

Andrew Fergusson shares experience of working with the media



SAYING 'YES' TO BROADCASTING

key points

- An ever-growing agenda of medical issues presents huge opportunities for Christians to work with the media.
- Winning over your audience can be almost as important as winning the argument.
- The status of being a doctor is an enormous benefit.
- Always focus on the main message and keep repeating it.

My phone rang. On the line was a BBC local radio station. 'Would you take part in an upcoming live debate with a pro-euthanasia spokesperson?' This was back in the early 1990s. I had recently taken over from Keith Sanders as CMF General Secretary and was flying solo.

I had joined the anti-euthanasia coalition that became HOPE (Healthcare Opposed to Euthanasia – a forerunner of Care Not Killing). The first question was: did CMF do that sort of thing? The prevailing culture, from our 1949 foundation under Douglas Johnson onwards, said 'No'. Keith Sanders had never been encouraged to broadcast.

I contacted the then Chairman, the late Alan Johnson, Douglas' son, to ask advice. He did not hesitate to say 'Yes'. I panicked, prayed, over-prepared with masses of facts, figures and arguments, and turned up to put on headphones and sit in front of a radio mike for the first time. To my surprise, I enjoyed it enormously; the half hour flew by, and I'd like to think our side was ahead on points by the end.

With that first broadcast CMF began electronically communicating our unique Christian perspective on the ever-growing medical issues that brought Britain's changing culture into the media spotlight. Since then, I have done approaching a thousand radio and TV broadcasts, and I have been asked

by CMF's Head of Communications to share some reflections, hopefully encouraging some of you to 'just say Yes' to broadcasting.

What is our message?

This is the critical issue. Sometimes this is obvious and without controversy – on euthanasia, for example, CMF was and is about 99% solid in opposition. For abortion, particularly back in the 1990s, that was much less so, and being a spokesman for an organisation's viewpoint sometimes meant accepting limitations on what I would have preferred to say.

So, a CMF position has to be agreed informally, and here the regular Medical Study Group discussions with more formal endorsement are vital. Then comes the equal challenge of focusing on getting that message across.

How do we get it across?

There is what is called the 7-38-55% rule. Professor Mehrabian's much quoted (and much criticised) research¹ suggests that when two people are communicating face-to-face, only 7% of the message eventually communicated is in the content of the words used. 38% is in the tone of voice, and a massive 55% comes across non-verbally in body language. It is not enough to have an argument, a stunning statistic, a killer soundbite – we have to get that content across and win the audience.

Some general points:

- If possible, listen to or watch the programme in question to get a feel of it, of what works and what doesn't.
- You will probably be the bad guy! The broadcast media are generally liberal, coming from a worldview that does not welcome Christian perspectives, and by definition they are interested in change – 'BMA rejects change in law on euthanasia' is not news.
- Because of this, have as much discussion as you can before (and after) the programme. Try and get that first researcher who phones you at least to see that your arguments have merit, and she will amend the brief she's writing for the producer and presenter. Put yourself in her place; she's probably much closer to the average listener or viewer than you are.
- The media know what they are doing: they are very professional and virtually all have ethical integrity. In almost 1,000 broadcasts I have only been deliberately misrepresented twice, and a drug treatment with only 0.2% harmful side-effects would be a pretty safe treatment... So, try to get them to help you tell your story.
- Which brings us to – use stories. It has been said that 'a single death is a tragedy, a million deaths is a statistic'.³ Statistics may not work well on radio, and television can if necessary show them visually. But a relevant story to illustrate a broader ethical point always works. Prepare one to use if you get the chance – obviously, don't forget patient confidentiality and be concise. If you are being recorded it may be selected as the perfect illustrative soundbite.
- Keep getting that main message point in – for pre-recordings, the interviewer may well come at you from several different perspectives and choose their favourite, so don't give them ammunition, keep saying it. For live transmission, they can't cut it out so you don't need to keep repeating, but make sure you say it early, first even, because you'll be surprised how quickly the interview goes by!

Here our status as doctors helps enormously. Although public respect is declining, we are still the profession most trusted to tell the truth.³ Further, on television there will be a caption at the bottom of the screen giving our title, name, and affiliation and the viewer will assume the station has searched far and wide to bring them the leading authority. In fact, it's probably another example of the cliché: 'It's not ability that counts, but availability'! (NB: that expression of affiliation may need very careful negotiation with your employer to avoid unintended consequences of anything deemed controversial.)

Radio

Radio is a great medium, and not only for those of us who are increasingly developing 'the face for

radio'! Because of the 7-38-55% rule, 55% of the communication (for me the troublesome part) has already been eliminated. It doesn't matter what you are wearing, you can have notes to hand or if at home have a CMF briefing up on the computer screen, you can sip coffee or water ad lib, and it's much easier to sit back, relax, and enjoy.

Radio is a conversation between two people – you and the presenter, or you and a member of the public on a phone-in. Forget the thousands, the tens or hundreds of thousands who are listening in. This is you in a one-to-one, and most doctors become pretty good at that sort of conversation...

TV

There is usually time for significant preparation for radio – time to search CMF's amazing website, or to phone the office for advice. I say 'usually' – I recently was woken just after seven by a BBC local radio station and without notice was on air three minutes later! But then I sometimes feel I do very familiar subjects on auto-pilot...

However, there is always significant preparation time for television, because they have to get you to a camera or get a camera to you. So, a guaranteed getting ready, but appearance (the 55%) becomes so much more significant. Media staff should give you advice about clothing. If they are filming you in a professional medical context they will know what they want; if in doubt, ask. Look like the sort of doctor you are. Sit or stand comfortably, and don't look at the camera(s) but maintain eye contact with the interviewer. The crew will take care of all the technicalities – stick with your role. As always, get that main message in, again and again if they are pre-recording soundbites, or very early if it's live.

Audit

Get family, friends and colleagues to listen/watch if possible, and get their feedback. Make sure you watch or listen to a recording yourself. Although you'll probably cringe at times, it's an important part of doing it better next time, and you are certain to see at least some of your prayers answered.

Media training

This short article can only touch on some aspects of the benefits and blessings of broadcasting. After I had media training long ago, I found that most of the fear went, and now I almost always enjoy what I do.

CMF has regularly run training sessions for members; I've had the privilege in the past of working with Christian media professionals to train some of you. With developments in digital technology, there are more and more requests for interviews, and CMF's own media department is able to do more and more, more and more easily.

As Christian doctors we have that uniquely privileged opportunity to get our message across. If you're asked, just say 'Yes'.

In retirement, Andrew Fergusson is a regular spokesman for the Care Not Killing Alliance.



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references

1. Albert Mehrabian, Emeritus Professor of Psychology, UCLA. en.wikipedia.org/wiki/Albert_Mehrabian
2. In a 2011 poll, 88% of adults across the United Kingdom say they trust doctors to tell the truth. bit.ly/10adg9c
3. Attributed to Joseph Stalin. bit.ly/1q2vW1N