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Geri Amori, PhD, DFASHRM: Hello, everyone, and welcome to *Healthcare Perspectives 360*, a podcast dedicated to exploring contemporary healthcare issues from multiple perspectives. I'm Geri Amori, and today I am joined by Michelle Mello, JD, PhD, a health law scholar at Stanford; John Robert Bautista, RN, MPH, PhD, a postdoctoral teaching fellow at University of Texas, Austin focusing on health misinformation; and Brian Southwell, PhD, who is a scientist focusing on science misinformation and the public sphere at RTI International. Welcome, and welcome to our panelists.

Today, we're going to talk about the onus on medical professionals to bring forward the need to cull misinformation to promote improvement in public health. So, we will begin with our questions. Michelle, regarding the states' power to regulate professional speech, can you discuss how it might look if state medical boards are involved if a physician is disciplined for their speech?

Michelle Mello, JD, PhD: Sure, I mean this has come up a lot over the last 3 years as boards have been trying to figure out what to do about physicians who have been hocking COVID cures or spreading misinformation about COVID vaccines. Now, what would that look like? Well, even in a state without a medical misinformation law like California has, which actually defines it as unprofessional conduct to do the things that I just mentioned, medical boards can initiate proceedings for unprofessional conduct related to this kind of behavior with penalties as severe as suspension or revocation of the medical license. And the Federation of State Medical Boards warned doctors in 2002 that spreading COVID vaccine misinformation could indeed lead to action against their license.

Now, the FSMB defines competence as possessing the requisite abilities to perform effectively within the scope of professional practice while adhering to ethical standards. And it defines the practice of medicine to include using your designation—doctor—in the context of any occupation or profession pertaining to the prevention, diagnosis, or treatment of human disease or condition.

So, that means if I'm a physician, it's not just that I have to issue speech that's not false in the context of a patient interaction, but if I get elevated to the position of Florida Surgeon General, for example, I have a responsibility in that capacity, as well. Now, what does it actually look like in terms of boards' role? Well, they have been quite reluctant to sally forth into this space.

There's only a handful of cases in which physicians have gotten disciplinary penalties for spreading COVID misinformation. And especially in red-leaning states, the boards get a lot of flak when they try to go there, and there have actually been a couple of state legislatures that have passed laws restricting their power to do so. But the clearest case for disciplinary action is a physician who knowingly spreads false information or does so with reckless disregard for its truth or falsity. And many physicians don't meet that

standard; they're spreading information that they believe to be true. This kind of remedy is really most available for kind of the worst offenders.

There are two hazards that I will just reclose by mentioning. One is the inevitable lawsuit that a board is going to visit upon itself by taking these actions. These physicians kind of, by definition, are not meek and silent physicians. They are not going to take this lying down and many boards just think that the juice is not worth the squeeze, I suspect.

And second is the danger of creating martyrs for the so-called health freedom movement that, you know, physicians who have been sanctioned in various ways, you know ranging from disciplinary actions to just other physicians saying this doctor is wrong, have kind of waved the flag of free speech, they have waved the flag of health freedom, and they have found a ready audience among, you know, right-leaning organizations and other liberty-oriented organizations that have given them a platform to really amplify that message. So, there is kind of a danger in that attempting to, I don't want to use the word "cancel," but, you know, obtain a sanction against a physician like that. You're actually going to make their message louder.

Amori: Thank you, Michelle. Yeah, I can see that. I mean, it kind of makes sense when you look at the whole picture. So, Brian, what are a few methods to bolster trust, not just between clinician and patient, but just sort of the trust that eroded during the pandemic for science and healthcare? What are the top two that you can think of?

Brian Southwell, PhD: Yeah. So, we talked about this issue of trust. I actually think it's important to keep in mind that people still have a fair amount of confidence, you know, in healthcare professionals. And so, while there have been ups and downs and changes in that regard, from a public opinion perspective, we know that healthcare professionals are still generally trusted and viewed as credible, and that's important.

This question of trust, generally though, I mean it's really central for all of us as human beings, isn't it? You know, this is something that is a crucial part of our life, and yet it's a vexing, you know, part of our lives sometimes. And something that has been revealing for me is, you know, kind of looking at what we know about the ways that people actually define and what they mean by trust. And we tend to focus a lot of our attention on intellectual credibility; you know, the idea that if somebody has certain letters after their name, they're smart, they know X or Y, and that's an important piece, you know, here, but we also know that trust is actually multifaceted. From a social science perspective, you know, there is good evidence to suggest that there are really multiple elements.

Your credibility is one, a crucial one. Consistency is also another piece—reliability or consistency—and that is challenged whenever we have to change our public health recommendations, for example. And so we just have to keep that in mind that basically people do prefer, you know, sources that are credible or that are consistent and reliable, and so there is a cost, you know, when we are changing what we're saying sometimes. The third element is one that I think we often overlook and it's this notion of perception

of shared interest.

You might almost view this economically, you know, in some ways. I think this actually explains a lot of our civics fear in some instances, but there's just this basic idea that, you know, if I don't think that you care if I live or die, it doesn't matter how smart I think you are, there's something fundamental there in terms of my inability to trust you. So, putting this in the context of both organizations but also, you know, clinicians and physicians, ultimately, I think we have to think about relationships, you know, and not think about many of our communication efforts just in terms of persuasion here, per se.

And what are the components of, you know, good relationships? Well, they include a lot of listening, asking questions, highlighting shared interests sometimes, not taking that for granted. All those are things that we aren't necessarily, you know, good at in some of these circumstances. We don't spend enough time on, and I think that, you know, organizations and healthcare professionals could probably spend some more time not taking those pieces for granted if they want to build and maintain trust.

Amori: Excellent. Wow. That's really good. So, Robert, there's some people who have put forth the idea that clinicians, as part of their ethical duty, have a responsibility to get on all these social media platforms and contradict what's been said. What do you think?

John Robert Bautista, RN, MPH, PhD: Yeah. To start with, when I did interviews with healthcare professionals way back in 2020, they mentioned that they don't really have a legal obligation to address health misinformation on social media because this is not really part of their work contract to start with. But if we are talking about professional responsibility, then based also on an ethical standpoint on beneficence and nonmaleficence, which is to do good and to do no harm, they have an ethical obligation to address health misinformation.

Now, here's the dilemma. Correcting health misinformation on social media, as noble as it is, can predispose someone to harassment by social media trolls. And they've shared with me experiences that they have been harassed and have given bad reviews by certain anonymous internet users. So, the question now is that is it even worth it? Is it even worth doing that? So, imagine you're burned out in your clinical work and adding harassment online is another problem.

So, that's why we cannot blame if healthcare professionals do not have the time to address health misinformation, and we can't really say that being silent about this is unethical on their part because there are some ramifications in engaging with corrections and one of those is harassment.

Amori: Wow. So, we're establishing that there is a huge psychological component to this. Michelle, what about the legal component, like COVID is the latest chapter, but there's been multiple instances where misinformation is being spread, and how much should a clinician speak up without risking being held liable, or can they even do that?

Mello: Well, speaking out can involve risk, as Robert was just explaining. I don't think that legal risk is usually the concern, but the legal landscape is always changing, you know, this is of course not an issue that's unique to infectious disease control. Another area where this has come up a great deal is in abortion care, where physicians have wondered about their obligations to provide their interpretations of what a patient could do under a restrictive state abortion law. And you know, in the state of Texas there is now a law that allows someone to sue you for aiding or abetting a patient to get abortion care.

So, if you were to, say, correct a patient's false belief about the law in other states, you know, that could involve legal liability, but these are kind of edge cases. I think the core risk is the one that Robert described, that you're opening yourself up to quite a lot of harassment and potentially, in some cases, even security risks. So, I think there's a real question about whether it is worth it for physicians to engage in social media battles, and I think there are physicians who have multiple roles, one of which might involve that, but for frontline clinicians who are day-in, day-out just rendering patient care, that's probably not a battle that they need to take on.

I think it's a totally different question if what you're asking is, you know, I've got a patient in front of me, they clearly have a false belief about a matter that's important to their health, it seems to be based on false information, what are my obligations there? I think absolutely the physician's core ethical obligation there is to try to correct the misperception with the kinds of techniques that we have been talking about here.

I do disagree with Brian on one point, which is that, I do think there are some people who, no matter what you say, are not going to be persuaded on matters like vaccine safety. And I think anybody who is kind of in the trenches of vaccine policy has come to understand that these conversations can just be a black hole of constant pivots and argumentation and that, you know, there's really not openness to receiving that message. So I think it's worth sussing out, you know, is this person in front of you actually interested in hearing new information or are they interested in persuading *you*. And I personally am not a physician, but I have, I would say, never found it to be fruitful to engage with a person whose agenda is to persuade *me*.

Amori: That's a really good point, Michelle, and thank you for bringing that up. So, Robert, now we've sort of established that, from a sociopsychological perspective, probably it's not worth getting onto social media to argue about a point. And from Michelle's perspective, maybe you don't want to be doing it anyway. But if someone really wants to make a rebuttal online, what might that look like, as opposed to hanging themselves out to dry?

Bautista: Yeah, I have an upcoming article that will be published on *New Media and Society* wherein actually I have this specific question. So, is it worth correcting health misinformation and what technique is better in doing that? So, there are two techniques that we can use, whether it's priming or rebuttal. Priming is that you just post the correct information on your social media page, while rebuttal is that if you saw a social media post that contains misinformation, you actually do a reply underneath it. So, we actually

engage in somewhat a debate. We start with a debate.

And I found out that, when people get exposed to these two types of corrections…so the people that I asked to take a look at this are vaccine skeptics so the end-decision would be whether they intend to take a COVID-19 vaccine. And surprisingly, the higher intention to take a COVID-19 vaccine were those that actually saw posts that are from priming, which doesn't really involve engaging with debates. So, what I can suggest to clinicians is that you don't need to actually engage in debates by posting a reply to every social media post that you see as health misinformation. Instead, you can use your own platform to actually spread the correct information and have your followers share it.

So, that is one technique that most influencers who are health professionals are doing. Like for instance, Dr. Peter Hotez, who has more than 300,000 followers on Twitter, actually posts corrections to misinformation but not answer replies to people on their misinformation. So he just uses platform to spread the correct information that hopefully gets spread to a lot of people.

Amori: So, it's kind of sounding like if you engage, then you are kind of getting into a back and forth, maybe into a little of an argument, but if instead you're kind of just, this is what I believe and laying it out, there then other people might glom onto it and send it out.

Bautista: Yeah, the advantage of that is you don't open up yourself with harassment. Sometimes if you engage with debates, people will just harass you on and on. They don't need to do that.

Amori: Yeah. Yep, that makes a lot of sense. I'll tell you what scares me. As we move into the world of AI bots that are delivering seemingly credible and possibly wrong information, and we were talking about this before we went online today that, wow, there's all kinds of information—chat, you know, just comes up with amazing stuff. How can we, as a team of people who care about the truth in healthcare, teach a patient how to evaluate the information they find, not just on social media, but online at a website? You know, are there one or two questions we could teach them to ask when they see information to help determine if it's true?

Southwell: Yeah. I appreciate you raising this new topic. It's certainly been in the headlines a lot, and there's a lot of apparent transformations in our information environment that we are going to have to attend to. I think it's important, though, here that we not ask people to actually do all of the discerning. Frankly, I think any of us could be fooled under different circumstances, and, you know, the content that's now increasingly being generated, or is capable of being generated by large language models and artificial intelligence platforms, it can look quite professional and yet, as you pointed out, you know, could be wildly inaccurate in some ways.

But, you know, I haven't really lost all hope, and there's a couple reasons for that. First, it's really thinking about the nature, at least this current generation of artificial

intelligence, what's it really doing? It's really mimicking at scale at an aggregate level and parroting back to us human knowledge, you know, that has been posted online or that's been put into these data sets that it's being trained on. And it's potentially most misleading when that aggregate of information is packaged to look like otherwise, you know, other accurate information that you might encounter.

An example of this is you are scrolling on your phone, and you see something that has been generated by artificial intelligence, and it's formatted in a way that looks similar to other things that you see while you're scrolling on your phone, but it's hard to sort of discern the difference between those two things. But, at the same time, there are lots of circumstances in which we are in touch with live human beings in direct communication. And I think that on some level this puts value back on many of those circumstances, which is going to be more difficult to be fooled, you're less likely to be walking out of your door and to encounter an artificially intelligent, you know, bot in your driveway, for example.

So, I think it's really important, you know, to try to keep some of that in mind. But the one thing I would suggest here, in terms of advice, you know, is again it's really crucial that people pay attention to the sources of their information. Try to discern what the source is, and if you're not able to, that's a reason for some skepticism. And look for additional sources when you may be concerned about the information that you are encountering. And don't lose sight of the value of the interpersonal social networks in your life and the ability to pick up the phone and talk to people and to contact other real human beings. Part of the reason we're in this situation is we all are so darn dependent on scrolling through our phone at 2 in the morning.

Amori: That's a really good point Brian. We're so dependent on our machines now that it's almost harder to call a human being, you know. I think that makes a really good point. So, we've come to the part in our discussion where I get to ask my favorite question. So, I'm going to give each of you, in two sentences or three, can you tell us the one thing you'd like our audience to take away from today's discussion? Let's start with you, Brian.

Southwell: Great. Generally, I think that the time is right for us to not only address the crises of the moment but to be planning for the future. And I think something that's really important to keep in mind, anybody that wants to address the challenges of misinformation, one of the best things you can do is actually work on building relationships with patients, working on building relationships with audiences now so that we're better prepared to be good, credible sources of information for people in the future.

Amori: Thank you. That's a good point, good takeaway. Robert, what's your takeaway for today?

Bautista: My takeaway is that health professionals and the general public alike can address health misinformation on social media by sharing corrections on their social media pages. They need not reply to others' misinformation to provide the correction, so

you don't open up yourself for harassment.

Amori: I think that's a great point. Thank you very much, Robert, for that. And Michelle?

Mello: I think what I would reemphasize is just how powerful physicians are in combating misinformation by dent of their credentials, their expertise, their relationships with patients that put them in a position of trust, and their skill and training in communicating health information. So, physicians have enormous potential to influence the beliefs of their patients, those in their social circles, their professional circles, and they should lead by example the kind of conversation that we want to be having in this country about contested scientific issues.

Amori: Thank you so much. Thank you, all three of you, and thank you for joining us today. And thank you to our audience for joining us today. This was a really great conversation and I've enjoyed it very much. Enjoyed getting to work with you and know you. And enjoyed our audience. So, thank you to our panelists for sharing your thoughts and perspectives. Thank you to our audience for being here. We'll see you next time on *Perspectives 360*.

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