How to Mitigate Medical Misinformation?

Research Findings

Incorrect medical information can have devastating effects, especially if it's widely disseminated and believed. The spread of medical misinformation (false or misleading information about health and medicine) harms patients and erodes trust with providers.

A group of leading health organizations working as the Mitigating Medical Misinformation Work Group commissioned research about patient attitudes and beliefs that can help physicians, specialty societies and certifying boards, health and healthcare organizations, and others reduce the spread of medical misinformation.

Participating organizations are: American Board of Emergency Medicine, American Board of Family Medicine, American Board of Internal Medicine/ABIM Foundation, American Board of Medical Specialties, American Board of Pediatrics, American College of Physicians, American Medical Association, American Osteopathic Association, American Public Health Association, Association of American Medical Colleges, Council of Medical Specialty Societies, Federation of State Medical Boards, National Hispanic Medical Association, and National Medical Association.

Research Background

Quantitative Research

- A nationally representative online survey of 2,112 adults was conducted in March 2023 and focused on trust/distrust of the medical community, including perceptions about institutions, vaccines, and trusted sources of information.

- Three groups emerged as important for follow-up qualitative research, based on their perceived "movability" around medical misinformation—meaning that they were skeptical of some medical information provided by conventional sources, but were not entrenched in their mistrust:

  - Black and Hispanic women 25-45 years old

  - Non-college-educated women 25-45 years old (mostly White)

  - Adults 25-45 years old (mostly men)

Qualitative Research

- Qualitative research followed in October 2023 with three online discussion boards (known as qualitative boards, or "qual boards") conducted asynchronously over a 48-hour period. Ninety-six participants answered a combination of closed- and open-ended questions.

- Recruitment aligned with U.S. Census Bureau data for key demographics such as age, educational attainment, voter registration, and balanced geography by region.

Insights on Mitigating Medical Misinformation

Audience Priorities

- **Adults 25-45 years old are "skeptical but movable" on medical disinformation.**

  Those most movable on medical misinformation are Black and Hispanic women 25-45 years old, non-college-educated (mostly White) women 25-45 years old, and adults (mostly men) 25-45 years old. It is very difficult to shift perceptions of others who are entrenched in their beliefs, with either extreme trust or extreme distrust in science, medicine, and government.

For these "skeptical but movable" individuals:

Trust in Physicians

- **Most have and trust a primary care physician.**

  About 70% of "skeptical but movable" patients have a primary care provider. For parents, nearly all report their child(ren) having a primary care provider.

- **"My local doctor" is their most trusted source of medical information.**

  Nurses were the second most trusted, with other local healthcare professionals, such as physician assistants, ranked third. Physicians who lead government institutions, work for state government, or share information on social media were the least trusted. Contributing to the high level of trust are personal interactions, an established relationship, and a belief that local doctors who lie would lose patients quickly due to direct accountability.

MOST Trusted
- **My local doctor**
- **Nurses**
- **Another healthcare provider**

LEAST Trusted
- **Physicians who lead NIH and CDC**
- **Physicians who work for state govt**
- **Doctors on social media**

- **There's uncertainty if doctors in general have people's best interests in mind.**

  While people overwhelmingly trust their primary care physician, only 45% believe doctors in general have their best interests in mind.

- **Perceived profit motives are a big concern and a root cause of mistrust.**

  The perceived motivations of physicians and organized entities are a big concern for skeptical audiences that question medical advice, diagnoses, and treatments. Many suspect profit incentives lead doctors to prescribe too many and/or unnecessary pharmaceuticals and to dismiss alternative treatments.

- **COVID did <u>not</u> significantly shift trust in doctors and science.**

  For all but a few, changing or contradictory recommendations during COVID did not destroy trust in doctors and science. Most recognize the impact of false information during COVID—and about half said they had been negatively affected in emotional and psychological ways rather than physical. Many felt doctors and scientists were doing their best to deal with an unprecedented challenge and understood that science evolves—although this could have been articulated by experts more consistently and clearly.

Information and Misinformation

- **Self-advocacy is needed to manage constant (and often conflicting) information.**

  Many said that relentless self-advocacy is required to receive the best care for themselves and their families, but the amount of time needed to research and sift through information is "almost impossible for an average person." The vast amount of contradictory information is seen as a major hurdle to "doing the right thing." Those who take time to investigate information (generally online) believe they are "doing the right thing" for their families.

- **Doctors who knowingly spread false information should be penalized.**

  There is strong support among "skeptical but movable" individuals that doctors who knowingly spread false misinformation should face significant sanctions, such as suspension or revocation of medical licenses.

Messages That are Believed

- **<u>Positive</u> messages about doctors, science, and misinformation were believed the most.**

  Audiences reviewed messages that ranged from positive to negative (understanding of the scientific process to cynical about medicine and science). Straightforward, factual messages most resonated with the "skeptical but movable" audience and were viewed as believable.

Trusted Messengers and Channels

- **Local organizations are seen as less biased and more reliable.**

  Most perceive local groups, such as nonprofits, health systems, or medical and public health organizations, as less biased and more reliable than national organizations/sources and government agencies/officials.

- **Media (especially national) and "celebrity doctors" are not trusted.**

  Just one in three said they would turn to a local and/or mainstream media source for medical and health-related topics. Doctors who appear on national news programs were often seen as not trustworthy. Most "skeptical but movable" individuals do not follow doctors online or on social media.

Language That <u>Most Reflects</u> Skeptical but Moveable Audiences' Beliefs		
About Doctors	**About Science**	**About Misinformation**
My primary care doctor is the person I trust most to tell me accurate medical information.	I believe that knowledge about medicine changes as science evolves.	If misinformation about medical information is not corrected, people could be seriously harmed.

Language That <u>Least Reflects</u> Skeptical but Moveable Audiences' Beliefs		
About Doctors	**About Science**	**About Misinformation**
I will never fully trust medical advice from anyone.	When doctors change their opinions on medical issues, it makes me think they don't really know the right answer.	If something isn't a fact, doctors shouldn't say anything. I know medical misinformation when I see it; no one needs to call it out for me.

What Can Healthcare Professionals Do?

When interacting with audiences who are "skeptical but moveable" about medical information, healthcare professionals can:

1. Affirm that people are "doing the right thing" by checking the facts.

Most people see themselves as playing a vital and necessary role by questioning and researching medical information for themselves and their families. Communication with patients can affirm that they're behaving responsibly by validating their desire to get accurate information.

"I can understand that you want to check this out for yourself. It's good to ask questions."

2. State the case in a factual, balanced manner that acknowledges and understands their skepticism.

Facts are important to this audience—but to be believable, they must be seen as free from political overtone or ideological judgement. When possible, do not disparage unconventional approaches. People view them as valid options that might not help, but won't hurt—and are deeply suspicious that mainstream media and other authorities want to censor or stifle alternative opinions.

"Based on the current information known to us, X is effective, and that's based on considerable testing."

3. Teach people how to be educated consumers, not what to think.

Encouraging questions and dialogue that helps "skeptical but movable" individuals do their own research will empower them and reinforce their self-advocacy.

"I understand why you have questions and am glad you are doing your own research. Let's talk about your concerns and look at the evidence."

4. Reinforce local providers (their provider) as trusted sources to talk to.

A personal primary care provider is the most trusted source for accurate medical information—in part because they are mostly exempt from financial, political, or structural conflicts of interest.

"Your own doctor knows your medical history and your community. That's who you should turn to for information and advice."

5. Direct patients to resources vetted by independent, unbiased doctors.

In addition to educating patients and encouraging their questions and research, direct patients to free resources that offer information vetted by independent, unbiased doctors who have no conflict of interest. Many patients say they rely on WebMD, in addition to their own physician.

"It's good to seek information. I believe an objective source of information is X. I also do a lot of reading and am happy to answer your questions."