



**U**NTIL RECENTLY, THE AUDIENCE WAS LIMITED for clinical trial readouts, regulatory medical filings, scientific-journal articles and such.

True, most topics always drew some interest from a subset of the scientific and medical communities, and a wider readership consumed the brilliant journalism of medical writers like Atul Gawande.

Still, the audience for medical and scientific information was a niche—a niche whose borders the pandemic blew wide open.

Overnight, medical information became the equivalent of hand sanitizer and toilet paper: People couldn't get enough of it. Ordinary people started talking about ventilators, pulse oximeters, herd immunity, zoonotic origins, gain-of-function research, aerial versus surface transmission, antigen tests versus PCR and mRNA vaccines. In newsrooms, every health desk—usually a supporting character—became the star of the newsroom.

COVID-19, the most severe public health crisis of the information age, has enhanced the power of health communications, for better and worse. Despite concerns about mass dissemination of information intended for experts, the practice likely will persist, because it satisfies the public's demand for instant answers and the media's demand for clicks, while bringing earlier attention to researchers.

**Why healthcare communications will never be the same.**  
By **RAUL DAMAS.**

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A pandemic requiring behavioral change has shown that communication is essential to global health. “The most powerful tool in the public health bag is communications,” *The New Yorker's* Gawande, a practicing surgeon, recently said.

A general public that's hungrier for medical information—and increasingly sophisticated enough to question it—offers challenges and opportunities.

We've already seen vaccine developers speaking directly to the public about their commitment to keep politics away from R&D. Other healthcare outfits are creating clever video and social media content describing how certain medicines work in the human body. This is a departure from the days—not long ago—when this type of information was found only in dense, jargon-laden publications. It turns out that healthcare information, when freed from its historically elitist constraints, can be highly effective.

Articulate experts recently have gained large audiences among the medically curious public. Amid the pandemic, Dr. Scott Gottlieb has become more famous commenting on COVID-19 than he was as America's FDA commissioner. Lloyd Minor, Dean of the Stanford University School of Medicine, has excelled at explaining on television and in print what is known and not known about COVID-19.

The “not known” part is crucial. A serious lesson to emerge from the pandemic is that the public, collectively, is too smart to fool. Early on in the pandemic, US government health officials asked the public not to buy masks, arguing that facial coverings wouldn't help slow spread of the virus. Their real concern was that the public would purchase and hoard PPE needed by healthcare workers. Had they told the truth from the outset, there might not have ensued so fierce a cultural war over wearing masks (which do offer some protection from COVID-19).

Public health communication requires patience and humility. “We'll follow the science,” seems like an eminently sensible thing to say when seeking to instill confidence in the public. But quickly it becomes clear that science isn't a destination. It's a journey, one with many turns, even reversals.

Government officials, when speaking on public health matters, should reassure the public that a science-based approach is being undertaken, but that absolute certainty is not possible. This will be uncomfortable for leaders accustomed to making lofty (and often unverifiable) claims, but it will preserve public trust in health pronouncements. Going forward, skilled communicators in business and government will continue playing a public health role once reserved for scientists and physicians. ♦