From Needs to Wants: Restructuring Audiences, Restructuring Patients

I From needs to wants

Restructuring audiences

In her discussion of the medical programmes of the 1980s, media historian Anne Karpf wrote:

The media’s long standing obsession with health and medicine has swelled in recent years into an obsession. Pages and programmes are crowded with patients offering up their illnesses, physical and emotional for the viewers’ gaze; doctors parading their novel skills and micro-instruments; philosophers pondering medico-ethical conundrums; and testimonials from ex-hedonists renouncing their former ways and flaunting their healthy new routines.

(1988: 1)

As she identified four approaches to medical programming vying for dominance across the airwaves – the ‘look after yourself’; medical; consumer and environmental approaches – she observed convincingly the ways in which these were mapped on to shifting social attitudes. Broadcast programmes address a wide audience, but each of these categories conceptualised its audience in a particular way.

The ‘look after yourself’ approach had been in vogue since the ‘keep fit’ and ‘eat sensibly’ programmes of the 1940s. Partly due to the rigours of the Second World War, they ran alongside campaigns like ‘digging for victory’ and ‘grow your own vegetables’, and imagined their listeners taking responsibility for their personal well-being. The approach was, to a certain extent, displaced by the post-war explosion
of scientific research and technological advance. This meant that a focus on personal behaviour was replaced by a heavily ‘medical’ approach, in which doctors reigned supreme and the interest was in illness and its cure rather than healthy living and prevention. Viewers and listeners now tended to be seen as potential ‘patients’. However, by the 1960s, there was a change in the tone of many broadcasts. They became much more critical and assertive, encouraging individuals to see themselves as demanding consumers. Perhaps it is not surprising that an environmental approach, which subjected easy assumptions about health and illness to a thorough-going critique and looked for explanations within a wider social, political and economic context, was by far the least common of Karpiś’s four categories. The other three ‘emphasise illness as individually experienced and caused, playing down its economic and environmental origins’, but for programmes with an ‘environmental’ approach, the audience would be addressed as critical and enquiring citizens (pp. 70–71).

All four categories would make an appearance within the context of the contentious politics and changing broadcasting environment of the 1980s. And they were linked to changes within the NHS itself.

**Restructuring patients**

The founding ethos of the NHS is, of course, wholly alien to Thatcherism… In the NHS ‘the patient is to be seen not as a consumer, deciding what he (sic) wants, but as a passive recipient of whatever the all-knowing powers on high decide that he ought to have’.

(Letwin 1992:204)

Shirley Letwin’s chapter on the NHS was headed ‘Invalids or Consumers’,¹ and in it she argued that even someone who was unwell could be treated as a ‘consumer’ with a right to insist on what they ‘want’ rather than being prescribed what they ‘need’. Although this chimed with many of the left-wing critiques of arrogant professionalism, for Letwin and Thatcher’s advisers in the Centre for Policy Studies, it entailed moving away from a publicly funded service. Letwin rejected

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¹ Parts of the chapter were based on a Centre for Policy Studies pamphlet written in 1988 by Letwin’s son Oliver Letwin, a member of the Prime Minister’s Policy Unit from 1983–1986, and here described as ‘an adviser on privatisation to overseas governments’, and MP John Redwood, Head of the Policy Unit from 1984–1986.