Dealing with Dr. Google

Dr. Google, as any Internet user knows, has made bottomless wells of medical information available to everyone. And, as any doctor knows, that’s made it next to impossible to predict what kinds of research—printed or otherwise—patients will bring to their next visit.

In a 2011 blog post on CanadianHealthcareNetwork.ca (the online home of the Medical Post), Toronto family physician Dr. Jonathan Marcus captured the range of impressive and inane examples any physician is likely to encounter:

One patient correctly diagnosed pityriasis rosea with nothing more than some creative image searching. Another needed to be dissuaded from spending $3,000 on a “cancer machine”—“a device that looked like a small treadmill.”

According to the Medical Post’s Canadian Physician Trends Survey 2015, which polled over 1,000 doctors across the country, examples like “the cancer machine” seem to have had some traction in the physician imagination. One patient correctly diagnosed pityriasis rosea with nothing more than some creative image searching. Another needed to be dissuaded from spending $3,000 on a “cancer machine”—“a device that looked like a small treadmill.”

According to the Medical Post’s Canadian Physician Trends Survey 2015, which polled over 1,000 doctors across the country, examples like “the cancer machine” seem to have had some traction in the physician imagination. Forty-one per cent of doctors said they were either extremely or very suspicious of the information their patients obtained on the Internet, and the percentage of those in the “extremely” suspicious category has doubled from 5% to 10% since 2000 (the Medical Post asked this same question on a similar survey 15 years ago).

The proportion of patients who bring that information to their doctor has also, on average, doubled since 2000. Today, 45% of MDs agree that this information has caused more harm than good. “There’s just a lot more crap out there,” said Dr. Sarah Giles, an ER and family physician practising in Fort Smith, N.W.T. In the same interview, Dr. Giles said patients who search online are often more educated and better able to distinguish sound medical advice from the bogus kind.

She even had one patient who searched her medication online and decided to reduce the dosage herself—a decision she later agreed with. “I wouldn’t have prescribed her the higher dose in the first place,” Dr. Giles said, explaining that another physician had written the prescription.

The head and the heart
Physicians have come up with a number of tricks to steer patients toward more reliable sources of information online. Some doctors prescribe educational applications. Others put up their own websites and leverage social media platforms to link to reputable databases, forums and journals. Dr. Giles recommends her patients stick to sites that have “.edu” in their addresses.

Problem is, these aren’t usually the first sites patients visit. According to Vancouver family physician Dr. Eric Cadesky, this has the potential of becoming an issue because the stories that are most likely to capture a patient’s attention are often less reliable. Statistically, anyway. Typically, they’re emotionally charged testimonies of devastating diseases or miraculous recoveries, neither of which are likely to contribute to an evidence-based understanding. “I think that people will always be ruled more by their hearts than their heads,” said Dr. Cadesky. “And I think a lot of information that is (from) dubious sources does speak more to the heart.”

First point of contact
According to Dr. Cadesky, doctors need to do more than simply point patients toward

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**Public resources abound online—how are physicians adjusting to the new breed of deeply informed patients?**

**BY TRISTAN BRONCA**

Toronto
reliable sources of information. Ideally, they also need to become patients’ first point of contact when they have questions or concerns about their health. Because his patients have access to him through advanced booking and email, Dr. Cadesky said they can usually get an answer from him in as much time as it takes to trawl through websites. “So, I think for doctors that do have a lot of people bringing in things from the Internet, that’s a good opportunity to ask ‘why is it that patients are going to the Internet first and not to their doctor?’”

Dr. Cadesky

Over the course of reporting on this topic, the Medical Post found that MDs who currently use email in their practice have said, unanimously, that concerns about an unmanageable overflow of patient emails are not borne out. They say emails prevent unnecessary visits, alleviate patient (and provider) concerns and improve workflow. Yet, the fear that email will make for an unmanageable practice persists. According to the 2014 National Physician Survey (a doctor census conducted by the Canadian Medical Association and other groups), only about 12% of doctors across the country use email to correspond with patients.

Smarter stupid patients

In its early days, the Internet was sometimes called the great equalizer—a platform where authority would be publicly scrutinized and knowledge democratized. Physician-patient relationships have not been spared from this changing dynamic. “I think patients are becoming a little bit more savvy in that they are recognizing that not everything they read should be taken at full value,” said Dr. Leo Wong, a family physician in Langley, B.C. “But that makes it challenging when we have conversations where I have to dispel some myths.”

Studies by Yale University law professor Dan Kahan show that individual responses to scientific research often depend on our pre-existing values. We marshal the facts that suit our narrative and spend a disproportionate amount of time debunking those that challenge it, argued journalist Chris Mooney in a 2013 essay for Mother Jones. Paraphrasing an analogy first offered by University of Virginia psychologist Dr. Jonathan Haidt (PhD), he wrote, “We think we’re being scientists but we’re actually being lawyers.”

This effect is actually more pronounced among those who are more intelligent. In a 2013 study published in the Journal of Personality and Social Psychology, two researchers from James Madison University and University of Toronto professor emeritus Dr. Keith Stanovich (PhD) found that higher cognitive ability led to increased bias and more errors in thinking. All this is to say that when patients become better informed, misinformation becomes more deeply embedded. To borrow another analogy from Mooney’s essay, a “more savvy” patient on the Internet is the motivated reasoning equivalent of a kid in a candy store.

Finding the time

Dr. Giles isn’t convinced that the Internet causes more harm than good. “I think that’s a really paternalistic attitude,” she said. In her opinion, if doctors shut down their patients whenever they bring up something they see on the web, then patients simply aren’t going to say what they’re reading. The key, for Dr. Giles and others, is ultimately an unsurprising one: time needs to be put forward in order to build a rapport with the patient. The motivation? As Dr. Giles said, “Technology will replace you if you don’t have the time.”