Medical Misinformation: Trainees on the Starting Line of Truth

Michael Milligan, MD, MBA
Resident, Harvard Radiation Oncology Program, Boston, Massachusetts; email: michael_milligan@dfci.harvard.edu; Twitter: @michaelgordonm3; ORCID: https://orcid.org/0000-0002-9101-9262.

Anurag Saraf, MD
Resident, Harvard Radiation Oncology Program, Boston, Massachusetts; ORCID: https://orcid.org/0000-0001-8199-2782.

Subha Perni, MD
Resident, Harvard Radiation Oncology Program, Boston, Massachusetts; ORCID: https://orcid.org/0000-0003-2851-4903.

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To the Editor: “A lie can run around the world before the truth has got its boots on.” – Terry Pratchett

Though written more than 20 years ago, Pratchett’s words are prescient. Amid the COVID-19 pandemic, conspiracy theories and “alternative facts” have spread rapidly, while the scientific community has struggled to keep up. Such misinformation has had virulent effects, decreasing uptake of evidence-based practices like social distancing and vaccination. One thing has become starkly clear: misinformation is a public health problem.

A recent study analyzing Twitter engagement found that falsehoods spread significantly faster and farther than accurate information. Indeed, the rapid flow of social media and modern communication may hamstring the truth. Dissemination of accurate information inherently requires careful vetting. Misinformation, on the other hand, can be created quickly and indiscriminately, preying on cognitive biases, and can go viral in a flash.

Scales and colleagues argue that to address this infodemic, 3 interventions are necessary: surveillance, diagnosis, and rapid response. While they describe large-scale, systemic measures, we believe effective change also requires individual effort at all levels. Trainees may be particularly suited for this work, as we are often native netizens who are fluent in social media, fresh out of school, and skilled in the critical appraisal of research.

Over the past year, our team of trainees has been meeting regularly to create best practices for surveilling, diagnosing, and responding to misinformation. We believe every patient encounter presents an opportunity for truth to gain a foothold. In an open, empathetic environment, we have started asking our patients if they have seen or read anything related to their health that they would like to discuss. Invariably, common refrains emerge, such as the impact of dietary modifications on their cancer care or questions around unproven, expensive therapies. We are
compiling a database of frequent offenders with brief, evidence-based rebuttals to each. This initiative has enabled us to effectively and compassionately respond to misinformation, using techniques such as motivational interviewing and pairing rebuttals with explanations. We hope our experience will encourage other trainees to adopt a similar, proactive stance against medical misinformation. The truth may yet find its second wind.

References