkedIn. We imagine social networks to be engaging, intrusive, and invariably electronic. I am a member of two social networking websites, one of which I find to be fun and the other functional. My enthusiasm for reviving old friendships and retaining newer ones via social networking waned when managing information about other people's socializing became harder work than my day job. The great benefit of social networking websites, though, is that they allow users to form communities unbounded by geography.

Yet this lust for electronic handholding – fun as it can be – encourages us to ignore the social networks that form in our non-virtual communities. Social networks can bring together people separated by time and distance, but the time we spend socializing electronically separates us from our physical networks.

Additionally, the Internet and social networks have offered patients an easy route to medical information. Health professionals view this information revolution as potentially beneficial and harmful. How can the quality of medical information be guaranteed? Does it even matter? Is there really any evidence of harm as a result of people using medical information from the Internet? And why is using an untrustworthy website more bothersome than reading an ill-informed newspaper or journal article, listening to a badly researched radio programme, or watching pop science on television?

All of these media have been used to further the case for a link between the MMR vaccine and autism. Indeed, the Internet has been a prominent tool for campaigners against the vaccine to share concerns across geographical boundaries and voice their concern to media outlets that have been unsympathetic to their cause. In many ways, the

MMR controversy has been accelerated by the speed of distribution of modern media.

Yet word of mouth has also played an important part. An understanding of physical social networks is fundamental to the interpretation of the perceptions of childhood immunization, especially in some minority communities. The legacy of Andrew Wakefield's criticism of the MMR vaccine is not just that he finds his integrity being questioned, but that the re-emergence of certain childhood infections is attributed to the decline in vaccination rates associated with his work. Orthodox Jewish families in North East London, for example, have low uptake of immunization, and a qualitative study in this issue examines the reasons for that low uptake (*JRSM* 2008;101:244–51).

Lesley Henderson and colleagues find that in a community thought to be relatively insulated from direct influence, word of mouth is nevertheless a potent source of rumours about vaccination dangers, the origin of which may lie in media scares. The researchers conclude that assumptions concerning the role of religious beliefs should not act as an obstacle for providing clear messages concerning immunization, and community norms may be challenged by using social networks to communicate more positive messages about immunization.

The study also underscores the importance of communication in healthcare. Whether healthcare professionals are communicating with peers or patients, communication skills are an essential tool for modern healthcare professionals, who are faced with new challenges created by our information-rich society. But fundamentally it reminds us that the convenience of pointing patients to electronic information is not a substitute for influencing physical social networks that are connected by word of mouth.

JRSM peer reviewers, May 2008

Hutan Ashrafian, *Imperial College London, UK*; Karen Bloor, *University of York, UK*; Neil Coulson, *University of Nottingham, UK*; George Geroulakos, *Charing Cross Hospital, London, UK*; Neil Greenberg, *King's College London, UK*; Michael Holmes, *University College London, UK*; Tom Jefferon, *Anguillara Sabazia, Italy*; Trevor Lambert, *Oxford University, UK*; Erle Lim, *National University Hospital, Singapore*; Mark Lloyd, *Frimley Park Hospital, UK*; Joan Melendez, *North Middlesex Hospital, London, UK*; Piers Mitchell, *Imperial College London, UK*; Iain Morland, *Cardiff University, UK*; Ian Olver, *Cancer Council, Sydney, Australia*; Colin Simpson, *University of Aberdeen, UK*; Penelope Sparrow, *John Innes Centre, Norwich, UK*; Ian Starke, *Federation of the Royal Medical Colleges, London, UK*; Tom Treasure, *London, UK*; Alimuddin Zumla, *University College London, UK*