

**Best use of communication management: public sector
Kantar Media**

Publication Approved

SUPPORTING MATERIALS

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1. **Client:** Agence de la biomedicine
2. **Objective: Audit and management of a public debate: genetic tests**
 - A. Genetic tests
 - B. Pre-natal tests
 - C. Post-natal tests
 - D. DPI (in vitro testing)= knowledge of the genetic characteristics of an embryo
 - E. DPN (Pre natal Diagnosis) = in untero testing
 - F. Tests carried out under medical control
 - G. Self tests sold on internet

3. **Objective: State of position of media representation for a complex and controversial subject.**
 - A. Pre natal tests (DPI)
 - B. Pre natal tests (DPN)
 - C. Freely available genetic tests
 - D. Laboratory Postnatal tests
 - E. Identical media treatment regardless of whether the tests have been carried out under medical control or not.
 - F. Insight>A contrasted media treatment for a single subject. Different types of genetic tests receive different media treatment and raise very distinct questions; as a result, they undoubtedly effect the public perception to a homogenous source.
 - G. Negative, Slightly negative/Factual/Slightly Positive/Positive (number of occurrences par tone)

1. **OBJECTIVE: Development of media opinion in terms of news**
 - a. **In vitro diagnosis. Insight**>The analysis demonstrates a change in the media representation of DPI in November 2011 (CCNE recommendation), the time at which the controversial discussion became more prolific and gained wider public press.
 - b. **Phase 1: Factual and positive tone (73%)>negative tone (27%):** a pragmatic vision of the therapeutic benefits of DPI
 - c. **CHANGE at the time when the CCNE proposes extension of DPI to diagnosis of Trisomy 21.**
 - d. **Phase 2: Dominance of negative tone (41%),** which includes public media. The scientific dimension gives way to ethical issues.
 - e. Jan 09, Feb 09, March 09, April 09, May 09.....
 - f. Slightly Negative, Negative, Factual, Slightly Positive, Positive, (number of occurrences by tone)

2. Objective: Knowledge of the level of influences in the debate.
 - A. **Insight**> Awareness by doctors and participating speakers of the heavy representation of the Church through the voice of religious authorities, but also through the Fondation Jérôme Lejeune. A warning sign of controversies which will dominate the debate in 2011 (exposure of the influence of Christian lobbying and of the persistence of certain ideological veto), which is the case both in the media and in parliamentary debate.

 - B. **Plan of Action for Agence!**> Sharing information and discussion with professionals.

 - C. **The role of the church whose proposals feature as frequently as politicians**
 1. Medical Body
 2. University Researchers
 3. Politicians
 4. Church
 5. Individuals
 6. Industry
 7. Charities
 8. Fondation Jérôme Lejeune
 9. Agence de la Biomedecine
 10. Legal Body.

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MALZAC PERRINE/DOCTOR									
PATERLINI BRECHOT PATRIZIA/RESEARC HER									

- D. Journalistic bias or reluctance to defend the practice? Very few doctors, researchers or individuals are heard regarding the life saving aspects of DPN.
- E. >A focus on DPN, by the privilege granted to its critics, (80% of speech)
- F. speech in favour of DPN
- G. speech opposed to DPN

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Benefits and positive aspects of media coverage

- **In feature articles with a strong editorial impact, and coverage from healthcare professionals,**the prevalent feeling is that conscientious and satisfactory genetic practices exist in France.
- Advancements in geneticscreening performance and prenatal testinghave been treated positively and with public support.
- Unanimous negative opinion on freely available tests, with call for the development of an informed and educated discussion on the reasons for their unreliability.

Weaker signals and aspects to be monitored:

- Influence of religious input, comments from the Church and the Fondation Jérôme Lejeune, **factors of very controversial coverage regarding prenatal testing.**
- Strong presence of the Church and theologians in the daily regional press **through the organisation of local conferences.**
- Feeling of an unjustified battle against Trisomy 21, **which is particularly noticeable in coverage relating to selective testing following CCNE recommendations but is also at the centre of coverage pertaining to prenatal testing: the Church, the Fondation Léjeune, the Colectif des Amis d'Eleonore and also several doctors raise the issue of the pressure which is placed on parents despite the fact that treatments for T21 are improving.**
- Potential confusion between prenatal diagnosis and screening. **In the area of post birth testing**, between evaluation tests for post birth risks (already practiced in Oncology) and predictive tests /pharmacogenetic (still in embryonic stage).
- Potential confusion regarding public perception of in vitro testing especially in light of the news in Great Britain and Spain (designer babies...)
- With regard to post birth medically controlled tests, a tendency for the medical and speakers to promote scientific progress to the detriment of the ethical issues.
- Too few experts (particularly politicians and leading figures) and repeated concern regarding insufficient representation of doctor's views on prenatal testing.