

# Ideas of public engagement in medical science remain little more than a public relations apparatus deployed to neutralise risk

by Blog Admin

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*Questioning the academic hierarchy from contract researcher to tenured professor, **Richard Watermeyer** finds that the prospect of a harmonious interplay between the public and medical researchers is nothing but a chimera.*



Just over a year ago I led a research project investigating the attitudes of medical researchers, as a particular, and in part, peculiar, constituency of the academic workforce, towards an emergent RCUK agenda of public engagement for higher education institutions (HEIs). An online survey returned (n=84) completed responses from a cross-section of staff who spanned the academic hierarchy from contract researcher to tenured professor.

Respondents were asked to identify what they understood as public engagement, or in the specific context of medical research, public engagement in science and technology or PEST. In the upper percentiles of categories identified by respondents as iterations of PEST were 1) transmission of knowledge; 2) public consultation; and 3) user-involved research. The leap between the second and first categories was however marked by a 32 per cent differential; in fact 63 per cent of all respondents correlated public engagement to transmission of knowledge.

Respondents were also asked to state the types of public engagement they most frequently committed to and the barriers obstructing public engagement as a routine academic activity. In the first instance, respondents revealed an inclination towards media work, public lectures and user involvement in research as the most prevalent forms of engagement activity. Curiously, only 6% of the entire cohort identified the involvement of public groups in debates on significant scientific/medical issues as a typical form of public engagement practice; a finding especially surprising given the investment of the UK government (through BIS) in 'Sciencewise' and the promotion of dialogue processes as the pre-eminent form of PEST. In the second instance, respondents cited *a pressure to do other things; lack of time; and a lack of acknowledgement or reward* as factors impeding or derailing a commitment to public engagement.

These responses indicated a disconnect from the popular or dominant discourse of PEST in the UK premised on an 'upstream' and dialogue-based vision of lay-publics and scientists working symbiotically from the inception to the conclusion of the research process. Far from aligning public engagement with two-way, reciprocating dialogue, respondents envisaged their method of public interface, more as the exchange between active producer and passive receivers, and along more conventionally academic, pedagogic and/or hierarchical lines of specialists speaking 'to' less 'with' publics. While respondents made allusion to *user involvement in research* as a permutation of public engagement, lay-publics were positioned in this context as research subjects less collaborators. Finally, respondents attributed a paucity of public engagement activity to its relative lack of status and prestige and its invisibility within the prioritization of senior managers.

Despite considerable effort on the part of the home institution in incentivising and embedding a culture of public engagement among its academic coteries, and the increased exposure of public engagement as an instrument enabling and capturing economic and societal 'impact' – a new condition of academic funding and form of research assessment – respondents appeared largely apathetic or unconvinced of its merits.

In a latter part of the survey, a series of open-text questions honed in on what respondents saw or had

experienced as the key impacts of their undertaking public engagement activity. These bifurcated into the categories: impact(s) on research and research process; and impact(s) on the public image and reputation of medical researchers and medical research.

In the first category, respondents gestured, if only weakly or cursorily, towards the impact of public engagement activity in facilitating and enriching the research process through the incorporation of lay-analysis and by pluralizing and diversifying critical repertoires and trajectories. However, while respondents spoke of public engagement as opening research to other means of interpretation; other social and culturally informed epistemes; and other points of inquiry, it was concurrently imagined in more commercially and politically focused, and arguably disingenuous ways, and as a strategy attracting and sustaining research funding; manipulating public opinion and securing public assent, in areas especially susceptible to controversy, public disquiet or concern.

In other words, respondents' conceptualization of public engagement was as a public relations apparatus deployed for the purpose of neutralizing projections of risk and confirming not only scientists' 'licence to operate' but the integrity and respectability of their industry. Public engagement was accordingly situated by respondents as a multi-modal technique in the elicitation and materialization of the impact(s) of medical research, and by extension catalyst of their sense of self-efficacy, self-fulfilment and professional satisfaction.

Public engagement as a professional activity for this contingent of medical researchers was most about the appropriation and mobilizing of lay-publics, as quasi, or strictly choreographed and regulated contributors of scientific endeavour, whose involvement is intended to expedite and preserve the authority and autonomy of scientific expertise. PEST, in this context, appears more oriented to a process of 'public-making' or public co-option, less the fulfilment of 'science-in-society' and democratization of scientific technocracies.

Going 'upstream' remains for the moment and in the context of this group, no more than an aspiration, yet an aspiration un-shared and/or disinvested. It may be also that the zeitgeist of citizen-science, scientific co-production and engaged publics fails to burst the bubble of its promissory rhetoric, rendering the prospect of harmonious and purposeful interplay between lay-publics and medical researchers/scientists, a chimera.

*This research features more comprehensively as 'Measuring the Impact Values of Public Engagement in Medical Contexts' published in 2012 in the international, peer-reviewed journal Science Communication.*

*Note: This article gives the views of the author(s), and not the position of the Impact of Social Sciences blog, nor of the London School of Economics.*

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