AN EXPERIMENT IN CANCER EDUCATION

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This paper describes an experiment in cancer education conducted by the Manchester Committee on Cancer. It was designed to test the effect of saturating a defined area with intensive propaganda of every suitable kind, to develop propaganda techniques, and to assess effects on the lay public. The experiment (referred to in the 29th Report of the British Empire Cancer Campaign and in editorial comment in the *British Medical Journal*) has now been in progress for over two years. Although unable as yet to evaluate results on any statistical basis, we are able to record some of the lessons learned in the course of the experiment.

Background Organization

The Manchester Committee on Cancer is an independent voluntary organization not linked with any one hospital. Since all hospitals and local authorities in the experimental area can therefore participate on an equal footing, and since the propaganda can be aimed primarily at directing the patient to any doctor or any hospital, the Committee is well fitted to sponsor such an experiment. It gave much

Boundaries of experimental area.
(Shaded areas are county boroughs.)
Total population (1951 Census), 618,866;
No. of women (1951 Census), 324,265.

thought to the design of the project and is wholly responsible for finance and overall control; in practice, a whole-time salaried executive officer appointed to the project is made responsible for detail. To set down in concrete terms the qualifications required of this officer is difficult; clearly it is more a matter of personality than of any accepted technical qualifications. In this project the executive officer is a layman, but a medical graduate with the appropriate gifts would be equally suitable. The criteria which the Committee had in mind when selecting its executive officer included a university degree, a flair for organization of the public-relations type, ability to get on well with people in all walks of life, and some gift for putting over a difficult subject in simple but accurate terms, both in writing and in public speaking.

No permanent local committees were set up, but close co-operation with local authorities and pre-existing voluntary organizations was established at an early stage. The creation of local committees would, it was felt, have little advantage, and might hamper the flexibility of the experiment.

The experiment is being conducted in South-East Lancashire and North Cheshire, in an exactly defined area

with a population of 620,000; its main centres are Bury, Rochdale, Oldham, Ashton, and Stalybridge (see Fig.). No part of the city of Manchester was included. In addition a "control" area of almost identical population, and of similar social and industrial structure, was defined, in which no special propaganda efforts were known to exist. It is hoped that this area may be used for comparisons, should it prove possible to evaluate quantitatively the results of the project.

Basic Plan

Obviously much depends on the careful orientation of the information supplied to the public and on the points of emphasis. A general directive was therefore set down for guidance on the following lines.

The negative "If you don't do this, then . . ." gambit tends towards fear; a positive approach helps to promote confidence in treatment and replaces erroneous beliefs by reliable and hopeful facts.

The too general claim "Cancer is curable" is avoided so far as is possible. All cancers are not curable, and to base propaganda on false premises is to risk rejection of the whole by a justifiably sceptical public. It pays to admit that some forms of cancer do not respond readily to treatment and to base talks on the fact that some cancers (the accessible cancers) are curable in their early stages. Even the slogan "Early cancer is curable" is not wholly true, whereas "Early cancer of the breast—or the mouth, or cervix—is curable" is true, and therefore justifiable.

Nothing must be done which might create more fear of cancer, already a sufficient problem (Aitken-Swan *et al.*, 1954). With the lurid "This might happen to you" approach, the criticism that education will produce cancer-phobia may be justified. It is wrong to say, "These are cancer symptoms," which is sure to be misinterpreted; say instead, "These symptoms are not normal and need a doctor's advice urgently, since one of the many possible explanations could be early, and therefore curable, cancer."

We accept the view, first propounded with convincing supporting evidence by Eleanor Macdonald (1938), that the grand approach with large audiences and spectacular publicity has little permanent effect. Numerous small meetings, informal talks, repeated items in local newspapers, and short but pithy pamphlets form the basis of our approach, the ultimate aim being to saturate the area with every permissible means of education at our disposal and to maintain that saturation.

Whilst fully aware that refresher education of the practitioner is another facet of any cancer campaign, we are not directly concerned with it here. Nevertheless, participation in the scheme, seeing patients who have been influenced by lectures, reading frequent newspaper reports, and so on, is a by no means ineffective way of influencing those in need of a refresher. It may, indeed, be more efficacious than the usual attempts at direct education.

We feel that a campaign of this sort should not be linked, even indirectly, with any appeal for money, and that no expense should fall on any group that invites a speaker. The Committee therefore pays all lecture fees and incidental expenses and does not even stress its own name. To get the potential patient to any doctor, and thence to any hospital, or to influence relatives or friends to give good counsel, is our purpose.

Preliminary Studies

At the outset the experiment was explained to medical officers of health and to local consultants and practitioners at meetings of the medical advisory committees of local hospital groups and local B.M.A. Branches. Comment and criticism were invited, and ready promises of participation in the experiment, both as lecturers and as critics, were made and fulfilled.

The executive officer compiled an index of all organizations in the area. It may be helpful to others who venture on a similar scheme to mention that when the town hall

does not possess a complete list there are many helpful publications from which it can be compiled. Diocesan registers, the annual report of the Mothers' Union, Methodist Handbook of Ministers, Methodist circuit plans, Baptist and Congregational yearbooks, town guides, and local newspapers are a few examples. This was followed by a personal approach to local clergy and the officers of lay organizations by the executive officer. A circular letter, inviting them to ask for speakers, was sent to all whose addresses were known.

A panel of speakers, drawn at first from the staff of the Christie Cancer Hospital, was created. It now includes medical officers of health and their staffs, county divisional medical officers, general practitioners, and superintendent health visitors, as well as consultants from the Ashton, Bury, Rochdale, and Oldham hospital groups. For those in this wider group whose immediate concern is not with cancer, speakers' notes in skeleton form (see description below) were compiled and distributed.

The executive officer paid a personal visit to editors of the 12 local newspapers circulating in the area, explaining the scheme to them and seeking immediate help in publicizing it. Arrangements acceptable to the Committee and to the editors were made to ensure the accurate reporting of meetings and to avoid unfortunate sub-editing.

Copies of all known pamphlets on cancer education were obtained and a small library was created. Later, arrangements were made to buy supplies of suitable pamphlets and prepare others where necessary.

Lectures and their Problems

In the two and a half years since January, 1952, 393 lectures have been given, for each of which an honorarium was paid. Five of these were at large public meetings whose chief purpose was to give an initial impetus to the scheme in each main town. The remainder have been given to small groups of from 12 to 50 at one of the routine meetings of their societies. This, we think, has largely avoided audiences overweighted with the morbidly curious, hypochondriacs, and so on. These small groups include church organizations of all denominations, co-operative and townswomen's guilds, Rotary and Inner Wheel clubs, political parties, community associations, business and professional women's clubs, Soroptimists, St. John Ambulance Brigades, and British Red Cross, as well as rather less obvious groups, such as bowling clubs, Bible missions, old age pensioners' associations, British Legion, and Toc H.

It soon became clear that it would not do to fill each lecture date with the first available name on the panel. A speaker might be a happy choice for a Rotary luncheon, but unhappy and ineffectual before a ladies' sewing class. To know the subject and present it logically is not enough: ideally the speaker needs a flair for sensing the atmosphere of a meeting and matching its mood. Some people have that gift and can be sent anywhere; others must be carefully matched to their audience or they will produce anything but beneficial results. Hence the organizer of such a scheme must get to know his individual speakers well, so that they may be used to best advantage.

It is better to use speakers at some distance from their normal place of work: while forestalling possible criticism of advertisement or self-advancement, distance lends the enchantment of added authority. The definition of an expert as "any ordinary chap from 20 miles away" seems to have particular force in this type of scheme.

So far as possible the speakers should be medical, but the executive officer himself must be prepared to fit in at a moment's notice, and will often have to. If a layman, he will quickly acquire the technique and the knowledge required to answer all common questions. Afternoon meetings are also a problem, to which the only solution is often a talk by the executive officer himself.

The propagandist must be aware of the present beliefs, prejudices, and attitudes of his audience. Telling people

that their present beliefs are wrong will never change them. All propaganda should be adjusted to take account of these attitudes and lead on from them, since everything that is said will be heard in terms of them. New suggestions must link up with basic beliefs and lead the hearer to the point where he draws an inescapable conclusion for himself.

Light on this basic background attitude to cancer is shed by a recent Gallup Poll study of opinion on cancer (Pater-son *et al.*, 1954).

It is all too easy to upset people unknowingly, and lecturers must therefore be mindful of the possible implications of what they say. One may, for example, say, "Man is not the only creature affected by cancer; fishes, and birds, including domestic poultry, get it." Unless it is made instantly plain that cancer cannot be "caught" from food of any sort, the listeners may find their appetite for fish and chips or leg of chicken much abated.

It is even more difficult to avoid using professional jargon when it takes the form of words with a different meaning in common usage. To talk to the uninformed of "cells" will, if it evokes any picture at all, conjure up visions of dry batteries or the police station. It is here that some form of visual aid is necessary.

In the first year the lectures took the form of a straightforward talk, never lasting longer than thirty minutes, with as much time as necessary for discussion, questions, and answers. They were very well received by the public, and welcomed by local practitioners, but we felt more was needed for full comprehension and acceptance of the ideas presented.

Moreover, since regular visits were asked for and repeated invitations received, changes of approach became necessary to provide freshness. In practice this was much easier than one would have anticipated.

One of the main difficulties of the propagandist is to convey information at the proper level of understanding. This is sometimes determined by the degree of intelligence or standard of education of the hearer, but frequently the gulf between speaker and listener is created only by their differing paths of learning. A doctor is as much out of his depth on the intricacies of cotton spinning as a spinner is on cancer.

Anything which helps to bring the information within effective range of the hearer's understanding is therefore valuable. Since visual impressions are often retained longer and more accurately than auditory, we began experimenting in the second year with various forms of visual aid and evolved a series of flannelgrams.

Flannelgrams.—The flannelgraph is based on the principle that any fabric with a nap will adhere to the nap of another. By using a black filter cloth (or domett) as fixed background, any picture, chart, or diagram, when backed with lint, will stick wherever it be placed on the background. The success of these diagrams was so immediately gratifying that they are now used at all talks. Audiences find they greatly increase the interest and brightness of the talks, present the main points emphatically, and are instantly understood and remembered. Speakers find them convenient because they require no elaborate equipment, are readily portable, and can be used anywhere. They are a boon, too, to nervous or none-too-practised speakers.

Newspapers

Several local newspapers agreed to take a weekly series of "doctor's column" articles. These short articles discuss all health matters, but care is taken to see that cancer crops up directly or indirectly at fairly frequent intervals.

All local newspapers have been very co-operative in printing reports of the talks. A condensed version of the script is usually sent immediately after the talk. Both reports and articles are written by the executive officer and the contents scrutinized by senior members of the cancer hospital staff. Since the scheme began, editorial matter has been printed on no fewer than 465 occasions.

It is often helpful to ask the local newspaper editor to act as honorary adviser on publicity methods in his area. This gives him additional insight into what is being attempted.

The effect of articles and news items in local newspapers cannot be overemphasized. At first we very much underestimated their effect, not realizing the wide distribution of the papers in each district and the way in which they are read from cover to cover over the week-end.

Publications

Five hundred copies of the Central Council for Health Education's pamphlet, "The Role of Nurses and other Members of the Nursing Profession in the Education of the Public concerning Cancer," have been distributed to members of nursing and ancillary services, through local medical officers of health.

Four thousand copies of each of the Central Council's pamphlets, "All about Life Saving," Nos. 1 and 2 (dealing with breast and cervix cancer), were purchased, and are now sent to the secretaries of each society two to three weeks after a talk. We feel that this later distribution of pamphlets is of much greater value in maintaining the initial impetus to propaganda than handing them out at the meeting.

"Notes for lecturers on cancer" are given to all who offer their services as lecturers. Considerable thought has gone into their preparation to ensure that they do make clear the intended orientation of our propaganda. Moreover, whilst they give the speaker all the information he requires in handy form, they must be sufficiently sketchy to require to be worked up and presented in his own way. Their skeleton form ensures that each talk will have an individual flavour and guards against the monotony and endless repetition that would come from a full and detailed script. The speakers' notes had the incidental effect of quieting the initial apprehension of those doctors who started unsure of the effects of cancer education. Seeing our line of approach in this more precise form, they were persuaded that ill results were unlikely.

Oiling the Wheels

The initial circular letter to officials of lay groups is not always enough if one wishes to evoke a widespread response, and this early stage in the scheme requires much personal visiting. It is easy to shelve a circular letter, but less easy to refuse a reasonable verbal request, the granting of which costs neither money nor effort. This approach is, of course, possible only for a full-time organizer. A typical example of its value occurred in one town which, for no obvious reason, was not responding as well as others. There was neither hostility to the scheme nor unwillingness to hear speakers on the subject, but requests for lectures were not coming in as they should. A two-day visit to all local ministers by the executive officer resulted in 13 meetings being arranged on the spot. A personal visit is also much less easily forgotten than a circular.

We also found that people like to have a personal hand in the scheme once they have been interested. Each group to which a speaker is sent is asked to interest others, and address cards are available for distribution at each meeting. Many months after, we still get regular requests for speakers from organizations in some way linked with those already visited.

Local manufacturers are often willing to help generously with equipment. Apart from the obvious usefulness of the material, the effort and expense to which the maker is put fixes the scheme very firmly in his mind.

There is a great fund of public good will for this sort of work, even though it be sometimes covered by a thin crust of suspicion. Where reluctance is apparent, it is usually fatal to argue the case fully. Almost anything gets done in due course if people can somehow be left with the inescapable but unspoken conclusion that it is to their advantage.

Lessons to Date

There was no real opposition to the scheme amongst the doctors of the area once they knew in detail what was intended. Objectors to anything new are often more vocal than their fellows, but not necessarily more right or more reasonable. The aim should be to win support in the beginning and, if necessary, to spend time and personal visiting in winning it. An opinion poll of 50 doctors and lay leaders in the experimental area early in 1954 revealed that the first two years of the scheme had, in their opinion, neither created cancerphobia nor added to work in their surgeries.

Two B.M.A. Division secretaries said that their members were anxious to see the scheme continue, and neither opposition nor hostility was voiced by doctors at any time.

Nor are the public hostile to cancer education. Indeed, once they have had experience of a well-conducted lecture and discussion, they are anxious for more, and groups which may be hesitant at first often ask of their own accord for speakers after hearing of the experience of others.

Conclusion

An experiment has been started by the Manchester Committee on Cancer to test techniques of cancer education in a defined area and to try to shorten the period of delay in seeking treatment for the more curable forms.

The scheme having been launched and given impetus, there is every likelihood that if necessary it will be taken over by the local authorities and maintained as a permanent feature. They are encouraged to do so by the Ministry of Health.

The Committee is satisfied that it is possible without any ill effects to saturate an area with intensive propaganda and to maintain that level of saturation. It is not yet possible to assess results objectively, but there are many indications which suggest that some success is being achieved.

The two main criticisms that cancer propaganda would flood the surgeries and cause cancerphobia have definitely not materialized in the experimental area. Where people have sought advice as a result of the scheme it has been for adequate reasons and not for imaginary cancers. We would say now that any propaganda which inspired either of these criticisms was badly conceived or badly presented.

REFERENCES

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In the recently published report on the medical and health services in the Gambia Protectorate for the year 1952 reference is made to an outbreak of smallpox which occurred in the Upper River Division. The first case appears to have been a man who came from neighbouring French territory. Approximately 12 days after he fell ill and died smallpox occurred among the inhabitants in the village where he had been staying. Despite efforts to prevent movement of people the disease spread. Cases of smallpox eventually occurred in the remainder of the Protectorate and in Bathurst, but by that time vaccination campaigns were under way and relatively few cases appeared outside the Upper River Division. In all, there were 222 cases with 8 deaths. The low fatality rate indicated that the disease was relatively mild in type. The fact that the outbreak did not assume larger proportions was due mainly to intensification of the vaccination campaign.