


Roles for Health Care Professionals in Addressing Patient-Held Misinformation Beyond Fact Correction

 See also Chou and Gaysynsky, p. S270, and Donovan, p. S286.

Most patients trust their health care professionals,¹ but many also turn to sources outside of the examination room for medical information. Although many resources provide accurate information (e.g., government health agencies, professional organizations, and patient advocacy groups), not all information that patients find is accurate. Patients may encounter medical misinformation from a variety of online sources, which can have important health consequences.

Health care providers can play a critical role in addressing medical misinformation but have not yet had the opportunity to address medical misinformation fully. (Certain disciplines have made progress, such as pediatricians in mitigating vaccine misinformation.) Effectively addressing misinformation requires more than attempts to simply discredit misperceptions. Encountering patient-held misinformation offers an opportunity for clinicians to learn about patient values, preferences, comprehension, and information diets. Systematically training health care professionals to address patient-held misinformation with empathy and curiosity,

acknowledging time and resource constraints, will be a crucial contribution toward future mitigation of medical misinformation.

PATIENT EXPOSURE TO MISINFORMATION

Despite recent efforts by social media platforms to reduce or counter medical misinformation (e.g., <https://bit.ly/3f4vBeE>), patients can find a wide range of inaccurate medical information online with minimal effort. Some misinformation appears on Web sites advertising or selling alternative “natural” products and literature.² Some misinformation lies in social media posts or carelessly written articles on various sites. A variety of misinformation about remedies, causes, and policy accompanied the arrival of the coronavirus disease 2019 pandemic, for example. At the same time, the potential consequences of medical misinformation also vary. Inaccurate claims that reach large audiences and encourage people to engage in damaging behavior are different from technically inaccurate

but relatively inconsequential claims.³

Despite agreement as to the existence of problematic misinformation, patients and providers also face challenges in reliably characterizing high- and low-quality health information. One might attempt to judge information by assessing the scientific quality of research reported, transparency regarding research sponsorship, and the extent to which research limitations are described. (For examples of questions to raise, see <https://bit.ly/2D74fqY>.) Effectively applying such a checklist approach, however, requires a baseline scientific understanding beyond what can be expected of most patients. Such questions best serve as a prompt for patient consultation with a health care professional rather than as a stand-alone tool for patients to use.

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MITIGATING THE EFFECTS OF MISINFORMATION

We need to improve patient relationships with health care professionals, meaning we need tools and approaches for improving different types of patient–professional conversations about inaccurate medical claims. Here we can learn from a specific category of such efforts: those developed to address patient hesitancy about vaccines. Leask et al.⁴ developed a guide for health professionals to consider in addressing parental vaccination concerns. They emphasize a stance that offers parents assistance in decision-making rather than attempting to persuade parents directly or discredit specific information sources. Such an approach prioritizes offering informed advice on how to think about vaccine decisions rather than discrediting specific information sources. Importantly, we also know that in some instances even health care professionals themselves can offer inaccurate information.⁵ Leask et al.⁴ point to the opportunity for health care professionals to elicit parent concerns during such encounters and to acknowledge, listen, and empathize while pointing to appropriate information sources. Building on such an approach at

Duke University with support from the ABIM Foundation and Craig Newmark Philanthropies, we have developed training for clinicians to address misinformation that emphasizes empathy and listening while acknowledging time limitations.

Developing the capacity to listen to concerns, preferences, and values, as well as to monitor available information environments for inaccurate claims, requires effort. Although some have called for fact checking and social media response efforts by medical organizations to address medical misinformation, investing in scalable efforts to build individual relationships with patients will be crucial. Consider, for example, the experience of the US Centers for Disease Control and Prevention's effort to monitor travelers to the United States during the 2014 to 2015 Ebola outbreak. (For more information, see <https://bit.ly/2CAM2JJ>.) Evidence suggests that a key factor in traveler intention to adhere to requirements was trust—namely, the extent to which travelers trusted program staff with whom they talked at a US airport about the monitoring program. Interpersonal trust is most likely in situations in which people directly encounter a health care professional in person (at least virtually) rather than in situations in which people are presented with information in other ways. Trust involves relationships and not just facts.

To participate in a conversation (about information or what turns out to be misinformation), patients need to feel empowered to raise an idea that their health care provider may perceive as controversial or problematic. Rather than expect patients to raise concerns without prompting, health care providers should

invite conversations about potential misinformation with their patients. For example, inviting patients to share what may be affecting their treatment choices with an open-ended question (e.g., “What have you already heard or learned about your treatment/condition?”) could open useful conversational space.

Understanding misinformation as a force in a patient's life also calls for assessment of the patient's own lived context. Often patients' experiences or experiences of friends and family affect how they relate to medical information. Having a relative who experienced a medical error may lead a patient to be less trusting of the health care system in general and more likely to believe misinformation focused on the “dangers” of traditional therapies. Some patients may have less trust in the health care system and physicians because of health inequities and historic mistreatment.⁶ Religious or spiritual beliefs also can affect patients' beliefs about their bodies and may affect therapeutic choices, from choosing natural alternatives to declining therapies.

Providers should recognize that patients will continue to seek medical advice from the Internet, peers, and family members. Directing patients away from alternative sources altogether is unlikely to succeed. Mitigating the effects of misinformation requires providers to empower patients with accurate sources of information to meet patients' own needs for self-education. Patient educational materials should include information about trusted resources.

Although research on the effects of medical misinformation is increasing, we know relatively little about how to address it through clinician intervention. Just as research has helped

determine optimal techniques for shared decision-making between patients and providers, we need a systematically developed evidence base for addressing misinformation in a clinical setting.

A PATH FORWARD

Health care professionals can address patient encounters with medical misinformation by leveraging opportunities to listen to patients, monitor existing electronic information environments, and guide patients toward enhanced understanding of peer-reviewed medical evidence, perhaps in concert with initiatives to enhance news and information literacy.⁷ Doing so will involve more than issuing corrective pronouncements about fallacies. Health care professionals will need to invest time in understanding what misinformation patients describe and value and work cooperatively with patients to prioritize credible sources. **AJPH**

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