the practitioner and his client -- to reflect unfavorably on the practitioner;

c) Channels of communication drawn upon by the practitioner include not only professional literature from sanctioned scientific sources but also professional polemics, pharmaceutical and other medical industry information or rebuttals, federal and other regulatory documents, continuing education materials of uncertain consistency, and popular media;

d) The context of reception of communication is awash with diverting and/or competing messages.

As complex as the factors in the scientist-to-practitioner stage appear, they all but pale when compared with efforts to communicate with the public, whose informed cooperation is increasingly the sine qua non of translating scientific advance into personal health benefit. Here we have to contend with awesome obstacles:

a) The diversity of the public is patent, manifested in literally dozens of sub-groups segmentable by demographics, and medically relevant predispositional factors;

b) Far from sharing a finely honed operational language constantly redefined in function, the various publics rely on figurative and