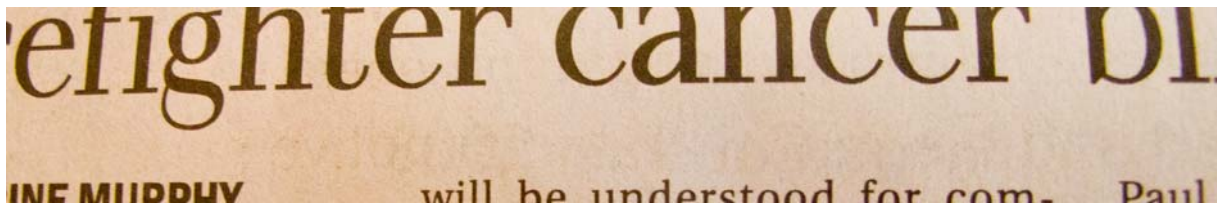


## *From the Kitchen*

10 August 2011



What we are led to believe can have long-term consequences. In the lead-up to the 2001 Australian Federal election, we were told that refugees on a boat had thrown their children overboard, in order to force the Government to take them in. This turned out to be false; but *that* information was withheld until after the election.

Many people voted on the basis of the misinformation. Did you?

At what stage did you change your belief about the events portrayed in the media? Maybe you didn't change what you believed. Whatever your belief at various stages of the unfolding saga, you would have acted on the basis of that belief. Yet you had no direct experience of the events.

When subsequent information is broadcast which puts doubt on earlier information, how do you decide which to believe? Does your ability to change depend on your religious beliefs or, maybe, on your political allegiances?

Are your beliefs malleable or do you have beliefs which are set in stone, no matter what new information is presented? Ogden Nash said: "The door of a bigoted mind opens outwards so that the only result of the pressure of facts upon it is to close it more snugly".

If the relative amount of space or time devoted in the media to certain topics is a reflection of people's interest in those topics, then health is important. It would appear that many people gain a large part of their information about health from the media.

How reliable is this information?

Is it unbiased? If not, who or what influences what is disseminated?

I would suggest that the popular media is not good at detail when it comes to information on health issues. It is more concerned with grabbing people's attention and with sensation. It is generally uncritical in what it publishes and will frequently take a single study on a subject as being the latest truth. There is little analysis of such a single study within the wider body of knowledge.

As a result, if you base your knowledge of what is good for you or bad for you on the popular media, you are likely to be ill-informed.

The popular media can also be the unwitting messenger for badly conducted science. One example is the widespread and concerted campaign some years ago to have us believe that eating cholesterol-rich foods is bad for us. For many people this translated into "I should not eat any fat".

The information was misleading at best, and for some people disastrous at worst. Only about 20% of the cholesterol you ingest ends up as cholesterol in the blood – most of the cholesterol in the blood is manufactured by the liver. In fact, if you reduce your fat intake, your liver may well produce more cholesterol than needed, to compensate. There are studies indicating that many of those who drastically reduced their fat intake compromised their health; they did not have enough fats in their system for their immune system to function

properly, for cell membranes to be maintained and repaired, or for their nervous system to remain healthy. Cholesterol is the precursor for the hormones the body makes, including our sex hormones. Reduced cholesterol may compromise hormone production and balance.

On the other side of the fence, the medical establishment holds on to a set of beliefs which are in part out-dated. To become a doctor, a person spends five to six years at university and then has to train for a year or two at a hospital, followed by two or more years training for general practice or another specialty. It is not surprising that such an investment of time brings with it a reluctance to believe anything not learned in those years.

Once one is a doctor, the hours spent with patients leaves little time or energy to inform oneself about developments in medicine. Even for those doctors who have the desire to stay up-to-date, the task is worse than daunting – the number of medical studies published each year is so vast that no *one* person could read them all, even if doing so full-time.

This means that a practising medico must rely on digested information – other people's interpretation and summary of what is important. And there is pressure on doctors to toe the line; this comes from such administrative/regulatory bodies as Medicare Australia, the National Health & Medical Research Council and the national medical registration board, as well as from the various medical colleges and medical associations.

So in one profession alone, it is made difficult for practitioners to believe outside what is accepted by the majority. And what is accepted by the majority can be as powerful and inflexible as dogma.