LETTERS TO EDITOR

MEDIA MANAGEMENT DURING DISASTERS MIGHT ALSO REQUIRE PROTECTING PATIENT PRIVACY AND RIGHTS

Sir,

Saxena and colleagues^[1] commenting on the article by Supe and Satoskar^[2] rightly point out the issue of media management being important at the times of disasters. However, I think an additional dimension needs to be highlighted while discussing 'dealing with the various forms of media at the time of disasters.' Overbearing media interest to present 'breaking news' could mean that there is pressure on hospital authorities to let the media have access to patients in wards, emergency rooms; to morgues; and take pictures or video footage of those who are injured or dead in the disasters; or get 'sound bites' from patients and their relatives. This often happens parallel to visits of politicians to hospitals post-disaster for meeting the patients and their families. Since there is frequently a competition between politicians for making visits, there is usually a continuous (and often over-bearing) presence of media personnel in the hospital area to cover the visits in the aftermath of disasters.

While the media plays an important role in providing information at the time of crises, like a disaster, it is also important to remember that patients and families of those admitted or who died as a result of disaster might be vulnerable as they have gone through a traumatic experience, might be in acute pain and distress and also in grief because of loss of loved ones, etc. Health care professionals and hospital administrators have an ethical duty to protect those in the hospital from media intrusions on their privacy and confidentiality, unless specific consent is given by the concerned patient and family for being willing to interact with the media. This issue has been highlighted as having been significant in the aftermath of the Asian tsunami in 2004 in an earlier paper.^[3] Responding to the medical and social needs of patients and families should be the first priority of the hospital staff; and numerous media visits can affect their ability to provide the best possible care in the strenuous and high-pressure post-disaster circumstances. The media can be given regular updates by a senior hospital administrator so as to keep the public informed. Understanding how to handle the media, and, if needed, how to curb media coverage in the hospital precincts when needed should be part of disaster-preparedness training for health care professionals. Unbiased and comprehensive media coverage is definitely a need of democratic societies, but this should not automatically translate to free access within hospitals, especially in times of disasters.

ANANT BHAN

Independent Researcher, Bioethics and Public Health, Pune, India

Correspondence: Dr. Anant Bhan, Flat 405, Building A-11, Planet Millennium, Aundh Camp, Pune - 411 027, Maharashtra, India. E-mail: anantbhan@gmail.com

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