Family physicians can counter misinformation

Lessons from Motherisk to mask wearing



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ike radioactive elements, health information decays. Half of what we know today might be untrue in a few years.1 The COVID-19 pandemic has only accelerated this phenomenon, making it challenging for clinicians to stay up to date and communicate clearly with patients and the public. Family doctors have an even more crucial role to play in health communication because the trust we build with patients helps them navigate our changing advice.

Early on, when personal protective equipment was in short supply, I did not think asymptomatic public mask wearing was advisable and I expressed that. My opinion echoed that of infectious disease specialists,2 Dr Theresa Tam, and the World Health Organization. We now understand that masks might play an important role in reducing community transmission.3 As we work through the ever evolving data, how much preventable harm is being done? Sometimes, when we are wrong, that harm can be considerable.

I first learned about Motherisk as a student. During my medical training, we referred patients to the Motherisk helpline for advice about the safety of various foods and medications during pregnancy and breastfeeding. Motherisk also routinely tested hair samples for drug and alcohol levels in cases referred to Child and Family Services. From 1995 until 2015, Canadian Family Physician published monthly content from Motherisk. This content was not subject to a typical double-blind peer review because of Motherisk's reputation as a leader in maternal health. Then we learned very disturbing news. Not only had the founder of Motherisk failed to claim ties to drug companies, but Motherisk's hair sample testing was flawed. Tragically, results of these tests were used in decisions to remove children from their families.4 Canadian Family Physician has since corrected and retracted the problematic Motherisk articles,5 but the legal proceedings for those affected by the hair testing scandal are ongoing. The harms to these families are unimaginable.

Motherisk demonstrates how easily trust in our profession can break down, with implications for clinical practice. A systematic review from 2017 showed that trust in the health care provider affects health outcomes.⁶ Perhaps a lack of trust can also make our patients feel disillusioned, turning to alternatives that are not evidence-based. Look at the popularity of the pseudoscientific wellness brand goop. Its success is built on blind faith in a well-loved celebrity; products such as the "Implant O-Rama System At-Home

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Coffee Enema" (for only \$135 [US]) are not purchased because of good evidence, but because of trust in the brand.

The false assertions of goop are an example of disinformation—objectively false information with the intention to mislead. Contrast that with misinformation—incorrect information presented inadvertently, as with our position on masks during the early days of COVID-19. Medicine got it wrong because we simply did not know better (although we ultimately correctly interpreted the data). The nuanced differences between how goop and science get things wrong can feel like splitting hairs to a public that has lost trust in institutions, but the differentiation is important.

If there is a bright spot in COVID-19, it is that we have seen more science-based health care professionals in the media. Nonetheless, I frequently see able-bodied, cisgendered, white men. They are often subspecialists talking about the extraordinary times we are in. Rarely have I seen a family physician, nurse, or other community-based allied health professional on the news, and I wonder why.

Fear of wading into an increasingly polarized public discourse should not silence physicians who want to inform the public about the best available science. Without us, there is a vacuum where pseudoscience can thrive. If you are considering writing an article, sharing information on social media, or taking part in a virtual town hall, I encourage you to do so. As family physicians who form longitudinal relationships and build trust over time, we can also serve as visible, informed public resources in this period of uncertainty. If we get it wrong, we must also be ready to admit it. Facts might change, but our ability to be fearless and trustworthy is something we can always hold on to.

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