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## CORRESPONDENCE

## Television medicine

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*Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.*

## Television medicine

SIR,—Your issue of 11 February contains a tripartite attack on television's treatment of medicine (pp 323, 348, and 360).

I know that Dr Robert Reid is writing to correct factual errors in the anonymous article "Doctors and television" (p 348), but I must address myself to the tendentious elements in your leading article (p 323) because they are seminal to the regrettable misunderstandings between our professions that actually we both seek to remedy.

Frankly, to say as you do that "the TV producer's creed is that the programme must hold the viewer's attention; if it does not he will switch off, or over to another channel. In consequence emphasis is given to human interest stories . . . and to the most dramatic of all the consequences of medical decisions" is about as crass (and about as true) as saying that "all doctors wish to satisfy their patients, so they habitually overprescribe."

Doctors are without doubt the most sensitive to criticism of any profession with which a television producer has to deal, but you would do well to analyse where this sensitivity is justified in defence of social good and where it is merely a matter of (to use your own term) amour propre.

The medical profession is indeed so prickly that producers in the Science and Features Department of the BBC (whose productions include *Horizon* and whose work your correspondents pick out as less discreditable than current affairs and news treatments) are

understandably increasingly reluctant to tackle medical subjects. This is certainly not to the public benefit. The National Health Service as a whole is better served by £10 000 spent on effective public health information than any single £100 000 of cash directly injected into the Service. As a consequence of this aggressive stance on the part of the medical profession more and more of the coverage is in fact being left to the last-minute topical programmes of which your correspondents and their doctor friends complain.

I and my producers are dedicated to reversing this trend. We want to see a popular and useful (to patients as well as doctors) regular medical series on BBC television. We are responsible. We are aware of the damages of false hope in patients. We are concerned to achieve a better standard of national health.

If you are also as concerned you might consider whether it would be more beneficial to doctors and patients to allow more space in your periodical for serious analyses of broadcasting and medicine. We are constantly being reminded of how many millions of people could be affected by an individual medical programme. Perhaps you, who can find space each week in *Materia Non Medica* for 1500 words or so on motorcycling, rambolling, or doctors' holiday anecdotes, could make room for a more informed approach to our mutual problems than, for example, the Panglossian pomposity of Mr John Garfield's *Personal View* (p 360).

To dismiss television as if it is just a branch of the entertainment industry, as many doctors do, is to ignore, deliberately or inadvertently, the large number of programmes which by anyone's standards are models of scientific reporting and health education.

PAUL M BONNER  
Head of Science and Features,  
BBC Television

London W14

\*.\*Mr Bonner answers none of our specific criticisms; but the publication of his letter shows one important difference between the press and television—the right of those criticised to reply.—Ed, *BMJ*.

SIR,—It is regrettable that your special correspondent and Professor David Weatherall (11 February, p 348) did not check their facts before making the statement that the *Horizon* feature on thalassaemia "had said not a word about the high fetal mortality rate associated with prenatal diagnosis." As the UK obstetrician who participated in this programme, and as one who is always most particular in getting facts straight when making any public statement, I took particular care in the programme to state the risks of the procedure when I was describing the technique, and in fact the interviewer then asked me why it was that mothers were prepared to accept the high risk. I have just rerun the videotape of the programme, so can quote my exact words: "The risk is to the pregnancy and to the baby, causing the baby to die or abortion to occur. The risk as far as we can judge at present is 10-12%." I then went on to explain that, as the mothers who were being tested had a 1-in-4 (25%) chance of having a thalassaemic infant, and