Media choice in nutrition education of general practitioners1,2

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ABSTRACT In the traditional model of communicating information, a general practitioner receives information from his or her teacher (when they choose to give it) and from print media (books and journals) and in turn can pass on the information didactically to patients (whether they asked for it or not). The arrival and development of new electronic media are changing the system and the possibilities. Patients now have access to more information independently (some of it correct, some misleading). GPs cannot trust their own solid body of knowledge any longer. They must become professional information seekers. New media will give opportunities for GPs to look for information by electronic means at the time that they need it, e.g. through on-line connections with databases or through use of CD-roms. The role of journals will change from simply providing detailed data; journals can concentrate on the questions behind the questions. Am J Clin Nutr 1997;65(suppl):2013S–5S.

KEY WORDS New electronic media, general practice, nutrition information, communication

INTRODUCTION

One of the most striking features of modern societies is the rise of new information technology. This greatly affects the activities of typical information-based organizations such as banks or universities that store, select, and transmit information. I analyze the future of the communication process between knowledge institutions active in nutrition, for instance, the Dutch Dairy Foundation on Nutrition and Health, and general practitioners (GPs). For these institutions also, new media will be an essential part of the media system in the future.

The term new media is an umbrella concept applying to all electronic media that are suited to store and make information available: (on-line) databases, CD-rom, CD-i, and the Internet. These media are the symbols for what is called the information society (1). The main consequence of these media is that they change the roles of senders and receivers in information processes. Traditionally, knowledge institutions sent their useful messages to knowledge users via media or directly, for instance, via the existing educational systems. The initiative for making communication possible, with an informed user as a desirable result, was on their site. Now, the initiative is gradually moving to the user. The key words are information on demand (2). No longer are answers distributed (looking for questions), but questions are answered, directly (on line) or indirectly (mediated by an intermediary, who is sitting near a telephone and is connected to a database).

For knowledge institutions that used to deliver information by distributing journals, booklets and so on, this idea of information on demand is important. It means that such institutions can stop many of their traditional information activities and move to another role: answering questions. Answering questions via information technology, mediated by an intermediary or not, has several advantages. The information is available at minimum costs, in every desired level of detail, as actual as can be wished, and at any moment. The quality of the contacts between a knowledge institution and users can be improved considerably.

For organizations involved in nutrition information this new phenomenon of information-on-demand is an opportunity to make their activities more effective. But it is also a development they are forced to accept.

To show the inevitability of this development I take into account other communication processes as well: the communication process between GPs and their patients (here called consumers) and the communication processes between consumers and 1) fellow consumers and 2) media, including the new media. My field of analysis is depicted in Figure 1.

NUTRITION INFORMATION AND THE CONSUMER

If consumers are asked which information sources are the best sources, the most credible sources, or the sources most often used for nutrition information, they give the highest rank most often to GPs (3). However, when interpreting these results, we have to consider the possibility that other sources are perhaps less apparent but nevertheless influential because of the frequency of the contacts and the way the nutrition problem is phrased. This question about the best source is trivial from a scientific point of view. It is mostly the combination of channels that counts, in different phases of the decision process. Therefore, many authors prefer a multichannel strategy (4). I refer to 1) the social networks of which consumers are members, 2) the media, and (in the future) 3) the new media.

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Eating is a social habit (5). This is perhaps one of the reasons discussions about nutrition are an important part of the public agenda. We love to talk about our meals. If people label their own nutrition behavior as problematic, family members and friends are often the first source to exchange ideas about the problem itself and possible solutions (6). I cannot dwell on the important consequences of these informal discussions in shaping a nutrition awareness of some kind. In this contribution, it is useful to stress the fact that because of the rise of the educational level of the population, these discussions are more adapted to the typical medical discourse. In other words, consumers can use these discussions in the consulting room of GPs. And they do. At least, they try to.

Mass media are offering consumers information about nutrition in various forms: advertisements, for instance, or through films, soap operas, or other programs in which a certain kind of nutrition behavior is shown. Information is also offered via special health programs. Consumers use information from these programs in their contacts with GPs, often to find, however, that GPs are not enthusiastic about these sources or what they say. Consumers also use this information in their informal contacts. In fact, this is where information distributed via the mass media is evaluated, approved or not. There it fits its meaning, as we know from the huge pile of books written about the effects of mass media (7).

In the future many people will exchange their experiences and ideas about nutrition in relation to their health via the new media (for example, bulletin boards and the Internet). The new media will greatly support the interaction in organized groups of patients. Dispersed fellow patients can talk with each other easily and also about their relationship with GPs and how to deal with medical professionals. Moreover, patients can use databases to become better informed. Both trends will influence the way patients enter a GPs’ examining room.

INTERACTION BETWEEN GPs AND CONSUMERS

Traditionally, communication between GPs and their patients stems from the so-called diagnosis-prescription model. GPs talk with patients to get the information they need for a diagnosis and for an adapted prescription. Sometimes they add motivational appeals in their talk to improve compliance. Sometimes they try to persuade people to change their behavior.

At this moment this model is at stake. GPs as well as certain groups of consumers are moving to an interaction model in which the diagnosis and the search for a solution is at least partly a joint affair (8). Patients can give their opinions about the causes of an illness, especially if these causes are affected by their own behavior or how they cope with certain conditions (in their relationships or in their working situation). Often patients have developed a lay explanation, out of discussions with family members or friends. These explanations have to be dealt with seriously, as a source of evidence in its own right. Knowledge from the media, also the new media, can be a part of these explanations.

Also, finding a solution for the illness that comes about is an activity in which both parties can take a responsibility. If consumers have to change their food habits they are the most experienced persons to know what is suited to their conditions and habits. Again, they can bring their knowledge from other sources about a solution, right or wrong, but always interesting to deal with. By the way, from the perspective of prevention it is important to deal with false beliefs. To convince people about social beliefs that are wrong is to influence a network, not only one single consumer.

The consequence of the new, emerging interaction model is that GPs cannot trust their own solid body of knowledge any longer. GPs are constantly provoked to react to new questions or beliefs that are brought in, derived from the media (from the television or a database) or from informal discussions (and often from both). Here, we see a strong need to get information from outside to stay ahead of the consumer and his or her expectations; here the new media come into play.

INFORMING GPs

According to the interaction model, which will be typical of many of the discussions between GPs and consumers, GPs are no longer the experts because they know so much. They are experts in a decision-making process in which they can use the available information in an efficient way within the domain of their profession. A GP is not a specialist.

To keep up with new and rising expectations, GPs must become professional information seekers; they can of course rely on information given by a dietician and in some cases this will be the best source of information available. But many GPs will try to get the most reliable information independently. The current system of journals, postgraduate training, and new books or booklets do not fulfill GPs’ information needs at a sufficient level. For instance, journals contain useful information but to retrieve information from a shelf filled with journals is to get involved in a costly information activity. There must be a more efficient way.

This way is offered by the new media. I shortly sketch out some possibilities. The first is the use of the telephone, by which the GP is connected to a nutrition expert who can handle many questions directly, most likely (in the near future) supported by a database. Of course, such an information source has to be there at all convenient moments.

The second possibility is an on-line connection with a database through which a GP can get all the information that is
needed in his or her situation quickly, at low information costs, and at every level of detail desired. The possibility can be considered that this system could be used within a discussion with a consumer. Therefore, the system has to be built in a special way to allow for quick contact with an answer. CD-roms are one medium that can be used in this way. The third possibility is a connection with an expert system through which a GP can deliver unique data and get a unique answer.

This whole system of consultation has to be developed. Much has already been done, but much is still open. There is a need for integration of different databases available in different places and a need for collaboration between knowledge institutions on nutrition to ensure that information is consistent. Financial problems also must be dealt with.

We can wonder what these developments mean for the old media: can they safely expire? Generally speaking, new media do not replace older ones but only some of their functions (9). For instance, the educational system has to be changed. Books, lectures, and so on have to be geared to the use of new media. Perhaps these new media can also influence the contacts between GPs or the consult with specialists, including dietitians, making some of the telephone calls that so often tend to disturb the daily routine of professionals superfluous.

An interesting subject is the changing position of journals. There is no longer a need to transfer all kinds of practical data to GPs via journals. These data can be offered more efficiently by new media. For this reason, journals have lost their function. Instead they can concentrate on the "questions behind the questions." They can give information about developments in science and medical technology, including research on trends in society that affect nutrition behavior and health, so that GPs can anticipate the questions that appear in their consultation room. Journals are important in the phase of orientation. Sometimes they can point at the possibilities of getting more information via new media or making contact via bulletin boards with other GPs who share the same interests. In that way new multimedia systems will develop.

CONCLUSION

The new media provide opportunities to get information about nutrition more efficiently and more effectively. Moreover, they are needed to cope with the new challenges that emerge from the changing relationship between GPs and customers, symbolized by the interaction model. The expectations of customers change under the influence of many societal trends, higher educational levels, the attention paid to nutrition by television and newspapers, and the use of new media by customers themselves.

It is not at all clear what will happen in the next decade. But things will inevitably change. Questions remain about the education of new GPs, or the postgraduate training of GPs who are already working. Are they prepared to act as professional information seekers? Questions also remain concerning the structure of the media system, the integration of sources, the responsibilities of different organizations, and financial issues. Last, we must rethink the functions of old media. Journals will lose their function of giving answers to existing questions but will be more important in their orientation function, indicating what will be the main questions in the future.

REFERENCES

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