

Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by Paul Hellyer.

Hiding the facts about alcohol

Petticrew M, Maani N, Pettigrew L, Rutter H, van Schalkwyk M. Dark nudges and sludge in big alcohol: behavioral economics, cognitive biases, and alcohol industry corporate social responsibility. *Millbank Quart* 2020; DOI:10.1111/1468-0009.12475.

Sugar industry next?

Nudges attempt to influence consumer behaviour with positive reinforcement and indirect suggestions – the placing of more profitable products at eye level on supermarket shelves, for instance, or the positioning of a fruit bowl at the front of the school canteen server to encourage healthier eating. Dark nudges and sludge encourage the consumption of harmful products or utilise cognitive biases to make behaviour change harder. Increased alcohol consumption is a well-recognised risk factor for cancers and the alcohol industry (AI) funds corporate social responsibility (CSR) organisations such as Drinkaware in the UK to raise awareness of the dangers.

However, analysing data from AI funded CSR organisations' social media and websites, the authors found frequent uses of dark nudges and sludge. For instance

1. Placement – evidence about the harms of alcohol in pregnancy were found on a webpage titled 'Health effects of alcohol', well below other sections such as 'How does alcohol affect my beer belly?' and 'Why does alcohol make me pee more?', necessitating scrolling through at least nine pages to reach the relevant information. Information about specific cancers is frequently omitted and on infographics, whilst locations of other diseases are prominently placed next to the relevant organs, the word 'cancer' appeared by the right ankle
2. Properties – information placed on the first page of a website is more likely to be read than text further down. In some CSR materials for instance, the unknowns of cancer risk and alcohol are placed well above the fact-based, known risk information. Graphic design, in the use of dark fonts on a dark background is also used to disguise information
3. Priming effects – social media messaging from CSR organisations is often accompanied by pictures of people smiling and drinking, priming the reader with the message that alcohol is OK, despite the negative message of any text. Information may be diluted by placing it close to frivolous material, as, for instance, information about foetal alcohol syndrome is placed alongside trivia about Champagne.

Other examples of AI CSR dark nudges and sludge are given, indicating that these programmes may be designed to fail and may in fact lead to increased alcohol consumption, rather than its reduction.

The authors conclude that analysis of similar material used by the food and beverage industry could be of benefit to public health, together with a detailed analysis of the 'dark money' behind dark nudges and sludge.

<https://doi.org/10.1038/s41415-020-2343-7>

Complaints should not be the only drivers for change

Day G. Enhancing relational care through expressions of gratitude: insights from a historical case study of almoner–patient correspondence. *Med Humanit* 2020; **46**: 288–298.

Gratitude improves wellbeing in both the writer and the recipient.

A formal complaints procedure is a requirement of hospital and general medical and dental practices. The negativity of complaints as drivers for change can affect staff morale yet compliments and expressions of gratitude are frequently overlooked as useful forms of feedback.

Almoners at Frimley Park Sanatorium in Surrey maintained contact with former tuberculosis patients from 1920 to 1963. (The correspondence and records are held at the Royal London Hospital Archives.) Funded initially by an annual research grant of £150, the project investigated the post-treatment histories of the patients. Personal letters were sent by the almoner annually to each patient and in addition to the medical and social information requested by the sanatorium, the respondents, of their own free will, frequently expressed gratitude for treatment, appreciations that the sanatorium was still interested in them and often sent monetary donations. Each respondent received a personal reply from the almoner (and a stern reminder if there was no response to the initial contact).

Reviewing the free text responses from the patients, the author reflects on how this correspondence might influence the landscape of healthcare today. She concludes:

1. Unsolicited expressions of gratitude require opportunities for expression. In this case, data gathering offered that opportunity
2. A clear familiarity with previous correspondence gives the patient a sense of continuity and the use of the first person (I, me, my) makes the patient feel acknowledged and valued
3. 'Copy and paste' templates dispense information but offer little sense of patient centredness, possibly reinforcing patient perceptions that they are a small cog in a large impersonal wheel
4. Complaints and compliments are not mutually exclusive. If correspondents in this study did complain ('Frimley is a blot on the medical escutcheon'), they also often expressed gratitude at the same time. A dichotomy between complaints and compliments, the basis of much healthcare feedback mechanisms, fails to do justice to the nuances of patient feedback.

Previous research has shown that healthcare staff described hearing of patient and family complaints as 'gutting, devastating and shameful' and received with 'disbelief, shock and incomprehension'. Expressions of gratitude on the other hand increase wellbeing, motivation and staff retention. Both receiving and writing letters of gratitude, gratitude lists and journaling have all been shown to improve psychological wellbeing, happiness and life satisfaction, and decrease depressive symptoms.

<https://doi.org/10.1038/s41415-020-2369-x>