

The Future of Television and Medicine

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One thing that has emerged from this symposium is the need, when considering the future of TV, to think more radically and a good deal further ahead than we are doing at the moment. There is, it is obvious, a great deal of uncertainty as to the effect on people of the television – of watching programmes, of talking about programmes and perhaps even of appearing on programmes. Television in the future has got to consider far more carefully to what extent it is leading and to what extent it is merely following and exaggerating fashion. For example, I am perfectly certain, though admittedly on no real evidence, that the tendency for teenagers to behave the same all over the world, regardless of culture, background or politics, is partly due to the effect of the mass media of communication, including television, of enabling people to discover what the fashion actually is; and that in this way we are not using television to broaden attitudes but rather to harden them. This is one danger that we should look to in the future.

Another is that the professions as a whole, including if I may say so the medical profession, have very much lagged behind traders in coping with the problems that are created by the use of mass media of communication and by the existence of mass markets. They have tended to regard themselves rather more as witch doctors informing the ignorant savage, than as leaders trying to bring a more educated and informed attitude to the people with whom they deal. Politicians are perhaps as guilty in this matter as other professional people.

Turning for a moment to the more technical aspects of television, it is obvious that the use of television in a specialist sense, as an instrument or tool for the medical profession, must be considered in the future. First there is its indirect use, in gathering information which cannot be obtained elsewhere, as for example in deep sea investigations, space probes and the like. Obviously medical research has to consider these possibilities carefully. Secondly, there is the more direct use of television in hospitals for observation of patients, perhaps particularly of mental patients. Here we must consider the effects on the patients themselves and also perhaps on the staff. Third is the possible use of TV in the management of hospital groups, in the same way as in other large-scale administrations, for the transmission of information and so on. There is a wide range of possibilities of control, of management and of

cheapening and facilitating administration that television, perhaps linked with computers, could open up. Fourth is the possibility of TV fulfilling the need for obtaining, classifying and assembling information in a visual form to make it more readily available where it is needed.

In this symposium, however, we have been discussing television mainly in terms of the public use which is normally now broadcast. It includes, and I think will come to include more, closed circuit techniques where a programme is transmitted by wire and line all or part of the way. This means that in the future, a wider choice of programmes could be available. At the moment these are limited by the number of frequencies available for broadcast transmissions and by the need for each to cover a fairly large area. The use of wire for transmission could make specialist programmes available at choice to those who would be willing to pay for them.

In thinking of these matters and listening to this symposium I am a little sceptical as to whether, in considering the use of television for the purpose of what might be called professional education, we are really thinking and talking about television, or about audiovisual techniques put across by television. Because of the impact that television has made the temptation is to regard this as the most effective and in all cases the simplest and cheapest method of putting across educational material, but this is not necessarily so. In many cases, short films or film loops are just as good, except that most people do not have a projector which is suitable whereas most people do have a television set. But even this is not an insuperable objection. It is perfectly possible technically, and will soon be reasonable from the economic point of view, to have a system of playing video tape through an attachment to one's own television set. It would be equally possible, if the cost of distributing such tape were prohibitive, to put broadcasts out over the air in the middle of the night, to be recorded on people's own television sets and played back at their leisure. Now if one is thinking of the use of television as a method of enabling doctors to keep up to date, then such a technique would enable the same programme to be put out to all, to be recorded and played back at leisure, and would give a far greater degree of flexibility than having either to pre-empt early viewing time or else to put on the programmes extremely late at night.

Perhaps the point should be made here, however, that there is what might be called a 'Big Brother' danger implicit in this. The Treasury largely controls the finance of the Health Service and since recent and pending legislation indicates an intention of the Ministries to play a more positive role, particularly in such matters as the

drug bill for the Health Service, there is a danger of the use of mass media not only to instruct doctors and others but also to seek to influence them in the exercise of their professional judgment.

The use of television has one supreme advantage over all other methods of audiovisual education, quite apart from its universal nature, and that is the fact that it has now been generally accepted as a method of combining enjoyment with instruction. It has been accepted, too, by ordinary people, as a method of enlarging their horizons, of having experiences they would not otherwise be able to obtain. In considering the future it is extremely important to continue this trend and not, as there is some evidence is happening, to reverse it.

It is also important, in using television, not to blind the viewer with science or to impress him with bogus expertise, which I am afraid both people in other professions appearing on television and professional television people themselves, do rather tend to do. It has long been a belief of mine that the expert in every field tends to underrate the intelligence of his audiences. It is in counteracting this tendency that television can play a very important role in medicine in the future. We must not have the expert, laying down the law on television about medicine or anything else for people, but rather the teacher, trying to bring understanding to people whose horizons have not yet extended sufficiently.

We have also heard about what might be called the negative use of television in medicine – the control of advertising and the technical and professional control of the medical element in programmes – and I can see no change in that in the immediate future. In this respect one or two of the points made in earlier papers were a little disturbing, and lead me to wonder whose responsibility this is. Is it the doctors', the BMA's or the Ministry's?

When we talk about preventing people doing things that are harmful we must in the future, even more than now, reject not only the attitude that the expert always knows best but also his tendency to extend that 'knowing best' outside his own immediate field. In this respect it is worth noting the astonishing credulity of educated

people, as well as the extraordinary way that mass education functions, so that people become more and more gullible, particularly with regard to the 'experts'. I have a Nigerian friend who was brought up by his grandmother, who was a witch doctor, and he once asked me why the English were so gullible. I replied that I didn't quite know. He said, 'It's quite extraordinary, you know. Among our very primitive people in Nigeria they expect results from the witch doctors. You appear to let your psychiatrists get away with everything.' But he was, I think, making a serious point of the tendency in the modern world to overvalue the judgment of the expert, especially when it is extended beyond the fringes of his own expertise.

I am aware that what I have really been doing is asking questions and making suggestions as to the problems that could arise in the future, rather than seeking to supply answers. Mr Emmett made a very valid point when he talked about the shortage of facts, and perhaps that is the final point I would make – that in thinking of the future of television and medicine perhaps the most important thing to do is to try to find the facts, to work out the programmes of research and enquiry which need to be developed for the good of this extremely important medium. Possibly its most important side is the enlargement of experience and in order to achieve this we must improve our own knowledge of the medium; those who are not well-informed about television but who are seeking to make use of it or of some parts of it in their profession should realise the need of television to raise the level of its own expertise and to make its judgments on professional matters less and less superficial.

Finally, if we are worried about the gullibility and credulity both of ourselves and of our contemporaries in the face of this vast pressure that we are under from television, then those of us with children may at least reflect happily upon the increasing scepticism and objectivity of the very young in the face of this medium. How much better they resist the tendency which, alas, one sees so much in oneself, either to try and debunk the expert or else to deify him. That is precisely what television should not do and, indeed, its future depends upon the extent to which it can keep its objectivity in medical as in other matters.