Colibri Healthcare

Stopping the Spread of Misleading Information

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Guest: Candace Pierce: DNP, MSN, RN, CNE

Dr. Candace Pierce is a nurse leader committed to ensuring nurses are well prepared and offered abundant opportunities and resources to enhance their skills acquisition and confidence at the bedside. With 15 years in nursing, she has worked at the bedside, in management, and in nursing education. She has demonstrated expertise and scholarship in innovation and design thinking in healthcare and education, and collaborative efforts within and outside of healthcare. Scholarship endeavors include funded grants, publications, and presentations. As a leader, Dr. PIERCE: strives to empower others to create and deploy ideas and embrace their professional roles as leaders, change agents, and problem solvers. In her position as the Sr. Course Development Manager for Elite, she works as a project engineer with subject matter experts to develop evidence-based best practices in continuing education for nurses and other healthcare professionals.

Host: Robin McCormick, DNP, RN

Dr. Robin McCormick DNP, RN, has been a nurse leader for over 23 years in nursing practice, leadership, management, and education. Dr. McCormick earned a Doctor of Nursing Practice (DNP) from Troy University in 2018, a Master of Science in Nursing degree from University of South Alabama in 2007, and a Bachelor of Science in Nursing (BSN) degree in 2000 from Troy University. Dr. McCormick has published and presented on topics relevant to nursing practice and education on the local, national, and international levels. With a passion for improving community health outcomes, Dr. McCormick has a research focus on mental health, maternal-child outcomes, and community health.

Transcript

Pierce: Hello, I'm Dr. Pierce with Elite Learning by Colibri Healthcare, and you are listening to our Elite Learning podcast where we share the most up-to-date education for healthcare professionals. Dr. Robin McCormick is joining me for this discussion today. So thanks for hopping on to have this discussion with me today, Robin

McCormick: You're welcome. I'm so glad to be back.

Pierce: Yes, we are going to be talking about misleading information today. And I really feel that we need to put this disclaimer out that this podcast is intended for educational and informational

purposes only. We are not here, this topic is not about a political discussion or advocacy. It's literally about sharing content that focuses on the importance of us as healthcare providers providing accurate and evidence-based information related to healthcare.

And so this should not be interpreted in any way as endorsing any political views or agendas or conspiracy theories or anything else. This is just about why it is so important for us and our platforms to share true information. You think that covers it?

McCormick: Yes. Absolutely.

Pierce: Why is it so important? And so I wanted to just kind of start this conversation with, you know, today we are in the digital age. We are completely in the digital age, which means the spread of information is so much faster and more widespread than it has ever been before.

And I see a lot of benefits for this, but I also see that it poses a lot of significant challenges, particularly when it comes to the healthcare sector and information within healthcare, evidence-based practice and beliefs. And you know this—I've seen a lot of misleading information. How about you?

McCormick: Absolutely. Anytime I'm online, it's prevalent.

Pierce: Yes, I mean, I see it everywhere I look. And misleading information, especially in healthcare, can have just really dire consequences on not just patient health, but also public safety.

McCormick: Absolutely.

Pierce: Yes. So what I really hope today is that we're going to just kind of talk about the different types of misinformation, its impact, and then, you know, how can we combat misleading information? Because it's really crucial for healthcare professionals in our role to be able to combat misleading information and not be the ones putting out misleading information. So hopefully we can address some of this—how this can affect patient decisions, the role that we play, because we play a really big role in misleading information, not just making sure that we are giving the correct information, but that we are combating misleading information.

McCormick: I have to say that as nurses, we are one of the most trusted professions. And so that is such an important role, that we do carefully watch the information that we provide.

Pierce: Yes, and those were some of the reasons that I really wanted... you know, it's all healthcare professionals' role. They have a role in this. But as nurses, I feel like we have a really crucial role in this area for two reasons, and you named one of them. The first one being, how many years have we been voted and seen as the most trusted profession? I mean, it's double digits at this point. And the other reason is because we are often that primary point of contact for patients who are seeking medical advice. I mean, how many times do you get a phone call from a friend or family member asking you for medical advice?

McCormick: I mean, it happens in the line at the grocery store.

Pierce: Yes, I should start carrying around like a little app. Like, you want to tip me for my advice? Here you go. Like, it happens so much. So I think it's just really essential that we are well informed and that we provide the most recent evidence-based information to the general public, to our family members, to our friends, to our patients, you know, to everybody. That's why I really thought this was so important and I just really wanted to make sure that everybody understood this is not about conspiracy theories and believing things. This is about real evidence-based information. Can you think of some topics where you've seen misleading information coming out?

McCormick: Oh my gosh, I mean, COVID still is a huge topic. Still today is one. But even in my general area, what is the best diet to be on? What provides the most health benefit? Medicines.

Pierce: Yes, still today. Yes, absolutely.

McCormick: Which ones are therapeutic and which ones are scary and you should stay away from. I mean, there's so much information that I hear daily. I'm like, I don't know that that's what you really want to believe.

Pierce: Right. I don't think that's right. Or even vaccines, which is also a highly political discussion as well, but you do see a lot of misleading information coming out surrounding vaccines to conspiracy theories about, you know, treatments and there's just there's so much misleading information out there and I think that it's important for us to understand for several reasons why we need to be well informed and the first one is patient safety. I mean we are in a role where we have we people depend on us to provide evidence based information to ensure that patients are receiving the most accurate and the most reliable guidance and that's critical for their safety. And not only for their safety, but their patient's safety. I mean, their family's safety, our patient's safety, but their family's safety, because that information we share with patients is not going to necessarily stop with that patient. It's going to keep going. You hey, this is what my provider told me. This is what my nurse told me. This is what so-and-so said. And when we're not giving the most accurate and reliable guidance, people are going to make decisions based on the guidance that they're given from healthcare providers. And so that can lead to harmful decisions, you know, like taking inappropriate medications or even avoiding treatment that actually really was necessary for them. So it can have detrimental results when we are not making sure that what we are giving is correct information. And that's going to lead us into improved health outcomes. Evidence-based practice is associated with better health outcomes. So not only is it patient safety, but it also goes into those health outcomes that people see. We need to rely on the latest research. Research, we all know that our profession is continually evolving. And it is our responsibility to make sure that we are keeping up with it clinical guidelines are changing, evidence-based practice, guideline, anything you want to call them, it's continuously evolving as we learn and as we grow. Another reason is it builds trust. We are considered as nurses one of the most trusted professions. And so if we're not giving out clear, factual and evidence-based information to our patients, then we're giving out misleading information. And that can also have an impact on the trust that people have in us as a whole, as a profession.

McCormick: You know, when you say that, I think about, you know, as you're going to see the doctor and you get advice from your doctor, and then you go to another doctor and they give you advice, and then the nurse gives you advice, and so on. If the information that we're giving is not the same, if we're giving information that contradicts what the other person said—how confusing is that for the patient to decipher which is the right advice?

Pierce: Right, absolutely. You're exactly right. We need to make sure that we're on the same page. Maybe you and that physician need to sit down and have a discussion like, hey, here's the latest evidence-based practice guidelines. This is what they're telling us. We need to get on the same page. Because what you're describing to me also plays into professional credibility. Who is the credible person that is giving out information?

And so we need to make sure that we are taking time to be credible. And I feel like that goes back to demonstrating a commitment to continuous learning, to a commitment to high standards of care, which is respected by patients and by colleagues when they see that you are committed to continuously learning and growing and providing high standards of care. It doesn't matter if you're a nurse or a doctor or a nurse practitioner—what you are—professional credibility matters.

McCormick: It does.

Pierce: It's ethical responsibility. We have an ethical obligation when we step into these roles to provide care to our patients that is based on the best available evidence. I feel like all of this plays in together. You have professional credibility, which ties into your ethical responsibility, building trust, improving health outcomes, improving patient safety, and being able to adapt to the changes that we see. Because like we said earlier, you know, our field is constantly evolving, and the only way that we're going to be able to combat misinformation is if we're continuing to adapt to these changes as well.

We're staying on top of these new treatments, these new technologies, these research findings, you know, and adapting to these changes, incorporating the new evidence into our practice, and just really ensuring that we are providing the most current and effective care. And that's huge.

McCormick: I agree. And there's a statistic that I thought was interesting that I found when we were looking at—I was researching this. It says only 37% of adults say they're very confident that they can tell if the health information that they receive is accurate. And that came out of basically, probably, it's a KFF Health Misinformation Tracking Poll. So they track that health information, and that was in 2023.

And I think it's interesting that the adults say they can't really separate fact from fiction. So, and as a healthcare provider, I have to do the same thing. Okay, let me go back and let me research—is what I heard really true? And it's so important in our role that we do that, that we vet the information that we receive before we provide it to people and that we…

Pierce: Yes, yes. It's kind of an off-topic story, but my daughter was in middle school at the time, and she came home from—it was a government class or maybe a social studies type class—and it was in middle school, and she was really focused on... she was fired up when she got in the car.

She had made up her mind that this wasn't okay, and she got in the car and she was just fired up, just passionate about it. She had made up her mind based on what her peers were saying, you know, at the lunchroom table, walking in the hallways. And so I just looked at her and I said, before you make up your mind, do your own research. Real research. Find the facts, not people's opinions.

And so she did. We got home and she went upstairs and she did that. And she came down a few hours later and she had changed her mind completely and then chose a different topic for her assignment. And I say that to say we should be doing the same things in our programs. And, you know, it doesn't matter if it's an M.D. or a nursing program, a nurse practitioner program.

We should be taught, and we should be teaching, how to do research—the research that is needed to make sure we are continuously providing evidence-based care and education. Verify it, validate it with real references. And we should be teaching the next generation of healthcare professionals to do the same thing. We should be teaching our kids—it doesn't matter what the topic is, it doesn't matter if it's a healthcare-related topic, it doesn't matter if it's a political topic, a government topic— do your research. Verify, validate. Make your decisions on what you're going to believe and share based off of real references and not people's opinions. That's the empowerment that we need to give to health care professionals and to our children. I want to empower you to make decisions based on fact and not feelings and opinions.

McCormick: I totally agree. You know, I was having a child—my daughter's 11—and she's so susceptible at her current age to all of the online influences. And so starting at that age, even that young, it's so important that we start teaching how do you vet those references? How do you decide which ones do you trust and which ones are not trustworthy? And then also, on top of that, like what is the vested interest of that research?

Pierce: Yeah. Oh, that's so... yes. You know, that is so important to look at too, because we can spin data. We can spin it to mean whatever we want it to mean. And you know, that is huge—knowing how to vet your references. Do you have any opinion—do you have any—not opinions, but do you have any thoughts on how to vet references?

McCormick: Absolutely. I think we have to look at where they come from. You know, a lot of times we say, okay, things like the CDC, of course, governmental websites are good ones. But even at that—I'm not playing conspiracy theory—I think you've got to look at, even with that, where You know, was the study? What did the study actually measure? To make sure that what we're, I think what happens sometimes is we find the research, but we spin that data. You know, I see the data gets spun to support your point. And sometimes we have to go back to the study and see what did it actually say?

Pierce: Yes, and you know, we saw a lot of this in the COVID-19 vaccines. You know, I personally—I did get one of the vaccines—but I chose not to vaccinate my children with the COVID vaccine because I knew and studied. You know, I taught how medications and things are developed, and the years and the research and the data—and that's what I wanted to see.

It wasn't that I was believing any type of conspiracy theory or anything like that. It was really based off of—I want to see the data that this is actually safe, and it hasn't been on the market long enough for me to verify and validate—or for anybody else, really, for that matter—to verify and validate.

So regularly reviewing updates from reputable health organizations is really what helps us stay informed and prepared to address information. Subscribing to your medical journals, attending conferences where people are doing real research and data.

I will say that you have to be careful reviewing data. I saw where there was a clinic that said, 98% of our patients were successful at this. Okay, but how many patients in over how much time? It was like seven patients. Seven patients is not very many. You want to see those widespread studies where they actually follow.

And I talk about how we are actually studying long COVID in another podcast. And I go through how we develop evidence-based guidelines in that particular podcast. But it takes time. It takes years to be able to fully understand how treatments react, how people react to treatments, and which treatments are best, and then bringing committees together. And a lot of times they come from all over the world to pull evidence-based guidelines together. So you really need to read those studies and understand was this paid for? Was this a paid for study? Because then you look at conflicts of interest. Is there a conflict of interest here which can skew and cause us to unfortunately without realizing it and knowing it now we're giving out what could potentially be misleading information because the data was spun to meet, know, to meet a what we would call a conflict of interest really. Being able to look at that is really important and to teach people to teach you know, as if you're a preceptor, we need to be teaching how to find information to our students or to whoever it is that we're precepting. But I wanted to talk about just some examples of where we've seen just some context of where we've seen significant consequences related to health topics that have had misleading information out there. And COVID-19 vaccines is, we've saw a ton of information coming out on TikTok and Facebook and all the social media, know, no social media app or program was, it was there, it was out there, but not even just about vaccines, but about the COVID-19 in general. Yeah, everything basically about it. False claims about vaccine safety, efficacy, side effects. But vaccines in general, we see a lot of false claims out there about safety, efficacy and side effects, which of course is going to lead to vaccine hesitancy. And then that is going to lead to public health efforts. I again want to say that I'm not for or against. I personally did my own research and my children are vaccinated, but I chose a slower vaccine schedule because it was what I felt was best with the research that I had done to verify and validate that. So for me, though, you still see misleading information out there. I mean, even today.

McCormick: Absolutely. Well, right now there is a measles epidemic going on. And it's interesting to just have that conversation of, are your kids vaccinated?

In our area, there was this whole... it was really a scare. There was a child who was about 10 months old who was admitted to the hospital, and they were like, no, this child has the measles. And it turned out to be a false case, thankfully. But it was interesting. It was on Facebook, and when the article was reported, just kind of, you know, cautious—you might have been exposed—and just the hate of "how dare these people come, you know, expose all of us." Yeah, I mean it was crazy.

Well, when you look out there, you're not even supposed to have that vaccine till you're 12 months old. So, you know, thankfully it was false, but it's interesting saying all that. Another statistic—you know I love statistics—is that false news on the internet spreads six times faster than true news, and about health information. So think about that. Like, it's going to spread. It's going to spread fast. So that's... vet your sources. Check them carefully.

Pierce: And how many times do you see on like a post on social media where people didn't even read the article and they're making assumptions and they're saying all these things and a lot of it is really hateful to people who are affected by whatever's happening but that kid could have been vaccinated and it didn't hold. You don't know the story. But also, you know, there are vaccines that for me that I've researched and validated on my own that I'm not comfortable with my children getting and that's okay because I'm looking at it's not based off of any type of social media or what my friends say or it's literally looking at the data of the effectiveness and you know, the fact there are vaccine injuries, there are side effects and sometimes you have to weigh the pros and the cons and you know, thankfully my children are healthy so that I can weigh those pros and cons. But yes, you're right. We are quick as a society to villainize people around misinformation. And another area where we see this is, you know, miracle cures and treatments, like unproven treatments marketed as like, this is the miracle cure for serious conditions. And then it leads patients to forgo conventional or evidence-based treatments in favor of these alternatives where we don't actually have it. And I'm not saying that there are not alternatives that have data out there that are good, but we do see a lot of misleading information around alternatives.

McCormick: Absolutely. Well, and too—I will tell you that I probably spend too much time on social media, to be honest. It's a bad thing, but watching TikTok videos and all, I see all these healthcare professionals on there. Some of them are great. Don't get me wrong, some of them are great. But I see some of them have monetized themselves, where they're making money off of whatever it is that they're selling. I'm looking for, they are making money off of whatever it is that they're selling. So how accurate is what you're selling if you're making money off of it? It's been an interesting world that I have seen. Not all of its terribly bad, I don't say, but there's a whole community out there, for instance, of people who are taking research peptides.

McCormick: Research peptides, such as GLP-1s, where they're buying it from sources that may not—in fact, they are not—from the United States. And how do you know what you're taking? But also, other injections that they will recommend, like, "You should buy this human growth hormone and you should take it because it helps you get rid of your belly fat." And it may, but to what risk?

Pierce: And so, you know, misleading health products, misbranding of pharmaceuticals, mislabeling and advertising pharmaceutical products—the benefits are overstated, and the risks are understated. You see the dietary supplements and health products where they have these exaggerated claims about their benefits like weight loss or immune boosting, but there's no actual scientific backing for some of these products. And again, that's why we have to say: do your research, verify, validate. And we need to take the time to cross-reference the information with actual reputable sources. Peer-reviewed journals are a good option. Health organizations usually like the CDC and WHO. If you have the verified medical databases, those are usually verifiable, reputable sources. But you also want to evaluate the source's credibility. You want to check for that evidence-based information. You also want to vet the author's qualifications, you know. And those are really key steps to help you in differentiating misinformation from credible sources. And so it can

be time consuming, but it's worth it to make sure that what you are sharing is credible information. And social media, social media is a powerful tool for communication. And unfortunately, it plays a significant role in the rapid spread of misinformation, particularly healthcare information. It's widespread, ease of sharing.

Pierce: And so you just hit a share button, and that person hits a share button, and the next person. And so that really allows that false information to spread really quickly. And it can outpace—it does outpace—dissemination of actual accurate data, unfortunately. I mean, unfortunately.

McCormick: It is amazing. I could go onto social media today and say, I'm a nurse and I heard that this happened at the local hospital—and I don't even have to be a nurse, mind you—and it would be viral within hours, and everybody would be outraged at whatever it was.

Pierce: Yeah, you know, we need to be proactive as healthcare professionals. But I do cringe because a lot of times I'll see someone get on a social media post and they'll be like, "Well, I'm a nurse and blah blah," and I'm like, but that's not actually accurate information that you're sharing.

It just makes me cringe inside because I'm like, where's your sources? Where did you validate and verify this information? You know, but I do think that we should be actively engaging on platforms to share accurate, evidence-based information directly with the public.

We have to try to counteract false narratives and provide clarity on those topics that are really complex—those complex health topics. And, you know, trying to work with social media to flag content that is not true. And, you know, try to work with those—because you can flag content on a lot of the social media platforms to help with removing that false content.

But also, education is just a huge component of managing misinformation. You go out there and educate the public on even just how to evaluate information that they encounter online—to see if it's, you know, is this a credible source? Can they recognize misinformation tactics? And do they know how to find and seek reliable, evidence-based information?

If we empower the public with these skills, that would really help with slowing down the spread of misinformation.

McCormick: I mean, it's one thing for me to say, "Well, that's not accurate, and let me tell you why it's not accurate." But it's a whole other thing for me to say, "Let me teach you how to vet that information." That gives the power back to the person so that they're able to do the research themselves.

Pierce: Yeah, for sure. And so many do not understand or have the skill—or have not been taught the skills—of how to do research and how to say... I mean, I'm going to say this probably 100 times on this podcast, but to verify it and validate it.

So it's such an important skill. It doesn't matter if it is about healthcare or any other topic that we're talking about, even in basing your opinions. For me, I like to go through and find the data and the research to help me to draw what my opinion should be that matches my morals and my values based off of actual data.

And that's not just about healthcare, but also communication and how we communicate with the public. That starts with our patients. It starts with the facts that we are conveying to our patients. It's listening to our patients' concerns and then understanding their perspectives and then tailoring what we're going to share with them—that is true, factual information that addresses their worries and their misconceptions.

You know, how we talk to people matters. If I walk into a room and I'm like, "That is the stupidest thing that I have ever heard. Why would you even believe that? It makes no sense," but to them, it made sense. So how we communicate, how we say what we say, how we listen to them, will really make an impact on how willing they are to listen to and believe the real factual information.

McCormick: And I think too, we've got to realize and be able to educate other people that as we get more research, evidence-based practice changes constantly. What we thought last year may not be the same this year.

And so, as a patient or as just a healthcare consumer, you're like, "Well, you told me this, and now you're telling me this. So what is true? You're just lying to me." It's not that, but just helping people understand that evidence-based practice is practice. As we practice, we learn. It doesn't necessarily stay that way forever. So teaching them how to vet the information and how to find the current information is important as well.

Pierce: I love what you said about, "Well, we kind of are practicing." And it's true. We are learning all the time. Things are changing all the time. So I loved what you said—we are practicing. Things are changing. We are learning. Things are evolving.

Additionally, what I would say is when we show that what we are discussing and talking about is grounded in real scientific research and clinical guidelines, that really helps to inform your patient and build their confidence and their trust in you and the healthcare system. To say, "Hey, so yes, this is what we were doing last year, but this is the data that came out as we were practicing and learning. And this is why we are going to change this and adjust this."

I mean, how many times... This morning I woke up and I had a journal that sends out updates, and it was in my email, my personal email. So I opened it, and I was reading about it. And it was about hypertension and this specific medication—I think it was a GERD medication—and how we were seeing things that were negative happening in females but not happening in males.

I mean, so constantly, almost every day I get things like that in my inbox, my personal inbox. And they might not actually be saying, "Hey, this is what we're recommending now." They're just saying, "Hey, this is what we're seeing. Just FYI, look at this in your patients and see if maybe you are seeing this."

So yes, it's constantly evolving. And we need to be able to build that trust with the community, with the public as a whole, so that they know what is happening. We are genuinely concerned about your well-being, and we want to make sure that you are being cared for with everything that we know—evidence-based research that we know today. And if it changes, we will bring that to you. Let's have that open dialogue—that two-way exchange of information. I want the patients to feel heard and understood.

Pierce: And I want them to be receptive to the information that we as a healthcare community are sharing, and not be latching onto that misinformation. So educating the patient, educating the public. I love the ideas of seeing like providing that educational material that really highlights the misinformation tactics. You can host workshops and seminars on media literacy. That is huge because a lot of people are getting information from the media and from social media. And just really encouraging Critical thinking skills, does this sound true? If it sounds too good to be true, more than likely it's too good to be true. So do your research to see if it is too good to be true. I mean, that's how you empower yourself as a provider. You empower yourself as a patient to make informed decisions about health.

McCormick: I think that's why it's really important for healthcare professionals—nurses, social workers, all the healthcare professionals—to really work together with local media and national media, but really in your area, local media, to help make sure that the messages are getting out there. To partner with the media so that when they're posting stories, they're able to post that true, accurate information. But also that they have somebody that they rely on and they can trust and come back and go, "Hey, this is what I heard before I publish it. Let me vet that. Teach me how to vet that."

I think our voices really do need to be heard in the media. As nurses, I think we have such a powerful voice, but it's been a problem as long as I've been a nurse that we don't really advocate well, and our voices are not necessarily at the table where they need to be. That's something that's super important for nurses to do.

Pierce: Yes. Make a seat for yourself at the table. Make it known that you want a seat at the table. I love what you said about collaborating with the media. Public health organizations are also really good as well. We know media platforms have this extensive reach and influence, and that really would make them ideal partners for us to try to collaborate with to disseminate reliable health information.

You can watch social media and pick up where the... what is the better word... what that misleading information is for today or last week or a year from now. It stays there. It's going to be there, and you're going to see what it is. So you can start by helping to counteract these false narratives and educate the public by partnering with media outlets.

Participating in public health campaigns is another way to try to get accurate information out. Your local news channels a lot of times will have segments where they bring people in. A lot of times those are recurring segments. Is there a way that you, or people in your community, could partner with those local media outlets to say, "Can we have a segment every week where we come in to talk about the misleading information that we see?" That could help with negating what is out there with what is real.

Outreach programs—community outreach programs—are really good, especially for people who don't have access to traditional media or healthcare services, or for those who hold long-standing beliefs, like those passed on by family members or based on cultural traditions that are not grounded in fact.

So how can we leverage our expertise with the resources that are already out there, and what are our options? Do we have, or can we develop, toolkits and training material for others to even teach them how to go out and help combat misleading information? That is also something that could be done.

But how do we safeguard public health? And how do we maintain trust in the healthcare system? Because I see a lot of people get on social media and they're like, "I'm a nurse and I say blah, blah, blah," and they get negative comments back. Obviously, that probably wasn't the way to go—or how it was said—but what are ways that we can get true, factual information out there?

McCormick: Absolutely. Like I said, we just have such an important role. I will say that in my area, one of the roles that I see that is great in nursing is parish nurses. You know, for people who are in a faith-based community, I see parish nurses providing such a great benefit in providing information. And saying, "Let's have a class on best treatments for diabetes," and that would be such a great role for them too—"Let's have a class on how do you vet the information? How do you know yourself that it's factual?"

Pierce: Right. Yes. Well, you know, balancing—when I was talking about nurses going on social media and the backlash that you sometimes see—is that balancing correcting misinformation while trying to maintain trust is a very delicate task.

But there are ethical considerations to this as well when you're trying to navigate addressing misinformation in healthcare, providing accurate information, and respecting patient autonomy. One of the core ethical principles is respecting patient autonomy, which means acknowledging that patients have a right to make an informed decision about their health. And they can get that information wherever they choose. But it's still our job to try to make sure that we are informing them with factual information.

At the end of the day, they have patient autonomy to make their own choices. And when we have done our duty in providing accurate and evidence-based information, and we can say that we've done that, then we also have to respect the patient's choices, even if it differs from the medical advice being given.

I mean, that's hard to navigate. But also, paternalism—avoiding paternalism—is another critical ethical consideration. That occurs when healthcare professionals make decisions for patients, assuming we know what is best without considering the patient's preferences and values, because we're like, "No, we know what the true evidence-based information is, and this is the decision you need to make."

We need to avoid that. We need to have open discussions with our patients, provide them with the information they need to make an informed decision, and empower them while also respecting their ability to make their own choices. That can be difficult when we're thinking, "No, but listen to what I'm telling you. Here's the data. Here's the facts," because you want what's best for your patient.

McCormick: Yes. You do. And I will say, just kind of a little soapbox for myself, that I teach nursing students, and one of the things that comes up about every time we're in a hospital is, "But the patient is doing this, and they really ought not be doing whatever said thing is," and the students will

get just irate. "Why do they choose that?" And I say, you can't choose for other people. They have that choice to make their own decisions. We provide them the best information we can, what's evidence-based, but ultimately they get to choose. One of the things that comes up a lot is, "I walked into so-and-so's room, and they're a person with diabetes and they're in there eating a candy bar. How dare they?"

And I say, let's back that up a second. Let's realize that we can't make that choice for them. I want you to put yourself in their situation. The rest of your life you're told that you're not supposed to have these things. And how would that feel? It's so important to realize that even though we can provide people the information, we don't get to make their choices. We really have to have that open conversation of, "Hey, I'm going to give you this information. You're free to choose what you want to choose, and I will support you in that choice the best that I can."

Pierce: Absolutely.

McCormick: You know, that comes up in a lot of end-of-life conversations and chronic illness situations as well. We are going to support you the best that we can. I'm going to provide you the information, but you have the autonomy to choose.

Pierce: Yeah. Mm-hmm. Right. And I think it's important to also remember that we need to be transparent. We don't know everything. There are limitations to what we know. There are limitations to studies. There are limitations to the current knowledge base. There are uncertainties that exist in medical treatments and medical interventions. And we need to be honest and transparent when we communicate these things with our patients, you know, and that helps with maintaining the trust and the rapport with our patients. It gives them the ability to make a well-informed decision about the care that they want to receive. And it's really important for them to just feel respected and valued when, and they can feel that way when they're fully informed about their healthcare options, which also leads me back to, you know, talking about how do we combat misleading information and we want to address it directly, but we need to be respectful and we need to make sure that when we are saying, no, no, that's wrong, that we're doing so in such a way and it's going to depend on the context of who the patient is, who you're talking to and that's where your judgment is going to have to come in, but the patient shouldn't feel judged and they shouldn't feel dismissed. You know, and so really just fostering an environment where we have the mutual respect and understanding, you know, professionals, as professionals, we can work to correct false beliefs, but we have to preserve that therapeutic relationship that we have with our patients. You know, they shouldn't, even if you're like, that is the stupidest thing I've ever heard. You know, You can't say that to you to your patient because the difference is that you have probably in that area that you're talking about, you probably have way more education, way more of a foundation of understanding than that patient that you're talking to has. Yeah, I don't have a foundation of understanding and how to build a house. I have no idea what goes into that. So I could have some of these stupidest assumptions.

McCormick: No, you can't.

Pierce: And if I walk in there and talk to a contractor, their mouth's probably going to drop and be like, "Did she fall off? Did she fall out of a tree? Like, did she hit her head? What happened for her to think that that is true?" But, you know, it's our job to understand—I don't know anything about

building a house. They don't know anything about whatever this medical intervention, treatment, disease process looks like.

We have to realize where that foundation is. And that should be guiding where we are and how we talk to them in that therapeutic relationship. We want to feel respected and valued, and they want to feel respected and valued on their healthcare journey. So that's the importance of patient-centered care.

We need to let patients be active participants in their health decisions. And we need to help with adhering to those ethical principles. We want to effectively address misinformation, but we want to maintain trust and the confidence of our patients. And that's going to help with leading to better health outcomes.

For every person that we correct misleading information with, they're going to talk to someone else, who's going to talk to someone else, who's going to talk to someone else. Or if we give misleading information—the same thing is going to happen. We give misleading information, wrong information, and they're going to talk to someone else, and they're going to talk to someone else, and then it's going to have long-term effects, a lot of consequences.

McCormick: And like you said, it's a delicate balance really. I've got to understand where the patient is coming from and the information that they have before I try to correct it. That way I can understand how to best give them the information. Because it's not always the best thing just to walk in the room and go, "Well, that's wrong. Let me tell you this. This is the right thing." It's not the way to do it. You know, I wouldn't have a conversation like that if I really wanted to influence people. So like you said, how you do it, how you respect people as autonomous beings and understand the background, know, cultural background, know, socioeconomic background, all of those things, even the regional background from where they come from, will help be able to have those conversations.

Pierce: Right. Absolutely. And you know, we're seeing AI being used more and more—artificial intelligence. One of the things that I would want to say about artificial intelligence is it has its role, it has its place. It's great in those areas where it's helpful, but AI is not always correct.

There have been many times where I have asked AI questions and I'm like, "You know what, that's actually not true. Let's correct that." And it'll be like, "Oh, sorry, I gave you the wrong information." So even when trying to use AI, we still need to vet what is being shared with us, to ensure its accurate and true.

I do see AI getting better and better, but we still have to have the human element within what is being shared through artificial intelligence. We're still responsible for going back to vet that this is accurate and true information.

McCormick: Yes, I was going to agree. Technology cannot replace the role of the healthcare provider. And the information that you receive with an AI is only as good as the model that it uses to pull the information. If it's pulling information from the internet that has misinformation, then it's going to pull that as well.

Models are getting better. In fact, they have developed some models now that can detect false information up to about 90% of the time, but there's the other 10%. So we can't always trust it. And that's why, like you said earlier, it's so important to teach people how to vet information so that when they are pulling it from AI, they're able to say, "That doesn't sound right. Let me go vet it back with my sources."

Pierce: Yes, absolutely. So we really need to be careful with where we are pulling our information from.

Now, there have been some real-world examples of successful initiatives for trying to help counter misinformation in healthcare. We saw this during the COVID-19 pandemic. Specifically, we saw public health organizations collaborating with different social media influencers to try to spread accurate information.

I think we saw the WHO, the World Health Organization, partnering with younger influencers to try to reach the younger audience, to share factual information and safety measures. You're also seeing partnerships with tech companies where healthcare organizations are partnering with Facebook and X to try to work with health organizations to flag and remove false content related to health topics.

That also started during COVID. These partnerships have been really crucial in helping users receive accurate information and minimizing the misleading content seen on social media platforms.

There are also some community-based programs where the public health initiative is focused on training community leaders as well as healthcare workers in how to recognize and address misinformation in their communities. These programs have been successful.

In many of these programs, they are doing workshops and seminars and just really doing a lot of outreach through their local media and community events. They're working to promote media literacy and critical thinking skills, and really empowering individuals to identify and avoid misinformation. Because misinformation isn't just coming out in the healthcare sector—we're seeing it in many different areas.

So a lot of communities are trying to step up and say, "Hey, let me teach you. Let me empower you to identify and avoid misinformation and define the facts. And I think that that is so important. That is a life skill that needs to be taught.

Robin McCormick (52:41.922)

Well, and one thing that I discovered this past year that just as an example, thought was very interesting is, I don't know if you remember back in school, way back in elementary, but the D.A.R.E. program. You remember D.A.R.E.? The drug... Yes, yes. Well, my daughter went through that program this past year and I'll just remember from when I took it, it was say no to drugs. That's all I remember about it. But it's changed. It's still the drug abuse

Pierce: Yeah, I remember that their program—they had a dog. I loved that. Yes.

McCormick: Resistance education program. But I noticed that when she was going through it, they had a whole workbook in the school. The safety officer went through it with them, and a lot of the information was, of course, still "say no to drugs," but it also focused on how you can stand up for yourself, how to develop decision-making skills, and promote healthy choices.

And I thought it was very interesting that they have really turned that program into, "Let me help you learn healthcare literacy," and how to vet those choices so you're thinking for yourself and not falling into peer pressure—and ultimately not doing drugs.

But I really thought that was another good example of how we can use existing programs to insert that message: vet your information, look for your sources. So I thought it's a very good example.

Pierce: Yes, absolutely. Yes, and I love that example. I love that program where you had the little ribbons—yes, I remember that from when I was a kid.

So one of the things that I did want to talk about is creating a culture of accuracy and trust. Because it doesn't just need to happen with your patients, it also needs to happen with your healthcare team. It doesn't matter if you're in a clinic, a hospital, or wherever you're working, you really need to have a culture that is built on accuracy and trust.

That is a culture built on a foundation of open communication, whereas healthcare professionals we feel comfortable sharing and discussing patient care options openly with one another in our environment. I'm not saying going against HIPAA and sharing specifics, but being able to discuss evidence-based guidelines, the latest research, and being able to bring those things to the table with our team.

Fostering an environment where, as team members—because we should be a team—we can communicate freely. We can share and ensure that everybody on the team has relevant, true information to make clinical decisions. That's going to help with reducing the risk of errors as well as improving patient outcomes.

Without a culture of trust—and also accuracy—that collaboration is hard to build. But that's what we need to encourage across the board. your team across disciplines, which is also another key component that you should have in your culture is collaboration.

McCormick: Yes, the accuracy. The thing is, it's not just my job. It's not just one person's job. It's the whole culture of the team to provide that true information, that accurate information. And I don't care if it's the nurse who's providing the information or the housekeeper who comes into the patient's room and is talking to the patient about it and the patient says something and the person is able to say, "How do you know that's true?"

It's not necessarily their job to do the education, but just to have that culture of, "Let's make sure we're providing accurate information."

Pierce: Right. Yes, absolutely. And pulling in information from those fields like medicine, pharmacy, allied health, as well as nursing, and being able to come together and just identify and address

misinformation. "Can you cross-verify this for me to make sure that what I am understanding about this medication is correct?" So then we're all providing a unified response to our patients' inquiries.

You know, it doesn't matter if it's a pharmacist talking to them or a physician or a nurse talking to them. We're all providing uniform responses that are based in actual evidence and fact, not in what you thought you knew.

Then, of course, maintaining accuracy. We have to stay as a team. We have to have a culture where we are committed to staying on top of the latest research, the latest clinical evidence-based guidelines that are coming out that should inform our practice.

Regular training sessions on the importance of evidence-based practices and the impact of misinformation just help reinforce the commitment and really keep healthcare professionals informed and prepared to address any misinformation that you encounter. Because we're going to encounter misinformation.

These are some really important things that we need to be thinking about within our culture, within how we conduct ourselves within our profession, and with our patients.

Pierce: Now is there anything you think that we missed that maybe we should touch on?

McCormick: Hmm, not that I can think of.

Pierce: Well, we are coming to the end of our time. One of the things I just really want to emphasize is the importance of building trust—continuing to build trust with our patients, creating that supportive environment for our patients where they feel that their concerns are heard, they're addressed with empathy and with respect, and that we are providing a safe place where our patients can express their worries. They can ask questions.

And healthcare teams can build that strong, trusting relationship with our patients. That is the most effective way for us to be able to combat misleading information. We have to have that trust. We have to build that trust for effective communication and to really encourage patients to engage in their care and to learn how to validate and verify.

McCormick: Validate and verify evidence-based practice. Some of my favorite words.

Pierce: Yes, absolutely. Well, thank you, McCormick, for this discussion with me today. Thanks for being here.

McCormick: Absolutely. I really enjoyed it. I can get kind of fired up about some of these topics because they're so important.

Pierce: I know. Yes, absolutely. They really are. And we play such a significant role in combating things like misleading information. And so it's easy to get passionate because we care about our patients and we care about the trust that we have within our profession. So yes, it's easy to get fired up with this.

To our listeners, thank you for joining us. And I encourage you to explore many of the courses that we have available on EliteLearning.com to help you continue to grow in your careers and earn CEs.