

# Talking about the 'antibiotic apocalypse' is alarming, not persuasive

October 29 2019, by Dan Metcalfe

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How we talk publicly about an issue influences how likely people are to support or ignore it. With Reframing Resistance, we're using global research to develop effective ways to communicate about drug-resistant infections to inspire change.

Tackling [drug-resistant](#) infections is a huge challenge. While some action is being taken, we are a long way from breakthrough progress.

One way to increase the pace of action is to make sure that advocates are using the best available evidence to communicate effectively.

That's why we're launching Reframing Resistance.

## What framing is and why it matters

Framing means working out what approaches to communicating about an issue improve your chances of cutting through, and what approaches slow you down. Great framing work([opens in a new tab](#)) has been done on many social and [health issues](#), including climate change([opens in a new tab](#)), and we wanted to see if this held true for drug-resistant infections.

Our research showed early on that the status quo is confusing and disjointed for the public—multiple frames about drug-resistant infections are being used by communicators. Experts knew this was a

problem and wanted to use the most effective approaches. They just didn't know what they were.

Based on the research, we developed five evidence-based principles. When applied together, they are more likely to create communication which truly informs, motivates and persuades.

## **Five ways to 'reframe resistance'**

### **1. Lead with the idea of undermining modern medicine**

We tested dozens of frames and this was consistently the most compelling. Framing the issue as undermining [modern medicine](#) helps the public understand the breadth of the impact drug-resistant infections already have and could have in future. We saw people move from thinking of this as linked to one disease only, to understanding that it's a much more serious and relevant threat to medicine and the health of their loved ones.

### **2. Explain the fundamentals succinctly**

Most people we surveyed did not understand the issue, so simple, straightforward and non-technical explanations were popular. Very few people understood the terms microbe, antimicrobial resistance or AMR so, if you want to speed up comprehension, the report recommends others. At Wellcome, we've decided to use the term drug-resistant infections as our default (instead of antimicrobial resistance) because in most situations it makes more sense to more people.

### **3. Emphasise that this is a universal issue**

For the public to see drug-resistant infections as an issue that needs to be addressed, we need to make the case that it is a universal issue, and that anyone could be affected. Patient stories, like the ones from the resistance fighters campaign([opens in a new tab](#)), are fantastic in terms of boosting relevance and resonance.

#### **4. Focus on the here and now**

As a communicator, it's tempting to use the biggest numbers ('10 million deaths by 2050') and dramatic terms ('We are facing an antibiotic apocalypse') to garner attention. When we tested headlines about distant apocalypses they captured attention, but also generated significant cynicism and apathy. We need to make it clear that [drug-resistant infections](#) are currently having a significant impact—and that this impact will become increasingly severe.

For example, the headline "Cutting-edge cancer treatments failing as drug-resistant superbugs rise" is more impactful than "Superbugs set to kill 10 million by 2050 when antibiotics stop working".

#### **5. Encourage immediate action**

Our research found that we can boost the impact of communications by framing the issue as solvable. Clear calls to action inspire and motivate people much more than simply describing the problem.

We were surprised to see that these findings were consistent across seven very different countries and the principles have been designed to work flexibly in different contexts.

### **Methodology**

The research was based on:

- interviews with experts from 50 organisations
- media and social media analysis
- message testing with 12,000 people in Germany, India, Japan, Kenya, the UK, the U.S. and Thailand

As an experienced health campaigner I know that changing habits is hard, and that many eloquent advocates are attached to phrases and frames they have used for years. But, if the status quo isn't serving us well, it's time to go with the evidence.

If you're a communicator of any sort—a doctor or a farmer, a policymaker or a teacher, a patient or a journalist, an economist or a scientist—I hope you will begin to use the [resources we've created, including a practical toolkit and easy-to-use checklist.](#)

We're looking forward to seeing how the principles are put into practice. The team and I would love to hear from our fellow advocates and communicators. How are you using the findings? What other resources do you need? Let us know at [DrugResistantInfections@wellcome.ac.uk](mailto:DrugResistantInfections@wellcome.ac.uk).

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