

Rethinking the Internet as an Institution: Shifting Our Ideas about the Digital to Combat Medical Disinformation and Distrust

Gina Marie Longo*

Department of Sociology, Virginia Commonwealth University, Richmond, USA

Corresponding Author*

Gina Marie Longo,
Department of Sociology,
Virginia Commonwealth University,
Richmond, USA,
E-mail: longog2@vcu.edu

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Received: 31-Mar-2023, Manuscript No. JBTW-23-94192; **Editor assigned:** 04-Apr-2023, PreQC No. JBTW-23-94192(PQ); **Reviewed:** 18-Apr-2023, QC No. JBTW-23-94192; **Revised:** 25-Apr-2023, Manuscript No. JBTW-23-94192(R); **Published:** 02-May-2023, DOI:10.35248/2322-3308-12.3.004

Abstract

Despite the medical community's attempts to provide sound information and research to the public, medical disinformation and anti-science sentiments continue to spread at alarming rates. We must rethink our strategies and approaches to combat these problems successfully. The author recommends a first step: reconceptualizing the Internet as an institution to center it more prominently in medical research and reassessing how patients and providers interact in digital spaces.

Keywords: Disinformation • Internet • Social institutions • Distrust

Description

Today, social media and digital news platforms reveal the alarming spread of medical disinformation and increasing contempt and distrust for science and the medical community. Our top scientists encounter public audiences across different demographics, who dismiss their expertise and peer-reviewed research in favor of "homegrown" knowledge of laypeople with little or no training. The attempts to forestall disinformation by disseminating government public service announcements, mainstream media network fact-checking, and peer-reviewed research by the Center for Disease Control and the World Health Organization are only marginally successful. What steps can we take to mitigate these dangerous trends?

The answer starts by reconceptualizing how we understand the Internet. Generally, we view the Internet as a technological or information tool, a series of 'communities,' or a communication channel. However, today's Internet has transformed into its own social institution, surpassing how we have previously used and understood it. Social institutions, like family, government, media, and healthcare, have specific roles, rules, norms, and expectations that meet our society's needs. They are interdependent and continually interact and influence one another in everyday life. Consequently, the Internet co-constructs the inequalities found in healthcare and medicine and perpetuates them.

For example, one critique of U.S. healthcare is that it falls short in providing adequate care and support for people with disabilities, women, people of color, and low-income and under-insured populations in ways that focus on their experiences, autonomy, or agency. The government and healthcare institutions often treat a person's failure to access financial, social, and health resources as their own. These inequalities often lead

different populations to seek alternative care paths, including conspiracy theories, disinformation, and homeopathic remedies that speak to the distrust of medical institutions and the government and reject scientific research and thinking. The proponents of such alternatives talk to their audiences' experiences with structural healthcare inequalities and feelings of disenfranchisement to offer them 'solutions,' even if only to profit off the answers they are selling. Because institutions are interconnected, the Internet's architecture of biased algorithms, poor platform moderation, and search engines connect various people with extreme views and beliefs and reinforce them with compelling videos, visuals, memes, and information repositories. These communities and ideas bleed over into physically-situated spaces like school board meetings, the wellness community, and political platforms. Therefore, it is unsurprising that the normative position that the audience should simply trust health institutions and mainstream media in monitoring medical misinformation needs to be reevaluated.

Reconceptualizing the Internet as an institution is the first place we can start reevaluating our approaches to combating anti-science sentiments and medical disinformation. The Internet and the U.S. medical system are deeply intertwined, meaning the healthcare system can also influence the Internet. How can the medical community use the Internet to address and remedy the structural inequalities that reproduce disparities in quality of care, outcomes, and information dissemination? One suggestion is to unpack the nuances of patients' digital engagement in medical research. In the same way that our socio-economic status encompasses more than our annual income, digital engagement extends beyond hours a day on the Internet and whether one has home Internet access. To understand how the Internet plays an active role in determining healthcare outcomes, accessing factual medical information, and receptivity to recommended treatment protocols, research must consider where users go online, what overlapping digital and offline communities they participate in, their roles within them, how they access healthcare resources, what strategies they use to determine information credibility, and their reliance on the Internet for income.

Considering that the Internet is not merely a technological tool or communication channel, the healthcare industry can reevaluate how its current digital technologies underpin structural healthcare inequalities. Today, patient portals and telehealth play increasingly essential roles in providing services and accessing personal health information. However, little industry consideration is given to how these digital spaces impact the patient/provider relationship and how these interactions might create further barriers to building rapport or to personal medical information. For example, many U.S. patient portals, typically available only in English with inadequate translation features, often need more coordination between the disclosure of test or lab results filled with medical terminology and the doctor's interpretation. The discoordination can send patients to search engines like Google or social media sites like YouTube to make sense of the information. Program algorithms direct users to see content that aligns with their previous views, making users more vulnerable to disinformation based on their digital consumption habits.

Providers can also consider how they socially interact with patients in digital spaces. Given the overwhelmingly busy schedule of many primary care doctors and specialists, terse or paraphrased digital messages from providers to patient inquiries, such as "bleeding inconsequential" or "all normal," may be well-meaning. Still, we cannot read tones or voice cadence in writing and rapport building is critical to fostering institutional trust. Additionally, large medical groups can overly rely on telehealth for one particular kind of visit. For example, some practices require all 'sick' visits to be treated by telehealth, whereas 'well' visits may be in-person. Such

measures deepen the patient's feelings of interpersonal disconnection from their providers and feelings of disenfranchisement. Remediating these unintended consequences can be simple and inexpensive.

Conclusion

In some cases, the solution may be tweaking the product, while in others; it may be a matter of rethinking policy or digital interaction training for frontline healthcare workers and providers. Medical research that thoughtfully considers the Internet as an institution can expose digital patterns of distrust of the medical community, the production

and consumption of medical disinformation, and healthcare inequalities reflected in our society and help us rethink our strategies to combat these problems. Creating digital products to make healthcare information and communication more accessible to patients, changing blanket policies on telehealth, and training on digital patient/provider interactions can alleviate the interpersonal disconnection that leads patients elsewhere for medical information and treatment.

Conflict Of Interest

None of the authors has potential conflicts of interest to declare.