Araştırma Makalesi / Research Article

Riskler ve Gerçekler: Doktor Perspektifinden Medyatik Tıp Söyleminin Niteliksel Bir İncelemesi[1]

Risks and Realities: A Qualitative Examination of Mediatic Medical Discourse from the Physician Perspective

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Öz

Tıp bilimi, alanda baskın hale gelen "görmek bilmektir, bilmek tedavi etmektir" ilkesini benimsemiştir. Bu ilke, hekimlere belirli bir güç ve kontrol rolü bahşetmiştir. Hekimlerin tıbbi görüşleri bu güçten beslenirken, medya platformlarındaki izleyici ve kullanıcı sayısının artması da bu görüşlerin daha geniş kitlelere yayılmasını kolaylaştırmıştır. Hekimlerle nitel görüşmeler, "medyatik tıbbi söylem" bağlamında hekimlerin zihninde uyandırılan değişkenleri belirlemeyi amaçlayan tanımlayıcı bir araştırma tasarımı kullanılarak gerçekleştirilmiştir. Çalışma, Giorgi (2005) tarafından geliştirilen nitel araştırma yöntemleri ve uygulanan tanımlayıcı fenomenolojik yöntem analizi kullanılarak yürütülmüş ve 16 uzman hekimle görüşmeler yapılmıştır. Çalışmanın sonuçları, medyatik tıbbi söylemle ilgili birkaç temel temayı ortaya koymaktadır. Bunlar arasında medyadaki tıbbi söylemin türleri ve yaygın etkisi ile medyadaki tıbbi söylemin doğası ve popülaritesi yer almaktadır. Çalışma ayrıca medya doktorlarının rollerini ve niteliklerini, faaliyetlerini, farklı grupları tasvirlerini ve katılımlarının hem olumlu hem de olumsuz yönlerini vurgulamaktadır. Bulgular ayrıca doktorların medyayla etkileşiminin ardındaki motivasyonları, kişisel çıkarlara odaklanmalarını, ekonomik kazanımları ve neoliberal politikaların rolleri üzerindeki etkilerini araştırmaktadır. Yüzyıllarca süren klinik deneyler ve gözlemlerle şekillenen tıp alanının gelişen manzarası, sağlık, bilgi yayılımı ve toplumsal tartışmalar arasındaki karmaşık ilişkiyi vurgulamaktadır. Çeşitli medya kanallarında tıbbi içeriğin yaygınlaşmasıyla birlikte, sağlık iletişiminin nüanslı doğası giderek daha belirgin hale gelmiştir. Yine de, bu bilgi zenginliğinin ortasında kamu tüketimiyle ilişkili içsel riskler yatmaktadır ve paylaşılan tıbbi bilgilerin bütünlüğünü ve doğruluğunu sağlamak için doktorlardan, medya kuruluşlarından ve düzenleyici kurumlardan kolektif bir çaba gerektirmektedir. Bu nedenle, paydaşlar dijital çağda sağlık iletişiminin karmaşık alanında gezinmek için bilimsel titizliği, etik standartları ve yasal çerçeveleri desteklemelidir.

Anahtar Kelimeler: *Medyatik tıbbi söylem, nitel araştırma yöntemleri, tanımlayıcı fenomenoloji, doktorlar, sağlık iletişimi.*

Abstract

Medical science has adopted the principle of "seeing is knowing, knowing is treating", which has become dominant in the field. This principle has endowed physicians with a certain power and control role. While physicians' medical opinions are fed by this power, the increase in the number of viewers and users on media platforms has facilitated the dissemination of these opinions to wider audiences. Qualitative interviews with physicians were conducted using a descriptive research design aiming to identify the variables evoked in the minds of physicians in the context of "mediated medical discourse". The study was conducted using qualitative research methods developed by Giorgi (2005) and applied descriptive phenomenological method analysis and interviews were conducted with 16 specialized physicians. The results of the study reveal several key themes related to

mediated medical discourse. These include the types and pervasive influence of medical discourse in the media and the nature and popularity of medical discourse in the media. The study also highlights the roles and qualifications of media doctors, their activities, their portrayal of different groups, and both positive and negative aspects of their involvement. The findings also explore the motivations behind doctors' interaction with the media, their focus on self-interest, economic gains and the impact of neoliberal policies on their role. The evolving landscape of medicine, shaped by centuries of clinical experimentation and observation, highlights the complex relationship between health, information dissemination and social debates. With the proliferation of medical content across various media channels, the nuanced nature of health communication has become increasingly apparent. Yet, amidst this wealth of information lie inherent risks associated with public consumption, requiring a collective effort from doctors, media outlets and regulatory bodies to ensure the integrity and accuracy of shared medical information. Therefore, stakeholders must uphold scientific rigor, ethical standards and legal frameworks to navigate the complex space of health communication in the digital age.

Keywords: *Mediated medical discourse, qualitative research methods, descriptive phenomenology, doctors, health communication.*

1. INTRODUCTION

In exploring how physicians interpret and navigate mediatic representations of medical knowledge, one of the foundational frameworks under scrutiny is the medical model, also known as the biomedical model. Rooted in the epistemological shift of the Enlightenment, this model conceptualizes the human body through a lens of physical reductionism, separating it from spiritual or metaphysical dimensions. Physicians adopting this perspective came to view the body as a mechanical system-composed of levers, gears, and pulleys-allowing medical knowledge to be codified and institutionalized within a scientific framework (Porter and Vigarello, 2008).

In the history of Western science, biology and medicine have advanced in close coordination, shaping perspectives on health and disease through the mechanistic worldview dominant in biology. Within scientific medicine, the dissection of the human body—rooted in Cartesian philosophy—led to its conceptualization as a machine that could be disassembled and repaired. This mechanistic view consequently assigned physicians the role of repairing the "malfunctioning machine" (Capra, 1992). The medical, or biomedical, model has long been grounded in the scientific notions of "reality" and "truth." This positivist paradigm continues to influence many branches of science today. Another core assumption of the medical model is reductionism, which posits that all phenomena can be understood by reducing them to chemical, cellular, and physiological processes. It is well-documented that the medical profession largely adheres to this perspective in contemporary practice (Forshaw & Pennington, 2003).

Dominant ideologies are disseminated through various mass media platforms across domains such as politics, health, and economics, thereby transmitting key messages to society (Tosyalı & Sütçü, 2016). Health-related media content can have both direct and indirect effects on public health. Therefore, health-themed television programs, dramas, news reports, and social media accounts operated by medical professionals require careful oversight. Mass media holds the capacity to shape both societal norms and political agendas. Under the influence of consumer culture and capitalism, the media functions as an authoritative structure capable of guiding individual behavior.

The influence of media and medical discourse stems from the reductionist perspective of modern medicine, which fragments the human body into parts to construct the medical model (Turner & Tatlıcan, 2011). According to Bozok (2011), popular health discourses represent an expanding field shaped by experts who focus on individuals' lifestyles, routines, and moral responsibilities. These discourses—particularly centered on individualism and risk management—impact various aspects of life due to the increasingly blurred boundaries between health and illness. As Foucault (2008) suggests, these discourses regulate not only health but other domains as well, objectifying the body and reinforcing the necessity of health

within the framework of biopower (Baştürk, 2017). These discourses not only structure knowledge but also translate thought into action (Timurturkan, 2013). In the contemporary context, biopower serves capitalism by transforming the body into a commodity (Kalan, 2014). This dynamic, reinforced by popular discourses, constructs a mechanism of control over individuals and contributes to the commodification of the body. Representations of youth, slimness, dieting, and gender shape the body, which is increasingly surrounded by narratives of desire (Baudrillard, 2008).

Medicine, bolstered by its successes, has solidified its commitment to the principle of the medical model: "what is visible is known, and what is known is treated," thereby maintaining its epistemic authority. This perspective has particularly empowered media physicians, positioning them as gatekeepers in shaping public perceptions of medical knowledge. While medical discourse draws strength from this power, the growing number of users and viewers on media platforms has facilitated physicians' engagement with the public. These physicians articulate medical discourses -rooted in the biomedical model- through various media outlets. However, such discourses must be carefully scrutinized due to the potential risks associated with their presentation under the influence of populism and capitalism.

This study examines the medical model, scientific knowledge, and the commodified health matrix, recognizing that health cannot be evaluated purely objectively and is deeply embedded within social structures. Employing a descriptive phenomenological research design, this study aims to explore how physicians perceive and interpret mediatic medical discourse. A secondary aim is to analyze the interplay between medical discourse and media-driven medical practice at the intersection of health and media.

2. METHODS
2.1. Design and Setting

In this study, medical discourses in the media were examined, emphasizing the importance of evaluating them by specialized healthcare professionals. Interviews were conducted with actively practicing physicians.

This study employed a qualitative research method to delve into "mediatic medical discourses", aiming to present rich and well-structured data beyond quantitative measures. A phenomenological design, using in-depth interviewing techniques, was preferred, focusing on participant experiences through descriptive phenomenology and bracketing techniques (Creswell and Poth, 2016). Qualitative interviews with physicians followed a descriptive research design to identify variables evoked in their minds within the context of "mediatic medical discourse".

2.2. Participants

Interviews were held by selecting physicians within the framework of certain criteria, using the purposeful sampling method (Polit and Beck, 2012; Cook, 2020). These are; having a medical specialization degree, a minimum of five years of experience, and currently practicing.

In light of the COVID-19 pandemic, interviews were conducted with 16 physicians residing in Isparta, including one pilot interview, either in person or online, based on the participants' preferences. The interviews were terminated when the data obtained as a result of the interviews reached saturation.

2.3. Data Collection

Before conducting the research, research questions were created by extensively scanning the literature, and three different experts evaluated these questions before the final version was formed.

The phenomenological research design typically involves semi-structured interviews, requiring recordings of these interviews with participants, followed by data analysis (Sanders, 1982).

Semi-structured in-depth interviews were conducted with physicians. Of the 16 physicians interviewed within the scope of the research, 6 were women and 10 were men. Interviews commenced in May 2020 and concluded in October 2020, with a hiatus in August due to worsening pandemic conditions. The interviews were held in locations chosen by the participants, and the average duration of each interview was approximately 40 minutes. Under the research objectives, responses to five questions were sought. These questions were:

- What comes to mind when mediatic medical discourse is mentioned?
- What comes to mind when media physicians are mentioned?
- In your opinion, for what purposes do physicians appear in the media?
- For what reasons does the public take into account the statements of physicians in the media?
- What are the benefits to the public of physicians participating in medical discourses in the media?
- What kinds of risks do physicians' participation in medical discourses in the media pose to the public?

2.4. Data Analysis

The interviews with 16 participants were analog transcribed and 775 minutes of audio recording were recorded. Data analysis utilized Giorgi's (2015) descriptive phenomenological method, ensuring an impartial focus on individuals' experiences. Five steps of descriptive phenomenological analysis were applied after phenomenological reduction; first, the researcher reads the transcripts comprehensively to grasp their integrity before continuing; they then return to the beginning of the transcript and mark sections using the bracketing technique to identify units of analysis; They then transform the data into expressions that directly reveal the psychological meaning of participants' statements; finally, this structure is used to clarify and interpret raw data through coding (Giorgi, 2005). MAXQDA 20 Pro Analytics Program facilitated data input, management, analysis, and visualization (Glesne, 2015).

2.5. Ethics Committee Approval

Ethical rules have been followed in the preparation of the conceptual framework of this research, the application of data collection tools, data collection, data analysis and interpretation. ANKAD Editorial Board has no responsibility for any ethical violations to be encountered. All responsibility belongs to the authors. I undertake that this study has not been sent to any academic publication environment other than ANKAD for evaluation. In this study, all the rules specified to be followed within the scope of "Higher Education Institutions Scientific Research and Publication Ethics Directive" have been followed. None of the actions specified under the second section of the Directive, "Actions Contrary to Scientific Research and Publication Ethics", have been carried out. The ethics committee approval of this article was obtained at Suleyman Demirel University on 24.06.2020 with the number and meeting number 43/3.

3. RESULTS

The study involved interviews with 16 medical professionals from a variety of specialties. Their ages ranged from 24 to 48 years, with a mean age of 33.8 ± 8.29 years. The majority were male (66.7%). On average, they had been practicing for 9.67 ± 6.37 years (Table 1).

Table 1. Information on Participants' Profession, Experience, and Interview Duration

No	Working Experience	Profession	Duration (Min)
P1	9 Years	Sports Doctor	36:34
P2	24 Years	Obstetrician and Gynecologist	1:39:22
P3	6 Years	Pediatrician	37:19
P4	10 Years	Pediatrician	37:58
P5	6 Years	Pediatrician	36:21
P6	12 Years	Neurologist, Academic	Approximately 60 min
P7	20 Years	Urologist, Academic	44:03
P8	28 Years	Pediatric Surgeon	1:01:21
P9	7 Years	Radiologist	40:33
P10	15 Years	Plastic Surgeon	47:25
P11	14 Years	Obstetrician and Gynecologist	35:02
P12	7 Years	Child and Adolescent Mental Health Specialist, Academic	47:06
P13	15 Years	Medical Biologist, Assistant	47:00
P14	35 Years	Orthopedic Surgeon, Academic	50:06
P15	30 Years	Internal Medicine and Immunology Rheumatology Specialist, Academic	31:44
P16	14 Years	Cardiologist	1:01:38

The findings obtained from the interviews regarding media medicine discourses include the situations and perceptions in the minds of the participants, the reasons why the public considers these discourses, the mental images of media physicians who make such discourses, and the motivations behind the discourses of media physicians. Media coverage as well as benefits and risks to the public of medical discourse in the media, as shown in Table 2.

Table 2. Themes and Sub-Themes

N	Theme	Sub-Themes
1	**Mediatic medical discourse**	• Type of Discourse • Widespread Impact of Discourse • Nature of Discourse • Popular Medical Discourse
2	**Media Doctor**	• Physician's Activity • Physician for Different Groups • Popular Physician • Positive Qualities of a Physician Using Media • Negative Qualities of a Physician
3	**Physicians' purpose**	• Pursuing Personal Interests • Mutual Relationship with the Media • Promoting Personal Profile • Economic Gain • Neoliberal Policies • Advertisement • Informing the Public • Socializing • Appropriateness of Physician's Character
4	**Reasons for Public Attention**	• Seeking Solutions to Their Problems • Public Perception of Physicians • Psychological Reasons • Various Reasons

5	**Benefits**	• Information Sharing for Physicians • Ease of Access • Benefit • Psychological Relief • Guidance • Informing
6	**Risks**	• Risks Related to Statements • Media Vulnerabilities • Commercialization of Health • Healthcare System Problems • Challenges Faced by Physicians with Their Patients • Challenges Faced by Physicians Themselves • Violation of Privacy • Patients Playing the Role of Doctors

Mediatic Medical Discourse

In the discussions on mediatic medical discourses, participants' mental states, perceptions, and public interest in these discourses were examined.

> *"Mediatic medical discourse means a discourse, let's talk about something or make a statement that affects the public."* P9

> *"You start saying what people want to hear."* P14

> *"The topics I've seen the most lately are obesity, weight gain, dietitians, healthy eating, and dietary recommendations, as I said, obesity is the topic I encounter and see the most."* *"The aesthetic aspect, such as nose surgeries, weight gain, liposuction, is very prominent."* P3

Media Doctor

Physicians have associated media physicians, with activities such as informing, hosting, conveying messages to the public, and making announcements. Furthermore, participants have defined media physicians as representing physicians as members of different groups, indicating physicians' relationships with celebrities, influencers, political groups, and other such entities. Another aspect that the concept of media-oriented medicine evokes in the minds of physicians is related to demands. These physicians are described as being liked, popular, and favored by the media, attracting supporters, and bringing in ratings. Additionally, participants' statements in interviews have been found regarding the active presence of physicians on media platforms:

> *"Like Mehmet Oz. My doctor even hosts a health program on television."* P10

> *"I have friends who examine internet celebrities, perform surgeries on Instagram influencers, and have them promote themselves. And they get paid for it."* P9

> *"A media physician is a physician who is liked by the media, brings in good ratings, and is highly watched."* P6

> *"I see as a physician who is more present in the media, uses social media more, and makes more efforts to be in the spotlight."* P12

When defining media-oriented medicine, positive qualities of physicians have come to mind for some, while negative qualities have come to mind for others.

> *"An incredibly scientifically grounded individual."* P2

"Individuals who try to benefit from their popularity by making nonsensical statements while becoming very popular." P3

Physicians' Purpose

The responses given by physicians to the question about the purpose of media-oriented physicians being present in the media provide insights into the reasons for their active involvement.

"It feels like wherever I can make more money with mediaticity." P12

"There are those who are mediatic to create a customer base." P9

"There is a TV channel. They charge physicians per minute. No joke. Actually, it can be called steering, to steer the public, inform them, to reach larger audiences." P6

"I think it's for personal visibility." P16

"Here, the issue is somewhat related to politics as well. If the state or system wants me to turn myself into money from within, then this matter should have stayed within the government system." P14

"Private hospitals also use their physicians to promote their propaganda and advertisements." P8

"There are also individuals who are solely there to distract, engage in banter, and share fun things just to relax and have fun." P3

Reasons for Public Attention

In discussions with physicians, reasons for listening to medical discourse in the media by the public were explored. Below are statements from some participants regarding this:

"There's a widespread belief among the public about the harmful effects of medications, amidst a sense of helplessness." P3

"Moreover, because he always says things contrary to common beliefs, like 'eat lamb's head soup, for example, for coronavirus, for insomnia.' People enjoy this banter." P11

"Especially among women who stay at home, psychosomatic illnesses arise just out of boredom. If you start talking about psychosomatic illnesses, whatever you say tends to have a positive effect. It's just like the placebo effect." P8

Benefits

The benefits highlighted for physicians in the realm of information sharing include being evaluated by other physicians, reaching a large audience simultaneously, guiding, and providing psychological relief.

"I could also learn medicine from the media or books." P14

"For example, search for 'Isparta.' When you search for how to get out, you're the one determining it. The doctor says, 'Enter me as virginity membrane and abortion,' so I'll directly appear there." P2

"For preventive medicine, for early diagnosis, for diagnosis the media can be used very effectively for informational purposes." P13

"You can alleviate patients' fears on specific issues." P8

"They're the ones steering the public, I like that. I think such things are effective."
P1

Risks

Participants have argued that the nature of media medical discourse brings along certain risks. These include instilling fear, compromising the principle of "there is no disease, only patients," creating confusion, involving discussions outside of expertise, the presence of non-physician individuals with large followings on media platforms, the commodification of health, lack of effective regulation, decreased trust in physicians, and harming other physicians.

"Patients, or rather non-patients, can attribute these things to themselves and fall into fear. There is no disease, only patients. So, every patient is specific. You can't describe them in certain patterns or diseases." P8

"It creates confusion. Different areas provide different treatments. Yes, they come with a diagnosis in their educated mind, with a treatment plan. But actually, the person who knows whether it's suitable for that child is still the physician." P3

"Sometimes people who are not experts in the field talk about it. There are such interventions, which cause problems." P15

"There was a psychologist who became famous and appeared on television. She was a woman with many followers on Instagram. Later they found out that she wasn't a psychologist." P12

"Health used to be just a health service. Now it has become entirely commercial. Health equals commerce. Therefore, it increases unnecessary consumption significantly. There are many unnecessary procedures due to the lack of regulation. If there were regulations, maybe certain things in the media would be restricted. There is an assessment, everything is on paper. But there is no real regulation." P16

"I think trust in physicians has decreased." P1

"Every media physician harms others. While you could sell your knowledge to three people, you're selling it to an uncountable number of people." P14

4. DISCUSSION

The desire to be healthy has become a prevalent culture in media platforms that highlight concepts such as health and beauty, emphasizing individuality. This phenomenon underscores a reality that triggers mediatic medical discourses. It is known that media discourses play a significant role in shaping thoughts and influencing behaviors. Medical discourses commonly encountered in the media convey health images and directives through various concepts. This study aims to offer different perspectives by addressing mediatized medical discourses. In this context, interviews with healthcare professionals provide an opportunity for policymakers and the public to view the healthcare system from a different perspective. When doctors were asked about their thoughts on media-related medical discourse, their responses were categorized under the themes "Type of Discourse," "Prevalent Impact of Discourse," "Nature of Discourse," and "Popular Medical Discourse." Petersen (2007) emphasizes the importance of media in shaping public knowledge about medicine and scientific developments, while Timurturkan (2013) states that the increased discourses of consumer culture through media are conveyed through concepts such as youth, dynamism, slimness, and beauty. Indeed, doctors expressed that media-related medical discourses are often presented through popular topics.

Doctors evaluated media-related medical activities, associating them with informative and guiding activities. Participants also defined media doctors as those aligned with political and religious groups, claiming that doctors who feel closer to these groups appear more in related media outlets. They argued that media doctors are individuals promoted by these groups and structures and that doctors from their circles appear before the public on media platforms.

It was observed that participants mentally categorized media doctors into two groups, with doctors' responses being themed as positive and negative physician qualities. In the minds of some doctors, positive qualities of physicians were highlighted regarding media-related medical activities, and it was noted that doctors categorized media doctors. Paice et al. (2002) emphasized that doctors, identified as excellent role models for medical students, are individuals who spend more time teaching and examining, prioritize doctor-patient relationships, and emphasize the psychosocial aspects of medicine. The association of doctors who frequently appear in media, make daily posts, and participate in various programs with negative qualities is another point to consider regarding role modeling. On the other hand, "online fame requires a degree of skill" (Ohlheiser, 2020).

Cifu (2014) asserts that media doctors gain income and status through media platforms, becoming part of the contemporary health-media complex. In the study, one of the prominent topics from responses to questions about the purpose of media doctors' presence in the media was financial gain. Additionally, it appears that doctors, especially through social media networks, strive to increase their follower count and subsequently the number of their patients. Indeed, television program hosts like Phillip Calvin McGraw, Mehmet Öz, Terry Dubrow, and Robert Ray have amassed significant wealth through their fame (URL1, 2021).

Neoliberal policies, characterized by individualized services and products, market-based competition, and a competitive mindset, have transformed doctors into tools that both feed and are fed by this system (Mudge, 2008). Consequently, online fame becomes a key that opens other doors.

According to the results of this research, the reasons for the public's attention to and consideration of medical discourses in the media are categorized under four themes: seeking solutions to their problems, public perception of physicians, psychological reasons, and various other reasons. Turner and Tatlıcan's (2011) assertion that physicians have taken the place of priests as gatekeepers of social reality comes to mind. Society perceives physicians as authorities, interpreting the reality presented to them through the statements of these powerful individuals. Due to information asymmetry, the public assumes a follower position, with the physician as the leader. The tendency to believe in these leaders' words is an undeniable social reality (Boden and Zimmerman, 1991). Individuals also consider medical discourses to alleviate their fears and anxieties. As previously mentioned, especially sectors use fear and its antidote, risk avoidance behavior (Pershad et al., 2018), and promote opinion leaders in the media.

The results of the research also highlight the benefits of media-related medical discourses as perceived by doctors. Many doctors use social media to share and develop their biomedical research. These platforms provide opportunities for doctors to research and share new treatments, clinical problems requiring further study, or interesting case studies with colleagues and other researchers (Pershad et al., 2018). As Donohue et al. (1975) stated, as information flows into the system, a general understanding of the subject will develop within the system. This can be evidence that a certain level of consciousness can be reached in society. Particularly, medical discourses that increase health literacy among the public contribute to the formation of a more knowledgeable audience.

Mediatic dissemination of medical discourses can yield both positive and negative outcomes for patients. On the positive side, such communication may enhance public awareness, facilitate early diagnosis, and empower individuals to engage more actively in their health decisions. However, it also carries significant risks, such as the spread of misinformation, the oversimplification of complex medical issues, and the potential to induce anxiety or false expectations regarding treatments and outcomes. One of the most emphasized and critically approached issues by participants was media doctors making medical statements outside their areas of expertise. Dissemination of medical information in the media, while important, is often presented controversially regarding its accuracy. Korownyk et al. (2014) analyzed 40 health program episodes from 2013 onwards, revealing varying levels of evidence support, contradiction, and lack thereof in recommendations, alongside specific benefits identified in both The Dr Oz Show and The Doctors. The fear and panic induced by this information is as crucial as the accuracy of information provided in health programs. This situation may lead to an increase in pessimism and fear in society and even exploitation of fear by certain segments.

Doctors pointed out that their colleagues making medical statements in the media are not subject to any administrative oversight and that the doctors appearing on television channels are not questioned. The presence of non-medical individuals with high numbers of followers on social media. These individuals can make medical statements without any restrictions. The increase in media platforms and lack of regulation increase the number of these non-medical individuals and they find numerous supporters.

The risk of the commercialization of health in the media is also a prominent negative aspect. In this context, doctors who fall into ethical pitfalls and individuals speaking without the necessary competence pose various risks through medical discourses. Privacy violations are perhaps the most important issue to be considered ethically. Doctors should use social media carefully. Using social media as a promotional tool or sharing patient data poses potential dangers [28]. Although many laws, regulations, and ethical codes referenced by the Turkish Medical Association's guidelines are capable of preventing these situations, it is evident that inspections are insufficient. According to doctors, penalties for these violations are insufficient. However, as social media sites generally rely on doctors voluntarily adhering to professional norms, doctors play a significant role in shaping the content and scope of these norms (Gould et al., 2017; DeCamp, 2013). In short, patients can be harmed by media-related medical discourses. Mechanisms to protect patients and healthy individuals from such harm are increasingly needed. Media-related medical discourses and the media doctors who express them, which can lead to patient deaths, cause communication problems with doctors, commodify health, cause patients to play doctor, and lead to privacy violations, should be considered by both media platforms and health authorities.

Strength and Limitations

This study provides a comprehensive analysis of physicians' perspectives on mediatic medical discourse, highlighting both the benefits and risks associated with media portrayal of medical information. However, physicians typically have busy work schedules. The restrictions brought about by the pandemic conditions posed a challenge for this study. The active involvement of physicians in combating the disease led to time constraints and, considering the risk of transmission, resulted in the rejection or postponement of many interviews.

Recommendations

Due to the nature of qualitative research, the findings of this study cannot be generalized; however, they can be further explored through quantitative research. The study can be

conducted in the legal and ethical dimensions. The effects of the research findings on the public can be supported by studies sampling the public.

5. CONCLUSION

This study is based on interviews conducted with professionals actively practicing medicine. Various recommendations have been developed based on these physicians' opinions and the researcher's field observations. These recommendations are aimed at physicians, media organizations, researchers, and authorities.

Physicians should speak on media platforms while maintaining the boundaries of their expertise. Medical information should be based on scientific principles and supported by sufficient evidence. Physicians who share information electronically should consider the guidelines the Turkish Medical Association developed. A physician should supervise medical content shared on social media accounts. Ethical checks should be conducted on this content, and laws should be revised to include media regulations.

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Author Contributions

Merve Kişi and Nezihe Tüfekci equally contributed the conception and design of the work. Merve Kişi conducted the interviews and performed the coding of the interview data, while Nezihe Tüfekci cross-checked the codes. Both authors were involved in the acquisition, analysis, and interpretation of data. All authors approved the final version of the manuscript and agree to be accountable for all aspects of the work, ensuring that questions related to the accuracy or integrity of any part will be appropriately addressed.

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Conflict of Interest

None declared.

Data Availability Statement

The data supporting the findings of this study are available in a public, open-access repository. Additionally, the original qualitative transcripts can be obtained from the first author upon reasonable request.

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Araştırma Makalesi / Research Article

Riskler ve Gerçekler: Doktor Perspektifinden Medyatik Tıp Söyleminin Niteliksel Bir İncelemesi

Risks and Realities: A Qualitative Examination of Mediatic Medical Discourse from the Physician Perspective

Merve KİŞİ & Nezihe TÜFEKCİ

GENİŞLETİLMİŞ ÖZET

Giriş

Tıp, zaferleriyle birlikte, "görünen bilinir, bilinen tedavi edilir" ilkesini benimseyerek hakimiyetini korumuştur. Bu bakış açısı hekimleri güçlendirmiş ve onlara kapıcı rolü yüklemiştir. Tıbbi söylemler bu güçten güç alırken, medya platformlarındaki kullanıcı ve izleyici sayısının artması hekimlerin işini kolaylaştırmıştır. Hekimler, tıbbi modele dayanan bu söylemleri medya aracılığıyla ifade etmektedir. Popülizm ve kapitalizmin etkisi altında bu söylemlerin sunumuyla ilişkili riskleri titizlikle incelemektedir. Bu çalışma, tıbbi modeli, bilimsel bilgiyi ve metalaştırılmış sağlık matrisini inceleyecek ve sağlığın yalnızca nesnel olarak değerlendirilemeyeceğini ve toplumsal yapılardan etkilendiğini kabul edecektir. Betimsel fenomenolojik bir araştırma tasarımıyla oluşturulan bu çalışma, hekimlerin medyatik tıbbi söylem kavramını nasıl algıladıklarını ve yorumladıklarını keşfetmeyi amaçlamaktadır. İkincil amaç, tıbbi söylem ve medya odaklı tıbbi uygulama kavramlarını sağlık ve medyanın kesiştiği noktada ele almaktır.

Yöntem

Hekimlerle yapılan nitel görüşmeler, "medyatik tıbbi söylem" bağlamında zihinlerinde çağrıştırılan değişkenleri belirlemek için tanımlayıcı bir araştırma tasarımını takip etmiştir. COVID-19 salgını nedeniyle, 16 hekimle yüz yüze veya çevrimiçi görüşmeler, hekimlerin talebi üzerine gerçekleştirilmiştir. Hekimlerle yarı yapılandırılmış derinlemesine görüşmeler yapıldı. 16 katılımcıyla yapılan görüşmeler analog olarak yazıya döküldü ve 775 dakikalık ses kaydı kaydedilmiştir. Veri analizi, bireylerin deneyimlerine tarafsız bir şekilde odaklanılmasını sağlayan Giorgi'nin (2015) tanımlayıcı fenomenolojik yöntemini kullanmıştır. Fenomenolojik indirgemeden sonra beş aşamalı tanımlayıcı fenomenolojik analiz uygulandı; önce araştırmacı, devam etmeden önce bütünlüğünü kavramak için transkriptleri kapsamlı bir şekilde okur; ardından transkriptin başına döner ve analiz birimlerini belirlemek için parantez tekniğini kullanarak bölümleri işaretler; daha sonra veriler, katılımcıların ifadelerinin psikolojik anlamını doğrudan ortaya koyan ifadelere dönüştürülür; son olarak bu yapı, kodlama yoluyla ham verilerin açıklığa kavuşturulması ve yorumlanması için kullanılır (Giorgi, 2005). Araştırmada MAXQDA paket programı, veri girişi, yönetimi, analizi ve görselleştirmeyi kolaylaştırmıştır (Glesne, 2015).

Tartışma ve Sonuç

Bu araştırmanın sonuçlarına göre, kamuoyunun medyadaki tıbbi söylemlere ilgi duymasının ve bunları dikkate almasının nedenleri dört tema altında kategorize edilmiştir: sorunlarına çözüm arama, kamuoyunun hekim algısı, psikolojik nedenler ve diğer çeşitli nedenler. Turner ve Tatlıcan'ın (2011) hekimlerin toplumsal gerçekliğin bekçileri olarak rahiplerin yerini aldığı iddiası akla geliyor. Toplum, hekimleri otorite olarak algılıyor ve bu güçlü bireylerin ifadeleri

aracılığıyla kendilerine sunulan gerçekliği yorumluyor. Bilgi asimetrisi nedeniyle, kamuoyu hekimi lider olarak gören bir takipçi pozisyonu üstleniyor. Bu liderlerin sözlerine inanma eğilimi yadsınamaz bir toplumsal gerçekliktir (Boden ve Zimmerman, 1991). Bireyler ayrıca tıbbi söylemleri korkularını ve kaygılarını hafifletmek için de değerlendiriyorlar. Daha önce de belirtildiği gibi, özellikle sektörler korkuyu ve onun panzehiri olan riskten kaçınma davranışını (Pershad vd., 2018) kullanıyor ve medyada kanaat önderlerini destekliyor. Araştırmanın sonuçları ayrıca doktorlar tarafından algılandığı şekliyle medya ile ilgili tıbbi söylemlerin faydalarını da vurgulamaktadır. Birçok doktor biyomedikal araştırmalarını paylaşmak ve geliştirmek için sosyal medyayı kullanmaktadır. Bu platformlar doktorlara yeni tedavileri, daha fazla çalışma gerektiren klinik sorunları veya ilginç vaka çalışmalarını araştırma ve meslektaşları ve diğer araştırmacılarla paylaşma fırsatı sunmaktadır (Pershad vd., 2018). Donohue vd.'nin (1975) belirttiği gibi, bilgi sisteme aktıkça, sistem içinde konuya ilişkin genel bir anlayış gelişecektir. Bu, toplumda belirli bir bilinç düzeyine ulaşılabileceğinin kanıtı olabilir. Özellikle halk arasında sağlık okuryazarlığını artıran tıbbi söylemler daha bilgili bir kitlenin oluşmasına katkıda bulunmaktadır.