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Volume 2
Health Experts in the Media

*Between
Legitimacy and Controversy*

Edited by
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coordinated by
Laurence Corroy and Christelle Chauzal-Larguier

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construction sociale d'un problème public médiatisé (2000-2020)", in the journal *Sur le journalisme*, Volume 11, no. 2, 2022. He has also published in the journal *Politiques de Communication*, "*Durer dans le champ médiatique. La carrière d'Alain Duhamel*", Volume 13, no. 2, 2019, which drew on his master's thesis on the sociology of journalism (Sciences Po Lille).

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Notes

- 1 Chauzal-Larguier, C. and Rouquette, S. (2018). *La solidarité, une affaire d'entreprise ?* Presses universitaires Blaise-Pascal, Clermont-Ferrand.

Preface

For a long time, expertise has primarily been used by policy makers. They have made use of expertise to provide a “rational” basis for policy decisions. To this end, public health policies are no exception. The relationship between health authorities, as the holders of knowledge-based expertise, and the State, as the centralized power, has long been imbued with it, maintaining its ambiguous nature ([Tabuteau 2010](#)). In recent decades, the practice of consulting experts has become more widespread, and “the challenge of expertise is all the more problematic given that the term has become more used and widespread and that times have transformed the learned and professional institutions that gave the expert their title in the 18th and (especially) 19th centuries” ([Berrebi-Hoffmann and Lallement 2009](#), p. 6). It is no longer solely public authorities or academic circles that lay claim to the figure of the expert; now, experts are widely consulted by the media, for the purpose of informing the public and making expertise publically available, which has sparked debate over the content of “expert” knowledge, and the role and place of these experts ([Collins and Evans 2007](#)). The practice of consulting experts “whose research focus is conditioned by the imperatives of action and reform” ([Delmas 2011](#), p. 16) is thus aimed at new objectives.

The term “expert”, deriving from the Latin *expertus*, means “one who has proven themselves”. According to the *Dictionnaire de l’Académie* (1687), in the 17th century, an expert was defined as “well-versed in/adept at some art that can be learned by experience”, such as surgery. At the same time, Richelet’s dictionary defined an expert as a “savant, adept and accomplished in something;

experienced”. This two-pronged meaning was more explicitly divided in the 19th century, as evident in *Littré* (1863): on the one hand, the expert refers to an individual “who has, through experience, acquired great skill in a profession” and, on the other, one “who, having acquired knowledge of certain things, is appointed to verify and decide on them”. In the field of health, a distinction is made between expert appraisals, such as psychiatric appraisals, carried out by doctors, and psychological appraisals carried out by health professionals or medical specialists who are not doctors in a variety of circumstances (e.g. personal follow-up of the patient, legal cases, administrative litigation, etc.).

The expert and their expertise are the subject of increasing attention in academic research, giving rise to an abundance of publications. Researchers from various disciplinary fields have sought to gain a better understanding of expertise and have drawn on different approaches to develop methods of analysis, such as psychology and its individual approach, sociology opting for a more contextualized approach, or management sciences and their organizational angle. In information and communication sciences, researchers seek to understand the communicational, political and heuristic dynamics of the practice of consulting of experts, particularly by the media. Today, society’s many developments in the field of health and communication are renewing interest in experts and the questions they arouse. This book sets out to examine in detail the widespread use of experts, who are positioned as informants, authority figures or interpreters of current events ([Campion and Van Wynsberge 2017](#)), by journalists, their presence in traditional and digital media and the pliable definition of expertise, among other issues.

The media coverage of health experts’ words highlights the difficulty recipients have in assessing legitimacy and the

trust that can be placed in them. There is an element of vagueness and ambivalence in the notion of expertise as it is conceptualized by the media that needs to be investigated further. This can be seen in examples of experts' (sometimes conflicting) opinions on recurring topics in public health – health crises, vaccinations, end of life care, chronic care pathways – as well as well-being-related matters and factors (sexuality, nutrition, environment, etc.) for a healthy life. The proliferation of the media, news channels and digital offerings, while at the same time the increase in life expectancy – which has doubled in the space of a century – poses new medical challenges, has led to a growing demand for expert advice, which in recent years has become increasingly complex and protean.

The very identity of the expert called upon to deal with medical issues is not self-evident, since real-life experience, scholarly knowledge or media coverage seem to justify their presence, depending on the case. Who qualifies as a health expert?

The complex figure of the health expert

The figure of the health expert, as consulted by the media, is neither subject to the same standards of transparency, nor required to meet the same criteria of competence as when they are consulted by policy makers ([Joly 1999](#); [Bérard and Crespin 2010](#)). As such, the aim of this book is to study the health expert in the media in order to understand the complexity of their role, question their legitimacy and to better understand the controversies they can provoke. Generally speaking, legitimacy can be defined as a “generalized perception or supposition that an entity’s actions are desirable, and appropriate within a socially-

constructed system of norms, values, beliefs and meanings” ([Suchman 1995](#), p. 574).

A person with a particular kind of institutionally recognized (and therefore legitimate) expertise may be presented as an expert in a completely different context. Today, the expert has many facets, adaptable or even shaped to suit the context, and can in turn take on “the features of the consultant proposing reforms”, don “the clothes of the evaluator and auditor”, propose indicators and assume “the role of the scientist” analyzing the risks incurred by the population ([Berrebi-Hoffmann and Lallement 2009](#), p. 6). This can fuel mistrust or suspicion of manipulation of opinions¹, but it can also influence and, in some cases, overturn the relationship between the media and “experts”. While the intent here is not necessarily to sway public opinion, the tendency to call on experts for matters that fall outside of their recognized field of expertise has led to the spread of a buzzword that has become fashionable since the Covid-19 pandemic: ultracrepidarianism, which involves giving our opinion on subjects despite lacking the competence to do so ([Villain 2021](#)). In academia, where research fields are becoming increasingly specific, this sudden interdisciplinarity vis-à-vis expertise may seem strange:

Today, expertise is at the heart of public debate; it is at the heart of controversies that touch on broad social challenges connected to scientific, technical, and ethical issues. ([Dumoulin 2013](#), p. 717)

Influencers who endorse products in the name of health expertise, despite being paid to do so by brands, are yet another example of this phenomenon.

It is worth considering how journalists go about consulting experts and the strategies they use. Major public health issues and successive health contexts have seen the

multiplication of various, contradictory expert voices, summoned in contracted times (health crises linked to food, meteorological phenomena, an epidemic or a pandemic, exposure to a contaminating element, etc.), which may constitute an additional difficulty for journalists, particularly in terms of ethics. Indeed, these choices have the potential to influence the way in which a major public health problem can become a public health problem. Yet, it remains unclear whether these strategies are profoundly different from those generally used by the press, and what verification tools journalists mobilize on this occasion (Bigot 2017). The processing of scientific news, its hierarchization, the ways in which journalists mobilize enunciative procedures to get researchers and doctors to talk, as well as the way in which the words of experts are requested, presented and used, are all pressing issues.

Journalists specialized in the field of healthcare journalism have been able to claim, or they have been granted, the qualification of health expert, and in this capacity they have worked as consultants on TV or in other media, which have not explained the career trajectory and prior training of these journalists ([Comby 2009](#)). In such cases, would the term “consultant” not be more accurate than “expert” to describe journalists of this profile? On the other hand, a small number of doctors and researchers are regularly invited to take on the role of columnists or even TV directors. For Gérald Kierzek, an emergency doctor who is used to appearing on television:

[D]octors on television have the necessary legitimacy, acquired beyond their title, through their practice. This proximity to care and patients seems to be an important condition for a discourse that makes sense and is connected to the field. It is also a rare but interesting career move for practitioners locked into rigid and unattractive curricula, whether in hospital or the private sector, or quite simply a breath of fresh air for more occasional appearances that allow them to showcase their work or research. ([Kierzek 2023](#))

The boundary between health journalists and medical journalists is becoming porous, and the presentation of each other's legitimacy as health experts is not universally accepted and recognized.

While the media offers an ever-expanding space for expression, including everyone's personal opinion on a health topic, which can be easily and widely shared online, this does not make everyone an expert and their opinions real expertise ([Prior 2003](#)) - a term that is now widely "overused" ([Bernard 2022](#)). Nevertheless, new forms of expertise are emerging, particularly on the Internet.

Forms of expertise in healthcare

According to [Grimaldi \(2010, p. 92\)](#), "[t]he scientific expert is not only a scientist, but also an experienced person who has mastered the multiple facets of their field of expertise, is aware of their limits, and is able to call on complementary expertise". Alongside doctors and professional carers, a wide variety of non-professional stakeholders involved in healthcare processes are now taking the floor. Whether they are peer caregivers, expert caregivers, expert patients, expert users, etc., their place is growing within healthcare establishments, where they are recognized as a form of expertise. The "expert patient"

([Shaw and Baker 2004](#); [Lindsay and Vrijhoef 2009](#)) and, more recently, other lay experts, such as non-professional caregivers, are the focus of increasing attention in scientific research, although the bounds of their expertise remain largely unexplored.

Other types of actors – such as influencers, associations, groups of patients or relatives, road accident victims, victims of industrial accidents, etc. – also hold a form of healthcare expertise, and can act as whistleblowers by helping to mobilize public opinion and generate media coverage of a health cause, which can in turn lead the State to better consider, or even recognize, urgent social issues (e.g. occupational illness, drug poisoning, prevention, etc.).

However, the media coverage of complementary expertise remains confidential, and the role played by doctors is no stranger to this, as “the change from a paternalistic to a deliberative model modifies the status of the doctor and leads to resistance on their part, consciously or unconsciously, to these changes and to the changes they imply (notably in their own behaviors) in order to preserve the asymmetry of knowledge, the basis of their power” ([Boudier et al. 2012](#)). In other words, doctors, or more generally professional caregivers, are reluctant to share their healthcare expertise in the media. Could this stem from a fear of seeing their power and authority, and therefore their legitimacy, compromised in a Weberian sense?

As someone with scientific knowledge, a doctor is recognized as legitimate and legitimized in making decisions concerning the best course of treatment for a given patient². However, their expert judgment cannot be considered absolute. Although some doctors have become accustomed to the exercise of communication in the media (such as Professor Salomon and Professor Raoult), this

expertise is shaken up, even contested and, in certain ultimate cases, challenged, as recent examples relating to vaccination or the treatment of certain cancers can attest, reinforcing the conception of Habermasian legitimacy according to which the latter arises as the result “of general deliberation” ([Habermas 1973](#), p. 180). The risk taken by legitimate experts in the media is all the greater as their field of expertise is expanded and fragmented on the Internet, and any form of discourse can be commented on and directly challenged.

Traditional and digital media also serve as a sounding board for patients and their families, who have developed a form of expertise through their own experiences of health conditions. This expertise, of a different nature, is described as “lay” and often recognized as complementary to “academic” expertise ([Massé 2012](#)). Research has highlighted the necessary coexistence of the two ([McClean and Shaw 2005](#)), but this supposes that the context of coexistence leaves a clear field of expression to each. An acceptable definition would include people with no academic training in the area of health about which they are expressing themselves ([Salman and Topçu 2015](#)). For [Barbaras \(1998\)](#), knowledge gained through experience cannot be generalized given the contextual specificities in which it was acquired, thus echoing Popper’s (1991) distinction between knowledge specific to each individual and acquired through personal experience, and scientific knowledge that is recognized by the community, shared by a collective and transmissible as is, extending beyond the individual.

The “lay” expert holds what is generally referred to as experiential knowledge of their own situation ([Simon et al. 2020](#)), just like the “experienced consumer” ([Leveratto 2021](#)) or the “ordinary public” who develops a particular appetite ([Rouquette 2021](#)). The concept of experiential