

## **Institute of Ideas Health Forum**

### **Session 1: Talking About Risk - Truth, Lies and Total Confusion**

#### **A write up by James Gledhill, Institute of Ideas**

In recent years the idea that we are living in a 'risk society' has taken root. Risk arguably provides the definitive framework through which contemporary social life is understood and managed. The concept now pervades the public consciousness, with the challenges society faces framed more and more in terms of the risks they pose. Risk is quantified, commodified and traded, passed on and pre-empted, in a complicated institutional dance involving the government, regulators, pressure groups and the media. The first session of the Institute of Ideas Health Forum therefore provided a timely opportunity to probe the challenges of talking about risks to health, in an attempt to move beyond the state of total confusion that can often result.

#### **The context of the debate**

The discussion touched upon a number of factors that have led to the concept of risk achieving such resonance. The fragmentation of contemporary societies has weakened the social glue once provided by traditional sources of authority. As one participant noted, modern forms of communicating risks to health replace a situation in which health advice was part and parcel of relationships with extended families and local communities.

A paradoxical situation now exists where by any broad measure people are healthier than they have ever been, but are increasingly preoccupied and anxious about their health. The luxury of worrying about these risks was argued to be a feature of an age of 'affordable abundance', which has replaced 'rationing by scarcity', but it seems as if an abundance of choice has failed to yield increased satisfaction. There was a general consensus that the current state of the debate was defined by the loss of public trust that accompanied the BSE crisis. This was felt to be a watershed, inaugurating a new politics of precaution that involves an attitude of defensiveness and an emphasis on rapid action and transparency.

#### **The role of the media and pressure groups**

The question was posed in the introduction about the threats to public health that would result if debates about risk become unmoored from reality. It was argued that there is a danger that important health messages will be drowned out amidst the constant barrage of scare stories and media panics. The media were felt to be responsible for many instances in which such stories take on a life of their own. A participant referred to a newspaper report about the putative benefits of Chinese herbal tea for the treatment of eczema in which journalists displayed a disinclination to allow the facts to stand in the way of a good story. Once a Pandora's box is opened, and unsubstantiated claims spread over the internet, they can become impossible to rebut. The actions of single-issue pressure groups were felt to contribute to this trend, amplifying risk messages and focussing on extreme worst-case scenarios.

A couple of contributors advocated the establishment of a rapid rebuttal group tasked with stamping on unsubstantiated claims before they have the opportunity to take hold of the public imagination. The frequent government response of setting up a scientific enquiry when concerns are raised was felt to be inadequate. As cases such as GM food and MMR have shown, the terms of the debate have often been irredeemably set before the findings are reported.

#### **Lies, damned lies and ...**

The danger of losing touch with reality was felt to be particularly acute where the reporting of statistics is concerned. Statistics easily become decontextualized and their veracity can be hard to establish. Scepticism was expressed about a number of statistical claims: that in

Britain one million have an eating disorder, a third of people have an allergy and 18 million suffer from a long-term health condition. It was emphasised that statistics on their own have little meaning. An analogy was drawn with government intelligence, which is a combination of information and interpretation.

An example was raised that clearly illustrated this point. Eighty five percent of those who have genital herpes don't display any symptoms, but they still have a highly infectious condition. Whether this provides cause for concern, and is something that people need warning about, or whether the risks should be played down for fear of spreading alarm, is a question of judgement and likely to provoke varying responses.

### **Psychology and risk**

A number of psychological factors that affect the perception of risk were discussed. These included a generally poor understanding of the distinction between absolute and relative risk and the different ways in which people respond to voluntary as opposed to involuntary risk. The importance of the way in which choices are framed has been found by researchers to be crucial to determining behaviour in the face of risk. For example, economists have found that whether risks are presented in terms of gains or losses is an important influence on people's risk-taking behaviour.

It was argued that education had an important role to play and that greater scientific literacy is required so that the public can properly understand risk. However, the point was raised that in the case of MMR it was better-educated parents who were most likely to question medical expertise and felt that medical advice was not aimed at 'people like them'.

### **Perception of risk in its social and political context**

Some scepticism was expressed about whether psychological explanations fully capture the current situation, particularly the shift in the public perceptions of risk that has occurred. Furthermore, it was felt by a number of participants that industry and government have to take their share of the responsibility. One contributor argued that a sense of insecurity on the part of societal elites is responsible for the government playing upon people's fears in an attempt to connect with an otherwise apathetic public and bolster their own legitimacy.

A certain amount of sympathy was expressed concerning the situation the government faces, where the government is often 'damned if they do and damned if they don't'. John Gummer may have been acting in all sincerity when he fed his daughter a hamburger in an attempt to play down fears over BSE, but a cynical public interpreted this as yet another sign of the depths to which opportunistic politicians will sink. However, Tony Blair met with criticism when he refused to reveal whether his child had received the MMR vaccination. Despite this, the prevailing attitude towards the actions of government bodies was critical. For example, in the scare over Sudan 1 dye in foods, the Food Standards Agency's private rush to have products removed from shelves undermined their public reassurances that the products were safe.

One participant emphasised that to fully grasp the problems at issue it was necessary to focus on institutions and the different institutional relationships that are involved in different cases. These differences are responsible for the fact that the public are receptive to some messages and not to others and that some panics take hold and others fade from view. It was further argued that there is not a single entity called 'the public', with no straightforward uniformity in the way that different people respond to stories of risk. Finally, another participant pointed towards an increasing tendency to interpret messages in an individualized way according to whether they strike a chord with a person's own value system.

### **The disparity between attitudes and behaviour**

The question was raised as to whether the majority of the public take warnings of risk to heart and act upon them. In an obvious sense people do not, since the volume of information is so vast that of necessity people selectively respond to the messages that they receive. Different risk messages can succeed one another in rapid succession, meaning that no single concern

becomes fully established. In general though, people seem quite satisfied with an underlying level of, an incompatibility between attitudes and behaviour. For example, when asked whether they self-examine in order to take preventative steps against breast cancer, a familiar response from women is that 'I don't but I know that I ought to'. And the tendency is for attitudes to change to accommodate behaviour.

Strict logical consistency in no way governs the way in which people perceive risks. One contribution involved the fact that although radiation from a mobile phone handset is far greater than that from a mobile phone mast, the public are loathe to give up the benefits of their mobile phones, but opposition to mobile phone masts is increasing. The pervasiveness of risk therefore takes the form of an underlying background to our lives. This comes to prominence in the phenomenon of the worried well, people who have no great health problems, but are convinced that they do.

### **The limits of risk messages: vernacular values and the choice to run risks**

In the introduction it was reported that predictions that increased public awareness of risks to health would lead to a tipping point. However, the anticipated marked improvement in health has not occurred. In many ways, it was argued, simply following a path of escalating rhetoric about risk could be counter-productive. The shock tactics of the 'heroin screws you up' campaign, for example, rebounded as the public information posters reappeared in teenage bedrooms as symbols of subversion and rebellion.

In many ways, the failure to adjust behaviour to conform with an underlying awareness of risk messages can be seen as a wholly reasonable response. People see that their everyday lives continue despite a constant stream of scare stories. There is therefore a tendency towards what might be called 'risk fatigue' and a consequent indifference in the face of the messages that people receive. There was felt to be a sense in which people draw upon a stock of common sense, or vernacular values, when interpreting risk messages, placing occasionally shrill warnings in the context of the reality of their everyday experience.

In addition, it was suggested that there quickly comes a point at which you simply have to respect the choice that individuals have taken to run risks and their personal responsibility for those decisions. As a number of contributors mentioned, individuals are often recalcitrant in the face of risk messages. As one participant put it, a focus on the condition of being endangered or 'at risk' obscures the way in which one may choose to run a risk in pursuit of a gain. There will always be a certain illicit pleasure in the experience of risk, which suggests that it will always be a feature of the human condition.

### **The displacement of other debates**

The view was expressed that a lot of discussions about risk aren't about risk at all. The concept of risk has become moralised and politicised. It carries with it an underlying social resonance that allows it to be used as a trump card and as the final word in a debate. For example, rather than arguing against a proposed new rubbish dump on aesthetic or even moral grounds, protestors are far more likely to argue that it presents a risk to health. As a result, the position becomes more difficult to challenge. Since the language of risk is now so dominant, an array of social problems are translated into these terms.

Another suggestion was that risk, and an individualised sense of being at risk, represents a new way in which people express disillusionment with the state of society. People's expressions of feeling at risk represent an imploded gesture of rebellion against aspects of the social order of which they disapprove. In particular, these include features of consumer capitalism that are experienced as a form of alienation from what is seen as a natural condition. Complementing this individualised sense of dislocation is a personalized form of protest in which, for example, purchasing organic food becomes representative of reclaiming personal control from corporate influence and restoring a connection with a sense of the natural and the local.

## **Adapting to or challenging perceptions?**

A key question which emerged from the session was the extent to which authorities should seek to adapt to the way in which the public perceives risk or whether they should rather seek to challenge the framework through which risk is understood. What the foregoing discussion perhaps indicated was that government talk of transparency and simply providing people with the facts may be disingenuous. The significance of the broader context within which facts are framed is crucial for interpreting and reinforcing the messages that people receive. There is also the danger of a downward spiral of pre-emption in which the authorities are continually adjusting to a heightening sense of anxiety, leading to increasingly extreme attempts at warning of risks. It was argued by one participant that the government abdicates its responsibility to provide political leadership if it does not attempt to break this vicious circle and simply adopts a reactive stance.

## **Conclusion**

The discussion emphasised the key significance of broad social and political factors in framing perceptions of risk and explaining shifts in these perceptions. One suggestion was that it might be possible to find a way of tapping into people's vernacular values as a way of avoiding more hysterical responses to health risks and that this was worthy of further consideration. Also, one view that emerged strongly was the need to 'manage expectations' and the danger that results from raising unrealistic expectations about the ability of eliminating risk. This can become self-undermining, since the complete regulation of risk would actually undermine trust, the act of placing trust in someone having an element of risk at its centre.

Other outcomes included a suggestion that it would be worthwhile collating contestable and over-inflated statistics in an attempt to hold organisations to account. Whilst individual instances alone would not be significant, compiling a range of evidence might be important in understanding and explaining the general trends. Finally, there was a suggestion that the precautionary principle has a negative side to it and that it would be worth pointing to the benefits that would be foregone by an excessively precautionary approach across a number of fields.

**Note: if you would like to contribute any thoughts to this discussion, please email them to [health@instituteofideas.com](mailto:health@instituteofideas.com) for posting on our web site.**

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