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## Dr. TikTok, Dr. Google, and You

Recently, a patient with uncontrolled intraocular pressure wanted to try acupuncture instead of starting the eyedrop I recommended. She referenced a study about acupuncture and glaucoma and expressed concern that medicines cause “all kinds of side effects.” My patient was convinced that her sources on the internet had information that I was lacking or ignoring.

Cognitive bias, confirmation bias, or psychological drivers can lead patients to embrace medical misinformation. Even physicians can be drawn to suggestions that lack evidence. Blogger Jen Gunter, an ob-gyn with over 323,000 followers on Twitter, described her own foray into dubious treatments when her premature son had severe gastroesophageal reflux and she sought alternatives to surgery. After accessing information at the National Library of Medicine and the American Academy of Pediatrics, she felt lost, so she turned to sites that sold products and blogs where “the language resonated and I felt understood . . . and the confidence was intoxicating.”<sup>1</sup> The advice simplified her son’s issues, provided hope, and—most significantly—met her emotional needs.

Health care misinformation is nothing new. Patients used to bring in newspaper clippings about new treatments, and it was easy to skim the article, comment on the source of the information, and provide perspective. Now, the internet provides easy access, which is then amplified by social media. The medical internet is clogged with advice, sales pitches, and even conspiracy theories, which then spread through Instagram, Reddit, TikTok, Twitter, and even Pinterest.

How can we manage medical half-truths and misrepresentation and help our patients find accurate information? First, it’s important to encourage our patients to use the internet and other sources appropriately. Patient education is part of patient-centered health care, and informed patients are usually more likely to adhere to treatment. I sometimes tell a patient with complex disease, “I’ll teach you something about your disease at every visit, and eventually you’ll have a PhD in glaucoma.” I’ve even been known to assign homework.

It’s also important to direct patient learning. My patients get a beautiful magazine about glaucoma, and I jot down a few trusted websites for further research. The Academy’s website has a “Public & Patients” tab, and this is a great

resource. Other first-rate organizations—including the NEI, the Mayo and Cleveland clinics, and Johns Hopkins—have websites with patient-directed health information. As for printed materials, the Academy’s patient education brochures are affordable, and patients love them. When I’m talking about laser peripheral iridotomy, I grab an Academy brochure and draw a dot where the iridotomy will be placed.

Some questions are so common that we can have resources ready. Every week a patient asks about treating glaucoma with marijuana, and I’m no longer surprised when the patient is an 86-year-old great-grandmother. The American Glaucoma Society has a very readable position statement on marijuana, written by Henry Jampel, and I keep copies in every exam room (also see “News in Review,” page 18).

I also have certain journal articles ready. For example, I keep copies of the EAGLE study, which I might share when suggesting a clear lens extraction for angle-closure glaucoma.<sup>2</sup> Patients love reading these materials, and I suspect that some feel complimented that I gave them a medical paper to read. And as for social media, I ask my patients to take a screenshot when they find something interesting on Instagram or Twitter—we can then talk about it as we once did with newspaper articles.

Just as we always have, physicians interpret complex information and our patients (usually) trust us. And now, thanks to COVID-19, our patients are looking to us not only for advice about their eyes but also for information on COVID vaccines, mask wearing, and why recommendations evolve. Our advice and direction are more important than ever.



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1 Gunter J. *Lancet*. 2019;393(10188):2294-2295.

2 Azuara-Blanco A et al. *Lancet*. 2016;388(10052):1389-1397.