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Health communication ‘going public’: is scientific research consistent with lay knowledge dissemination?

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My research interests include the most recent trends in Health Communication. I am currently coordinating a research on Interdisciplinarity and Contamination in Health Communication, with particular attention to the analysis of new features in medical specialised discourse.
Health communication needs ‘expert knowledge’

“Science is an organized process aimed at extracting meaning from the tide of events that are offered to our experience. In science, there are no facts that are not sought, captured and interpreted through specific working hypotheses. *Non data sed capta* is a happy synthesis of the enterprise” (Villa 2016: 29).

“At the frontiers of science, there is always uncertainty, and to pretend otherwise would be foolish. What science does is to try to gather evidence to reduce the uncertainty, but this happens only gradually as data are gathered and hypotheses tested and discarded until some idea of the truth emerges. But even those “truths” can fall by the wayside in the face of new and contradictory evidence. The entire process is based on honesty, openness and transparency, in which the evidence is published for all to see and argue about. It is no coincidence that scientists are highly trusted” (Venki Ramakrishnan, President of the Royal Society, 2020)
“Democratic states earned their legitimacy in part by demonstrating that they knew how to ensure public welfare—securing frontiers, improving public health, guarding against economic misery, and creating opportunities for social mobility and betterment. For this they needed *science and expertise*. As industries multiplied, corporations grew, and governments extended their regulatory oversight, it became less and less thinkable that power could be exercised without recourse to *expert knowledge.*” (Jasanoff 2017, my italics)
The paradox of the ‘ignorant’ expert: the Covid-19 pandemic

«The exact origin of the virus is still unknown. Despite plenty of unscientific conspiracy theories, the most credible explanation relies on the emergence of SARS-COV-2 from the wild animal world, and bats appear to have played a key role as in many other emerging viral diseases affecting humans. The future appears uncertain at this stage. (...) the world is now uncertain and scared and people suddenly find themselves to be only a fragile element in the bigger framework of the world that humans were convinced they could completely dominate from the height of their knowledge and science». (Castelli 2020: 112)
Globally, as of 10:30am CEST, 28 June 2020, there have been 9,825,539 confirmed cases of COVID-19, including 495,388 deaths, reported to WHO.

https://covid19.who.int/
Making a comparison: non-scientific vs scientific infos


• Disseminating knowledge (via scientific boards’ and institutions’ websites): https://www.iss.it/coronavirus
On 11 February, the World Health Organization (WHO) announced that the **respiratory disease** caused by **2019-nCoV** had been officially named COVID-19 (Corona Virus Disease 2019).

The virus responsible for the COVID-19 cases, and **provisionally named 2019-nCoV** by international health authorities, was eventually classified and designated as **SARS-CoV-2** by the **Coronavirus Study Group (CSG)** of the International Committee on Taxonomy of Viruses. The CSG - which is responsible for developing the official classification of viruses and taxonomy of the **Coronaviridae family** - assessed the novelty of the human pathogen and, based on phylogeny, taxonomy and established practice, formally associated this virus with **Severe Acute Respiratory Syndrome coronaviruses** (SARS-CoVs), thus designating it as **Severe Acute Respiratory Syndrome coronavirus 2** (SARS-CoV-2).

What is coronavirus? It is called ‘**new coronavirus**’ because it is part of an already known family of seven viruses, a group that includes the **normal flu** but also the **SARS** that in 2003 caused another serious epidemic, or the **MERS** (spread in 2012 in the Middle East and not eradicated yet). The coronavirus group is so called because of its shape: it **looks like a crown** with thorns and involves breathing problems but not all equally serious, as SARS was more serious than the new coronavirus and MERS is more serious than SARS. Coronavirus that has affected more than 90 countries in a month (...) is the newest in the group, it has never been traced before and is **particularly infectious**; it is estimated that an infected person infects at least two other people (R0 from 2.7 to 3.5).
A linguistic, plurilingual, cross-cultural and intercultural approach to the description of the pandemic is especially complex, as it takes places at the intersection of three disparate contexts spreading all over the world:

• the lay (the research subjects, or the patients),
• the scientific (the researchers, or the practitioners),
• and the legal (the regulatory framework within which the research or the medical assistance takes place).
Parameters for analysing the non-scientific COVID-19 related text

1. Facts and events related to the pandemic
   1.1. Facts that are not events
   1.2. The events and their travel
      a) the emotional ‘crescendo’ in narrative
      b) scientific data in narratives
      c) related events
      d) reported events

2. New lexical items for new facts and events

3. Deontic vs epistemic modality
Parameters for analysing the scientific COVID-19 related text

1. Lexical links
2. Lexical collocations
3. Textual typology:
   3.1. the researcher(s) describe(s) the problem
   3.2. the researcher(s) discuss(es) a hypothesis
   3.3. the researcher(s) suggest(s) new behaviours/solutions
Scientific contributions to the debate: selection

- Scopus indexed
- Peer-reviewed contributions
- January 9 – February 15, 2020
- 9,534 contributions

**TEXTS SELECTION and ANALYSIS UNDER CONSTRUCTION**
(as for June 2020)
Non-scientific contributions to the debate (as for February 15th, 2020)

Search ‘coronavirus, COVID-19’

• The Sun (UK edition): 512 results
  https://www.thesun.co.uk/?s=coronavirus

• The Sun (US edition): 433 results
  https://www.thesun.com/?s=coronavirus

• The Times & the Sunday Times UK: https://www.thetimes.co.uk/: 32,350 results

• The Guardian (international edition): 40,700 results
  https://www.theguardian.com/international

• The Independent: 24,000 results
  https://www.independent.co.uk/

• Financial Times: 13,300 results
  https://www.ft.com/coronavirus

TEXTS SELECTION and ANALYSIS UNDER CONSTRUCTION (as for June 2020)
Health communication ‘going public’

Researchers and academicians must conduct high-quality studies, whereas communication experts must synthesize and summarize these bodies of evidence, often in the form of systematic reviews of comparative effectiveness (Greenhalgh et al. 2004).

Authors of evidence reviews typically present their findings in complex and technical jargon that must be then altered into simpler language and actionable steps that potential end users find easier to understand (Rabin et al. 2008).

Authors or organizations must disseminate such documents to those audiences; and, providers and others must incorporate the information into existing health care processes and systems to improve health (McCormack et al. 2013).
Distributing clinical specialized information to a public health audience

...via traditional or innovative communication channels ...in order to spread lay knowledge in the medical field.

There is urgent need “to readjust our perspectives on research outlets and communication for a world that needs our voices and even activism (based on research) more than ever” (Gasman 2016: 130),

While ensuring simplicity in dissemination, the researcher also has the duty to provide information scientifically proven and shared within the international scientific community.
Conclusions (tentative)

“A new order and equilibrium with nature has to be found if humans are to survive. This must be appreciated fully by everybody, particularly physicians and policy makers who bear the responsibility to re-orientate a new healthcare approach where curative focus is coupled with strong primary care preventative measures and equity at the global scale” (Castelli 2020: 111)
Future issues

• The role of scientific committees in disseminating knowledge through the media
• The linguistic, cross-cultural and interlinguistic competence in scientific knowledge dissemination
References


• Venki Ramakrishnan, Following the Science, retrieved at https://royalsociety.org/blog/2020/05/following-the-science/ (last version 28?706/2020)

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THANKS