



News to Views: The Future of Health Influence

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Experiencing the news

“People don’t really read the news so much anymore; they experience the news.”



This idea set the tone for a London roundtable on the 8th of May 2026, which brought together clinicians, science journalists, medical students, healthcare creators, communications leaders and public health stakeholders. The discussion explored the evolving relationship between expertise, storytelling and confidence, examining how these forces shape public understanding and behaviour.

Health information is now shaped by creator-led content, personalised feeds and platform algorithms. These systems influence not only what audiences see, but also how they interpret and respond to it. As one participant said, “We are no longer fringe media, we are mainstream media because people rely on our content to deliver that information”. Audiences no longer simply consume health information;

they experience it through emotion, identity and community.

Overall, the discussion made it clear that health communication must evolve to meet audiences where they already are in fast-moving, creator-led digital spaces. Meeting this challenge requires a seamless integration of clinical credibility, strong storytelling and genuine accessibility, ensuring that vital context is not lost along the way. Success is not about being louder, but about being clearer, more honest and more reliable in the spaces where public understanding is shaped every day. Health organisations that fail to adapt risk not only being overlooked, but more importantly, losing the very credibility they depend on to protect public health.

What Has Changed: The Evolution of Influence and Information



Health communication has moved away from institutional reporting into a digital space dominated by short-form, personality-led and emotionally engaging content. While health reporting has always existed across television and radio, the difference now lies in the scale, speed and personalisation of digital platforms. For clinical authority to remain relevant, it must also exist within the content ecosystems where audiences now spend their time.

There has been a parallel decline in engagement with traditional news, particularly among younger demographics. “Things have changed a lot... our younger generations don’t really read the news. That’s where social media comes in, and that social media is a real double-edged sword,” said one attendee. Traditional news has not, though, disappeared: it remains a vital route for many consumers and policy makers.

“I don’t care how many people look at it, if only one woman looks at it and it helps guide her... It’s got to be trust for me,” said one medical specialist with an online presence, highlighting how clinical impact remains deeply personal – maybe a characteristic of this age of news without editorial intermediation. Yet in modern health communication, credibility is no longer established by professional titles alone. It is shaped by how information is sourced, communicated and validated.

Why It Has Changed: The Battle for Attention and the Confidence Gap

“We deal with information that is true in the moment but constantly evolving. Others may persuade with confidence; we have to be careful, because nuance matters.”

The reality of platform behaviour often means that the loudest and most controversial voices gain the most significant traction. As one contributor said, **“You’ve got to have an element of controversy to you; hence, that’s why people want to follow.”** creating a confidence gap where unregulated influencers can outperform accredited experts by removing the caveats, nuance and uncertainties that are essential to responsible medicine and evidence-led communication.

Regulated healthcare professionals and clinically qualified creators must adhere to professional standards set out by bodies such as the UK’s General Medical Council, including honesty, transparency, evidence-based communication, and protecting patient trust. While these safeguards are critical to maintaining public confidence and patient safety, they can disadvantage qualified experts on platforms that reward certainty, simplicity and speed over nuance and accuracy.

As a result, confidence can often outperform expertise in digital environments where visibility and engagement are frequently mistaken for authority, regardless of clinical accuracy. Several participants spoke of the growing risk that influence, relatability and algorithmic reach may increasingly shape public perception more powerfully than evidence or professional accountability.

There was a shared view that expertise alone is no longer a sufficient hook for an audience. One participant said, **“You have to earn the right to educate them. It’s not about getting in front of a camera saying ‘I’m a doctor’; you have to entertain first and then give the information.”** This reflects a broader transition in health communication, where engagement is no longer secondary to education, but a necessary prerequisite for it. Amidst this pressure, one medical professional reflected that credibility is also built through the discipline of knowing when not to speak, particularly where content risks drifting beyond clinical expertise or into unverified claims.

What It Means For The Future: Commercial Pressures, Artificial Intelligence, and Governance

The environment is further complicated by the growing overlap between health communication and monetisation, particularly as brand partnerships become more common in wellness spaces. A core concern was the risk of turning health into a commodity. As one contributor said, This idea set the tone for a London roundtable on the 8th of May 2026, which brought together clinicians, science journalists, medical students, healthcare creators, communications leaders and public health stakeholders. The discussion explored the evolving relationship between expertise, storytelling and confidence, examining how these forces shape public understanding and behaviour.

Health information is now shaped by creator-led content, personalised feeds and platform algorithms. These systems influence not only what audiences see, but also how they interpret and respond to it. As one participant said, **"We are no longer fringe media, we are mainstream media because people rely on our content to deliver that information"**. Audiences no longer simply consume health information; they experience it through emotion, identity and community.

This exposes a wider tension between public health realities and individualised consumer narratives. At the same time, there was clear recognition that earning

income from expertise is legitimate. As one creator said, **"It's okay to say that we want to make money... otherwise, why would we spend hours of our week creating this content?"** This was echoed by journalists, who highlighted a shift in mindset around professional value and the idea that audiences engage with expertise for a reason. The consensus was not that monetisation is the problem, but that transparency is key. When commercial relationships are openly declared and grounded in clinical truth, credibility can be maintained rather than compromised.

Artificial intelligence was seen as a powerful tool, particularly for speed and efficiency, but not a replacement for human judgment. Participants stressed the gap between machine output and clinical context. As one clinician said, **"AI wants to find the correct answer quickly, but it misses the live, up-to-date reality."** Others reinforced the idea that healthcare remains fundamentally relational, noting that you can't replace the human element of giving medical advice. Despite caution, the mood was broadly optimistic, and AI was seen as an asset if used responsibly. "AI is going to be the biggest asset... if we choose to stay behind, it's going to be very hard to catch up." The challenge is ensuring it enhances, rather than replaces, human accountability.

Implications for Communications Programmes



Health organisations can no longer rely on traditional media alone to shape public understanding. Creators now play a direct role in influencing behaviour, perceptions and trust, including around issues such as vaccination and treatment decisions. This creates both opportunity and reputational risk.

As current ethical and regulatory frameworks struggle to keep pace, the need for clear governance in creator-led health communication is becoming critical. The future will depend on models that combine clinical credibility, editorial integrity and digital fluency. Collaboration between FINN Partners, Health Creator Leaders and the World Federation of Science Journalists was highlighted as one approach to building this balance.

The future of health communication will be defined by those who can integrate scientific credibility, compelling storytelling and clear accountability, translating trusted expertise into formats that reflect modern digital behaviour. The focus now is on creating a structured ecosystem where clinical accuracy, editorial standards, and digital delivery coexist without compromising truth.

