

From fragmentation to de--fragmentation: a critical view about the role of public relations in healthcare

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Abstract: *Public relations (PR) in the healthcare domain can be defined as a disruptive force that contributes to the development of fragmented perceptions of health issues, disease prevention and treatment. This paper describes the so-called fragmentation of healthcare discourses and the role that PR plays in this process, with particular focus on diabetes as an exemplary case of information atomization. The paper also proposes the main principles guiding a de--fragmentation strategy, a kind of counter--practice that returns to the normative approach of PR as a mediation function between organizations' interests and public expectations.*

Key words: Public relations, health communication, healthcare discourses, pharmaceutical industry.

Public relations (PR) have been defined as a management function that mediates between organizations and society. The normative approach proposes that PR should be a bi--directorial symmetrical communication practice encouraging the dialogue between corporations and the public. According to this theory, the most important contribution of PR to the success of the organization would be to serve as the antenna that monitors the environment and enables the adjustment of the corporation strategy to the changing realities of the context (Grunig, Grunig and Dozier, 2006). This optimistic view proposes that PR would be the function securing the *coherence* between the corporate aims and the society expectations.

The real practice of PR is however in many cases disruptive. The role of PR in society can be also described as the promotion of particular interests that undermines societal consensus and common good. One of the objectives of this paper is to discuss a particular disruptive effect of PR that we call *fragmentation of discourses* in the healthcare industry. An additional objective of this paper, even if it may sound paradoxical, is to explore how PR can also contribute to the *de--fragmentation of public*

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discourses about healthcare promoting a more transparent and balanced debate on prevention strategies and treatment options. In some way, our proposal intends to reconstitute the *coherence principle* attached by the normative theory to PR offering a kind of counter--practice that will illuminate contradiction and open the door to more comprehensive views on health issues.

PR and the healthcare industry

The healthcare industry is living a defining moment. The need for more effective treatments for chronic and degenerative diseases such as diabetes and cancer, the pressing demands for vaccines to prevent global epidemics such as HIV--Aids and other emerging infectious diseases, and the debates about access to healthcare services and products both in the developed and the developing countries, are creating at the same time opportunities and challenges for the pharmaceutical and biomedical companies. Understanding and assessing these opportunities have been essential for the development of PR interventions in the healthcare industries.

However the environment is full of challenges for corporate actors. Social pressures are mounting to improve access to medications and medical technologies. Both in the developing and developed countries, the societies are claiming for more accessibility to new treatments and procedures in a context of increasing costs and financial pressures from the public and private sectors. Debates over the price of medications, the favoring of generic drugs, the expansion health insurance coverage and the health care needs of poorest countries are shaping the political agendas and focusing the pressure on the international R&D pharmaceutical companies.

Big pharmaceutical companies are having problems to keep--up with the research and development of new products. In some cases, bad judgment had killed supposedly promising products.

Recurring crisis related to product recalls and drug side effects are affecting the reputation of the pharmaceutical industry worldwide. Regulatory agencies are becoming more astringent to approve new products and demanding more post-marketing surveillance to the industry.

Product counterfeiting and informal distribution channels represent an increasing

threat to public health and to the reputation of some brands such as Viagra. The pharmaceutical industry has decided to deal with those issues with a low profile, favoring law enforcement interventions. Nevertheless, the increasing media reporting of counterfeiting medicines is affecting the confidence of the public and putting pressure on the governments to improve the control of medication piracy.

Governments are trying to control the marketing practices of the pharmaceutical industry in order to cope with the cost pressures of increasing prescriptions of what they consider non-essential medications. Ethical concerns are also motivating the medical establishment and scholars to question marketing strategies and ask for more self-regulation from doctors and professional associations in their relationships with pharmaceutical and medical devices companies.

The industry has responded to these challenges by multiplying its communication interventions, using particularly PR as a Direct to consumer (DTC) practice creating new consumption niches (i.e.: erectile dysfunction), expanding the unnecessary use of drugs (i.e.: depression), promoting the adoption of new medications hiding or minimizing their potential side effects (i.e.: Vioxx and Avandia cases) and sometimes corrupting the practice of medicine and clinical research (Sismondo, 2004). Therefore, it can be said that PR has played a central role in the diffusion of competitive views on diseases, treatments and diagnostics contributing to the fragmentation of discourses and perceptions.

Characterizing fragmentation

This multiplication of messages related to different aspects of illness and therapeutic options is a reflection of a trend of increased conflicting and contradictory views about health issues. It may be argued that this is in the nature of medicine and the science, where knowledge is always evolving. But we think that this multiplication of sources and point of views reveals a deeper social trend affecting public perceptions about illness and health, that certainly are influencing attitudes and behaviors regarding prevention, early detection and the demand for new diagnostic and treatment options. When the multiplication of sources and point of views reflects contradictory perspectives on early disease detection, risk management, diagnosis procedures and more effective

treatments, we call this phenomenon *fragmentation of the public discourses*.

Fragmentation is the expression of a fundamental contradiction between the forces of atomization and the forces of homogenization in the healthcare sector. The logic of fragmentation responds to the market dynamics that look for innovation, substitution, creation of value and increased demand. On the other hand, the logic of homogenization, mostly represented by governments and NGOs, puts the accent in low cost solutions (i.e.: generic drugs), access to products and service with less resources and more control of the market and the industry.

The fragmentation of healthcare discourses is primarily linked to the multiplication and leveraging of information sources. The Internet has made available to the general public a large set of sources about health issues, ranging from the truly scientific and balanced sites to a myriad of promotional sites disguised of “educational” initiatives.

Another symptom of fragmentation is the relativization of authority by a mechanism that dilutes expertise in the so-called “opinion leaders” who are often the creation of promotional programs. The “opinion leaders” become spokespersons of a variety of causes as a way to enhance the credibility of communication interventions.

Fragmentation is also the result of the repetition of crisis and perceived crisis due either to the emergence of “new epidemics” (the media amplified pandemics) or the actual side effects of treatments promoted by the pharmaceutical and medical technology industries.

Finally, there is the fragmentation of the topic. As we are going to explain later in this paper, one single disease becomes an *inflated subject* surrounded with contradictory views to explain its etiology (causes), the way to diagnose it and the best available treatments. We are going to illustrate this by focusing our attention in diabetes as a *communication battlefield*.

The diabetes case

The expansion of diabetes as a therapeutic domain illustrates the role of PR in the fragmentation process. Diabetes is a particular fertile field since it has a huge potential as a global market due to the epidemics proportions of this disease. There is also a growing dissatisfaction about the control of the disease, both in developed and developing

countries, opening the door to innovation for more convenient and effective treatments.

Let's consider first the definition of disease. Diabetes is, according to the discourse promoted by some pharmaceutical companies, a disease that should be treated at a very early stage, even at a "pre--diabetic" stage. The rationale of this discourse is both medical and commercial. Certainly a medical perspective will promote an early diagnostic for a better control and the prevention of later complications. The commercial logic will promote the emergence of a new market of pre--diabetic patients who need treatment by preaching the early use of a medication, even if the person is not "officially" diabetic.

The re--definition of diabetes according to some PR campaigns includes a larger set of diseases and conditions that will require a multi--medicated approach; it is called Metabolic Syndrome, the combination of diabetes, high cholesterol, high blood-pressure and obesity, particularly abdominal obesity. From a business point of view, Metabolic Syndrome means the perfect multi--prescribed patient--consumer who also represents the opportunity for the future development of a "magic bullet" drug to deal with all the conditions of the syndrome with "one pill" that can represent a high value from a business perspective.

PR has also contributed to the promotion of competitive views on how to treat diabetes. This dichotomy between oral drugs vs. insulin is another element of fragmentation leveraged by PR competitive communication strategies. The introduction of oral treatments to control glucose levels in the blood has offered a very appealing argument for patients and doctors that can be reduced to this claim: "Now you can control diabetes without the inconveniences of injectable insulin". This discourse has nourished some myths related to the insulin treatment (i.e.: "insulin has a toxic effect") and has served as an alibi to postpone the use of insulin leading in many cases to complications such as cardiovascular and kidney diseases.

The market dynamics however opened also the door to new insulin presentations (i.e.: long acting insulin such as Lantus) and promoted the development of Exubera, the inhaled insulin from Pfizer, that first appeared as a very promising product thanks to a well orchestrated PR campaign, but finally failed because of a poor technological design and lack of a truly competitive strategy.

The consequences of fragmentation

The consequences of the fragmentation of healthcare discourses promoted by PR interventions can be classified at the same time as normative and disruptive. From a normative view, one of the effects of the fragmentation is the democratization of the public debate on health policy, health economics and different therapeutic options. This consequence is in line with what has been described by Giddens (1991) as the expansion of the individual reflexivity that encompasses the notion of “healthcare rights”, the critic of public and private organizations, the growing ethical concerns and the increasing pressure for more institutional transparency.

However, the disruptive consequences might end by neutralizing the positive effects of fragmentation. First, fragmentation may also nourish higher public expectations about cures or solutions, creating a sentiment of overconfidence in the medical institution and the pharmaceutical and medical industries. Second, the multiplication of sources and the inflation of subjects can generate confusion and anxiety due to contradictory explanations and recommendations. Third, the never-ending cycle of health related information could promote demand and consumption of unnecessary or potentially dangerous medications.

There is one extra consequence that can be ranked as potentially normative and potentially disruptive. Fragmentation may contribute to the rise the public interest of so-called “alternative therapies”. This may lead to more options for patients and even more effective and less toxic treatments. But it is also evident that “alternative” could mean also “fraud” and “injury” disguises under a “New Age” mask.

The challenges of transparency

How can PR interventions counter the effects of discourse fragmentation? In what way the normative proposition stating that PR can facilitate a more comprehensive and coherent view on social, political and economical processes could be the foundation for de—fragmentation of corporate promotional discourses? The answer to these questions starts by replacing PR in the center of a mediation process between organizations and the society. We need to come back to the normative theory that defines PR as a bi-directional symmetrical communication process where all players (institutions,

communities and individuals) can participate and influence the objectives and outcomes of interventions (Grunig and Hunt, 1984).

The de--fragmentation counter-practice depends largely on the transparency of organizations. We understand that a transparency policy is both a strategic and an ethical choice. Transparency should be understood not only as the institutional openness when requested by media or the public, but as an active information disclosure that reveals all the details of the organizational decisions and procedures (Oliver, 2004).

One caveat is necessary though. Transparency may also have pragmatic effects going in the opposite direction of the balance and coherence aimed by a de--fragmentation strategy. Lord (2006, p.117) describes the dangers and promises of global transparency:

“The effects of transparency depend on what it reveals. That point seems obvious, but it is one frequently missed by a wide spectrum of scholars, analysts and politicians (...) the idea that transparency can solve a host of global problems is based largely on unspoken assumptions that transparency will illuminate cooperation, friendship, and support for democratic ideals and, when it does not, offenders will readily change their behaviors in shame. However (...) transparency will not always illuminate positive information or encourage desirable behavior”

This is especially relevant in health communications that are always at risk of becoming blurred by the opacity of manipulation techniques. Communications about health and diseases are embedded in power relationships very well described by Foucault (1966, 1968). The disciplinary aim of some institutional discourses produces a rhetoric that masks and manipulates knowledge and information. Additionally, a delicate balance between rationality (science) and irrationality (narrative, myths and metaphors) always pervades health related communications. The hypothetical transparency that sciences should secure to medical discourses becomes problematic by the opacity of emotions influencing public's perceptions and expectations about the prevention and treatment of diseases.

A recent public debate illustrates well the dangers of “total disclosure” promoted by the PR strategies presenting competitive and even contradictory views about a health topic. The controversy around the safety of Hormonal Replacement Therapy (HRT) and its connection with breast cancer is an exemplary case of the “double-sword” effect of

transparency in direct-to-consumer (DTC) communications. Thousands of articles and news pieces have circulated since the release of the results of the Women Health Initiative (WHI) in 2002 warning the public of the potential negative effects of HRT in menopausal women. After WHI, some studies have found a decrease in the prevalence of breast cancer following the reduction of the prescription of HRT preparations in the United States. As a consequence of these reports, many women have decided to stop having mammograms because they concluded – wrongly - that because they never used the hormone replacement they were not at risk of developing breast cancer (Gifford-Jones, 2007). In this case, total disclosure (transparency) has contributed to better inform the public of potential risks associated with a particular treatment, but also have induced some women to error with serious consequences for health promotion and early disease diagnostic, which is a key factor to improve survival in patients with breast cancer.

We enter here in the domain of interpretation, sense-making and communication pragmatics. The ethical consideration touches the practical dimension of communication processes that go well beyond an exchange of information. Health communication implies always some degree of appropriation of the public, and this appropriation of the information is not always rationally “filtered”. The women’s decision of not having a mammogram is not only the result of a rational interpretation – wrong interpretation, but in some way rational since it made a causality link between HRT and breast cancer – of the WHI and other studies. It is highly possible that other factors played a role in women’s decision: fear of passing the mammogram, the rejection of confronting the possibility of the disease, the “magical thinking” saying that not knowing is like not having the disease, among other psychological factors that influenced their behavior.

PR as de--fragmentation

A de--fragmentation strategy should try to reverse the effects of the growing atomized and contradictory views that circulate in society through healthcare discourses promoted by private and public organizations. In some way, de--fragmentation means a counter intuitive PR practice that will go against structural factors that blur transparency and push for a never--ending competitive cycles of information. Four types of interventions will contribute to the development of PR as a de--fragmentation function:

increasing interactivity between organizations and the public; illuminating contradiction as a heuristic tactic to navigate the complexity web of medical information; individualizing interventions in order to avoid generalization and respond to particular needs and realities; and promoting cautiousness defined primarily as a responsible use of information both by institutions and the public. Let's describe these four interventions:

1. Increasing interactivity. Interaction through mediated communications has become a real possibility thanks to Internet and other digital technologies. According to Rice (2001, p.28), interactivity is the cornerstone of new approaches in health promotion and prevention:

“(...) Interactive media can improve health promotion because of increased learning, information seeking, information processing, and individualized knowledge by current or potential patients or interested parties. Computer networks increase the potential of interactive systems by making available a wide variety of resources, participants, and applications through one system (...)”

Interactivity is one way to reduce the typical asymmetry between providers and “clients” in the healthcare marketplace. Improve interactivity means develop systems that can respond to public inquiries and facilitate the exchanges between organization and users by increasing also the transparency of communications.

2. Illuminating contradiction. This type of intervention looks to answer the following question: how to produce coherence in the middle of fragmentation and contradiction? The answer resides in interventions that can illuminate contradictions. A proactive communication approach should not hide the atomization of views, but on the contrary should provide guidance to uncover the contradictions in a critical and rational way. The big advantage of the Internet based platforms is that they can lead the public to a wide range of sources and perspectives. But PR should provide not only a technical solution. De--fragmentation means a fully understanding of contradictions and its consequences in prevention and treatment of diseases.

3. Individualizing interventions. This strategy refers to a foundational principle of

medicine: there are not illnesses but ill people. This is particularly relevant in a communication context where we are moving away from the mass paradigm and to the public paradigm. Individualization translates into more targeted information and more specific responses to particular needs and realities. Individualization starts with a basic question: who is the person with whom we are communicating? The answer of this question can certainly improve the efficacy of any PR intervention, but also should establish the limits to actions that might go against confidentiality and human dignity.

4. Promoting cautiousness. This strategy encompasses both institutions and the public. From the institutional point of view, the notion of cautiousness includes a set of duties linked to transparency and an ethical commitment in the management of information and the interaction with society. From the user perspective, cautiousness translates into a responsible approach in the use of the information available in the public domain. We understand that responsibility could not be only the consequence of organizational goodwill or individual conscience. Responsibilization should be the consequence of the permanent engagement of stakeholders, particularly communities and NGOs, exercising a kind of social control of the discourses circulating in the healthcare field. The principle of cautiousness should be accompanied with a set of norms regulating promotional practices and facilitating the access to information.

Conclusion

De-fragmenting healthcare discourses through PR interventions represents a return to a basic principle of the normative definition of Public Relations: the mediation function that can contribute to manage the contradictions between the organization's interests and the public expectations. PR can improve interaction in order to actively open healthcare organizations to the public, illuminate contradiction as a way to facilitate a better understanding of issues related to diseases prevention and treatment, adapt communication interventions to individual needs, and contribute to the development of more responsible institutions and consumers.

Nowadays, the communicational environment is changing dramatically. The digital platforms are expanding the scope and impact of the health related information.

The diffusion of science and medical innovations is now a global affair having consequences beyond the traditional national framework. PR then should take into account the variety of cultures and traditions and integrate a truly cosmopolitan perspective in the way it approaches the communication strategies.

This paper represents a starting point of a research program that will define more precisely the theoretical foundations of de--fragmentation as a PR function and study the practical implications of such a strategy in the context of public and private organizations. The movement towards more corporate transparency and accountability points to the same direction and demands a critical review of current principles and practices in the PR field.

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