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Ebola: A failure to communicate



A person wearing a haz-mat suit carries a wrapped object out of an ambulance into Emory University Hospital after an ebola patient was taken in for treatment last month in Atlanta. (AP Photo/David Goldman)

By Alan Blum, MD

Last week when yet another patient at the clinic declined to have a flu shot, I asked her, "If there were a vaccine for Ebola, would you want me to give it to you?" "Oh yes," she said, "I'd take that one for sure." I tried to explain to her that the flu presents a far greater risk of serious sickness and even death to her, to the community, and to the nation than does Ebola. She finally relented, but she is in the minority.

That Ebola has become the number one concern on the minds of voters shows not only ignorance but the shameless way in which those running for office have sought to fan the flames of hysteria. No one can deny that Ebola is a health crisis in several countries in West Africa, but in the US, where there have been a total of two cases of Ebola, it is almost entirely a crisis of communication. Panic has set in, as it has before with many other infectious diseases since I became a physician nearly forty years ago: Swine flu, Legionnaire's disease, toxic shock syndrome, AIDS, flesh-eating bacteria, methacillin resistant Staphylococcus, hanta virus, lassa fever, anthrax, West Nile virus, bird flu, SARS, all of which posed a challenge for health authorities but were containable. Although AIDS remains both widespread and incurable, we know how to reduce its prevalence and impact.

Taking Ebola seriously is an essential responsibility for all Americans. But it is also essential to remain calm. Why have we not? One reason has to do with the trend of how we acquire information. Having fallen for the illusion of real-time news available to us instantly via Twitter and other social media, the public has turned away from in-depth news coverage.

And we get what we pay for. In spite of their hard-earned credibility, traditional news media simply can no longer afford to employ full-time medical journalists. It's a vicious cycle. With few employment opportunities for such health communication specialists, university journalism departments and public health schools are simply not producing them. The result is that, to the best of my knowledge, there is no longer a single trained medical journalist in daily journalism in Alabama.

Medical schools, too, could be doing far more. Today's medical students and residents-in-training know little about the history of medicine--one can say they have not learned the lessons of history--which is both a shame and a danger. It could even be said that medical students in developing nations are better trained than US students to identify and address the vast majority of the world's infectious diseases (such as tuberculosis, malaria, cholera, hepatitis, and typhoid). I believe there should be a requirement for every US medical student to serve a couple of months in a developing nation.

By ceding communication to social media and the internet, physicians have diminished educational skills. Because their top priorities are economic, medical societies have missed an opportunity to become better educators and to help restore calm. Similarly,

hospital administrators are focused more on financial considerations than on educating the community about health. The relative handful of TV network medical reporters who are also doctors too often engage in hype more than help. The Surgeon General's once authoritative role has been muzzled and scripted by the White House ever since the outspoken Joycelyn Elders recommended masturbation as a way to curb teenage pregnancy and sexually transmitted disease. The CDC director has become another politicized position. And the new Ebola "czar" is a former White House staffer with no medical experience whatsoever

One solution would be for federal and state health agencies to regularly publish reports of the top health risks for individuals and for the population. In other words, at a given moment in time, what are the top 10 or 20 health risks one faces, and what are the odds of contracting each of them? The public simply doesn't understand the concept of risk--and might not want to hear it, since the leading causes of premature death are often preventable. Cigarette smoking, for instance, is the one entirely avoidable risk factor in five of the top six causes of death: heart disease, cancer, stroke, emphysema, and diabetes. Injuries, the fifth leading cause of death, are closely related to alcohol consumption and careless driving. Just two of the ten leading causes of death--pneumonia and sepsis (or blood poisoning) are caused by infections. And the chances of getting pneumonia can be dramatically reduced by getting flu and pneumonia vaccines and by not smoking.

Yet consider not just the growing number of religious sects in the US who encourage their members from getting vaccinated, but also the New Age parents in wealthy enclaves of Southern California and New York City, who, preventing their children from being vaccinated in the misguided belief that vaccines cause autism, have helped fan a resurgence of whooping cough and measles, both of which can be fatal.

When it comes to genuine epidemics or the misguided fear of false epidemics in the US, the more things change, the more they remain the same. As a society, we lack patience, knowledge, candor, and discipline. As Walt Kelly, creator of the comic strip Pogo, would say, "We have met the enemy, and he is us."

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