Self-Analysis: How to Engage with Social Media. A Fellow's Perspective

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I am defined as a millennial, and I have grown up in parallel with the inception of the clunky and unreliable World Wide Web to the essential modern-day, ever-expanding Internet. At this point, we are expected to stay connected no matter where we go. This was not always the case, as I remember being taught websites were not trustworthy references; but I also experienced the innovative “knowledge translation” shortening inherent in traditional educational resources [1]. Additionally, I recognize the complex relationship between social media and the dissemination of medical information. I have relied heavily on free open access medical education (FOAM) during my training and believe in its value. Unfortunately, I have also observed controversial statements presented as fact within these convenient resources, and on occasion, learners are expected to trust the presenter due to popularity instead of vetted references.¹ Away from the Internet, this popularity may not be merit-based. As the coordinated false narratives within modern politics have shown us, this challenge is not isolated to FOAM [2]. In modern times, electronic connection sometimes appears to be more important than conventional connection. As I’ve pondered this interconnection, I have some questions that I pose, and attempt to answer, here.

Does this “connectedness” actually increase any genuine human communication?

I do not believe it does. I repeatedly contemplate: should I look at my phone or at the human in front of me... while they look down at their phone? I admittedly have the disposition of

a previous generation and do not worship every technologic development. I appreciate the advancements in medicine, imaging techniques, and the ease of access to medical literature; but I do not believe that a continuous renewal of an electronic screen helps to achieve any tangible life goal. After acknowledging these issues, I accept that I cannot function in this world by ignoring the present reality. The Internet provides us with a vast amount of information instantaneously, but sometimes I feel this immediate and continuous connection lessens the true human experience.

My apprehension is especially evident in the world of social media. I do not believe these platforms necessarily make me more knowledgeable or increase my understanding of the world around me. Instead of a complex interconnected world, I am constrained to a “silo” due to my previous clicks. But the ease of this information, especially misinformation, gives credibility to the most recent iterations of snake oil, which may put my patients at risk. Specifically, social media allows anyone to give his or her opinion without a requirement of proof. This leaves me with multiple additional complicated questions.

Should I engage professionally and personally in the modern, ever-connected world?

My personal experience with social media has revealed a preponderance of aggression and misinformation with rare true wisdom. These platforms can become a podium for non-experts to provide expert viewpoints while also creating a difficult environment for a knowledgeable person to clearly refute the claims. Professional engagement in these discussions is both difficult and controversial. Studies have shown that engagement in these discussions can actually solidify one’s stance, no matter how incorrect [3]. Regrettably, the people around me, specifically my patients, are constantly engaged with these platforms. These websites help mold their beliefs; for these reasons, I cannot ignore this world.

In my own practice, I attempt to present peer-reviewed data on the subject while providing reputable resources to

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empower them to learn for him or herself. I attempt to gauge their interest in discussion and will take a data-driven stance while redirecting the discussion back to the immediate health issue. I do not force a prolonged and unwanted discussion but also do not allow misinformation to be propagated. My hope is this small moment will initiate contemplation, which may be built upon during the next interaction with a medical professional. Collectively, and with time, I am hopeful that we may increase our patients' trust in reliable data.

As the word doctor means teacher, is it my responsibility to direct others to credible sources or has this become "shaming" in our present society?

With regard to human health, the Internet is full of celebrity advice and isolated anecdotes. There are countless celebrities that continue to pronounce their opinions as fact despite obvious conflicts of interest and questionable knowledge. For instance, Jenny McCarthy has used her influence to reduce childhood vaccination rates; now, there are an increasing number of vaccine-preventable infectious diseases in vulnerable populations [4]. Gwyneth Paltrow has turned her celebrity into a business to market ludicrous "health" options that have been repeatedly disproven by credible experts such as Dr. Jennifer Gunter [5]. How has a celebrity, without any tangible expertise, become the gold standard for legitimacy?

When did becoming successful in one arena make one knowledgeable in all arenas? Despite being a residency- and fellowship-trained physician, I realize the limitations of my medical knowledge and attempt to stay within my expertise. Outside of medicine, no one should ever take my advice on financial planning, home building, or even setting up a WI-FI account. In contrast, my medical opinion may be less valuable than virtually anyone with a keyboard. Many lessons regarding anecdotes and causation have been taught to us by science. Unfortunately, science is repeatedly ignored (i.e., vaccination benefits, alkaline diets, and laetrile for cancer treatments).

Even if I am not considered an expert to my patient or Internet acquaintance, I can attempt to direct them to undeniable expert sources. I can point them to published consensus guidelines on the topic in an attempt to provide support to my stance. A good example would be the position statement on fentanyl exposure in response to the widespread concern for transcutaneous absorption from negligible exposures [6, 7]. If I provide reputable sources for their concerns, they can make their argument but at least with access to the evidence.

Are noncharismatic physicians like myself, who are not eloquent speakers or writers, improving the situation by entering arguments or are we aggravating the aftermath by giving credibility to nonsense?

I personally felt discouraged and removed myself from social media to reduce the time I spend digesting the false declarations. It was providing more stress than enjoyment. It felt like social media was providing a platform where opinion was more important than fact. With a click of a button, someone can "like" your statement, which increases the number of people that read it. These clicks can provide a feeling of fame, but sometimes hatred leads to more "likes" than acceptance of each other's faults. Most reasonable discussions deteriorated into vicious attacks, which forced me to refocus. I chose to focus my time on productive projects away from these platforms; which has been a reprieve.

The recent lay public fentanyl fear is an example of misplaced and ill-informed concern. I grew increasingly nervous that I would create a media firestorm by correcting someone's emotional anecdote. Despite position statements by the American College of Medical Toxicology (ACMT) and American Association of Clinical Toxicology (AACT) [6, 7], there continues to be fear-mongering on social media. Colleagues such as Dr. Ryan Marino and others have taken on this social media battle and I applaud their passion.

I would like to be measured and accurate in discussions related to misinformation. When I cannot do this, I find myself hoping my colleagues can productively engage in these discussions. As several studies have shown increased dialog may not improve outcomes and may increase patient anchoring, there is a possibility we could solidify misinformed beliefs [3, 8–10]. I know multiple physicians with social media pseudonym accounts to provide anonymous statements without the threat of being identified in their "real-life." As a scientist who believes in vetting my sources of information, I believe anonymity in this arena only increases distrust.

When I do return to the social media realm, I hope to be more selective in my support or "likes" for divisive statements. To allow for reflection, I will attempt to be more deliberate in my responses. I will continue to support the people that use data and expertise in their claims. I plan to support people that appear to have my patients' best interest at heart, and likewise, I would hope they would support my statements that would benefit theirs.

Early in my career, what is the expectation when I see misinformation regarding health? Is it more unprofessional to engage or to remain silent?

At this point in my career, I believe we should be available to present evidence against obvious harmful misinformation, but I also should try to stay professional in public forums. I view social media similarly to an in-person debate outside of the walls of my institution: I should attempt to be measured and accurate in my statements with the realization that the public and my employer will know my point of view. As we chose a noble profession, we should acknowledge a higher standard.

We are challenging the misinformed, competing against illegitimate business claims, and fighting the lies of a disgraced gastroenterologist, Andrew Wakefield, who made fraudulent claims regarding vaccination harms [11, 12]. Realistically, most physicians do not possess the talent required to gracefully enter the world of media. It is immensely tricky to provide sound advice while vicious contrarians use emotion and lies as their proof. I remember taking an oath to help the people and the population around me, but silence can be easier. In order to ethically influence the masses, one has to possess unquestionable knowledge, steadfast courage, and an engaging personality. This is why I appreciate the effort of our colleagues who use their medical expertise and charisma to delegitimize nonsense. We need people to enter these discussions but only if they have the capacity to improve the situation.

How do we move forward? Should we keep our opinions to ourselves to protect our colleagues, our employers, and ourselves or should we attempt to engage in unwinnable debates?

I do not have an answer, but I hope we can do better. Perhaps we could increase the distribution of our professional consensus statements or increase the scope of these statements. We conceivably could distribute more uniform messages to our members to provide a singular clear message. Or maybe we could formally teach our colleagues how to behave in the social media world via simple workshops. Society has decided that technology is synonymous with human interaction and we need to distinguish ourselves from the mob.

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