HEALTHCARE PR

Doctors as media spokespersons

Most hospitals have doctors willing to talk. Few have doctors ready to talk. Here is how to close that gap.

Swipe →

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WHY THE DOCTOR

"

Anxious people trust individuals, not institutions. A doctor's face is a specific person the patient can imagine sitting across the table from.

Three blockers: legal defaults to silence, camera discomfort, no incentive for communication time.

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SELECTION

Four filters for the spokesperson bench

1. Subject authority: only their specialty, their own practice
2. Explanation skill: plain Hindi, English or the regional language
3. Temperament: calm when interrupted or led
4. Availability: late evenings and weekends, when journalists work

Three or four doctors per service line, plus one senior clinical leader. Not one star.

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PROGRAMME, NOT CASTING

A bench absorbs any single departure

SIZE	Five to fifteen doctors across specialties
PITCH	Informed patients mean shorter first consultations, fewer second opinions
SPONSOR	A medical director or senior consultant who vouches to peers
MARKETING	Runs production and distribution, not the whole programme

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THE BRIEFING PACK

Two pages, before the doctor agrees

- The outlet, journalist, format, language, live or recorded
- Why they called: the news hook in one line
- Three key messages, one sentence each, clinically reviewed
- Likely questions, including the awkward ones
- Red lines and logistics, with a comms contact

Standardising this pack improved what doctors said on air more than any training session.

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FORMAT BY FORMAT

Train for the format, not for media

LIVE TV	Short, calm, quotable. Risk: being drawn into a fight
RECORDED	Complete-sentence answers that survive editing
PRINT	Everything is on the record. Offer to check facts
RADIO	Warmth and local examples in the broadcast language
PODCAST	Stories and nuance. Risk: advice to individual listeners

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TRAINING THAT WORKS

A filmed half-day for three to five doctors

1. Ground rules, then three key messages per doctor
2. Friendly interview on camera, played back
3. Hostile interview: acknowledge, bridge, return to message
4. Format drills: ten-second answer, phone quote, radio answer
5. Written feedback, then a refresh at least yearly

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NEVER SAY

The slips that become screenshots

- Patient details without documented consent
- Best, first, guaranteed, painless, 100 percent
- Comment on another doctor's or hospital's care
- Diagnosis or advice for a specific person on air
- Product endorsement, speculation, or off the record

A hospital incident is a crisis. The doctor should not be the first voice.

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READ THE FULL GUIDE

Doctors as media spokespersons, in full

- Formats for the hospital's own channels
- Keeping doctors involved beyond one quarter
- The professional conduct line on interviews
- gauravphogat.com/doctors-as-media-spokespersons

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