

# How Physicians Tackle Internet-Misinformed Patients: Going Beyond Traditional Patient-Centered Communication – A Study Protocol [Letter]

Riya Gosrani<sup>1,2</sup>, Man Kien Hang<sup>1</sup>

<sup>1</sup>UCL Medical School, University College London, London, UK; <sup>2</sup>School of Anthropology and Museum Ethnography, University of Oxford, Oxford, UK

Correspondence: Riya Gosrani, UCL Medical School, 74 Huntley St, London, WC1E 6DE, UK, Email [riya.gosrani.17@ucl.ac.uk](mailto:riya.gosrani.17@ucl.ac.uk)

## Dear editor

Upon reviewing the study protocol by Lu and Schulz,<sup>1</sup> we would like to express our gratitude for addressing the topical issue of physicians tackling internet-misinformed patients (IMP) through communication strategies. Whilst the research aims to address an important and timely issue, we have some points regarding the proposed methodology that we believe merit consolidation. As final year medical students, we aim to offer our perspectives in this letter.

The authors' reliance on self-reported interview data from physicians<sup>1</sup> raises concerns across several domains. Given the sensitive nature of confronting misinformed patients, physicians may be inclined to provide socially desirable responses. The potential for inaccurate reporting of their real-world communication strategies calls into question the validity of the semi-structured interviews. Additionally, the inherent risk of recall bias<sup>2</sup> further complicates the matter, as physicians' recollection of past encounters may not be accurate. To mitigate these concerns, we recommend incorporating alternative methods into the study protocol. Specifically, we suggest triangulating the interview data with observations from actual patient consultations.

Furthermore, the study protocol solely focuses on the physician's side of the interaction, neglecting those of the patients. Including patient perspectives would also provide a more holistic understanding of IMP. Lu and Schulz assert that the specialised knowledge which medical doctors possess plays a crucial role in combatting IMP.<sup>1</sup> By emphasising doctors' knowledge as the gold standard, the study may reinforce a doctor-centric hegemony which inadvertently marginalises patients. Therefore, we argue that the term "IMP" could be stigmatising, because it might make assumptions about the patients' motivations or capabilities. This framing could perpetuate the idea that misinformation stems solely from ignorance, rather than resulting from legitimate concerns. To enhance the study protocol, we propose adding semi-structured interviews with patients. These will create a more comprehensive view of the issue by revealing nuances that physician-only perspectives might miss.

A further limitation is that the authors do not clearly specify how they aim to measure the effectiveness of physician communication strategies when dealing with IMP. The study protocol's narrow focus on misinformation may overlook underlying issues of trust between physicians and patients.<sup>3</sup> Instead of merely rectifying misinformation through persuasion alone,<sup>3</sup> considering patient perspectives could highlight the role of broader social and cultural factors that contribute to IMP. Whilst we acknowledge the importance of disseminating accurate information, it may not necessarily change deeply-rooted cultural beliefs that fuel misinformation, thereby complicating the physician-patient relationship.

In light of increasingly diverse patient populations, we suggest that the authors could benefit from exploring the notion of cultural humility, which aims to address power imbalances by fostering mutually beneficial partnerships.<sup>4</sup> Although the study deserves credit for including physicians from diverse cultural backgrounds, its limited sample size (interviewing only 10 to 15 participants) and geographic scope (concentrating solely on Ticino, Milan, and China) pose questions about the generalisability of its findings to a broader population.

In conclusion, we sincerely appreciate the authors' contributions to medical education and hope our comments will be taken into consideration for future iterations of the study.

## Disclosure

The authors report no conflicts of interest in this communication.

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