On March 28, UN Secretary-General António Guterres called for efforts to “urgently promote facts and science” to address the “growing surge of misinformation” about COVID-19. Evidence from previous disease outbreaks has taught us that misinformation represents a serious threat to public health efforts to control a pandemic. Adults who believe misinformation about a disease are less likely to follow public health recommendations, putting their own and others’ health at risk. During the Ebola outbreak in 2014, adults who endorsed conspiracy beliefs (eg, a cure for Ebola exists but is being withheld) projected that they would be less likely to seek medical care if they thought they had Ebola and reported less support for quarantine policies than adults who did not endorse these beliefs.

As trusted sources of health information, health care professionals have a powerful opportunity to address misinformation about COVID-19. Almost all of US adults (over 90%) reported trusting information about medical topics from doctors and other health care professionals in 2019. In contrast, a majority of respondents to a poll conducted on March 13 and 14 of this year reported not trusting information about COVID-19 from President Trump, and about half did not trust information from the news media. Although health care professionals have the potential to leverage their positions as trusted sources of health information to address misinformation about COVID-19, they are facing or will likely soon face enormous strain due to treating people with COVID-19. Moreover, information about COVID-19 from public health organizations is evolving and, at times, conflicting. Bearing in mind the extremely limited time and resources of health care professionals as well as the evolving nature of information on COVID-19, below are 3 ways that health care professionals can dispel misinformation surrounding COVID-19.

First, health care professionals should educate people about trusted sources of information surrounding COVID-19. Many health care professionals do not have the time, resources, or training to teach the public about COVID-19. Moreover, facts about COVID-19 will continue to evolve as the pandemic progresses and more research is conducted. Rather than educating people about COVID-19 itself, health care providers can share their trusted sources of information surrounding COVID-19 with the public (eg, from the Centers for Disease Control and Prevention [CDC], National Institutes of Health, and the Office of the Surgeon General). Awareness of trustworthy sources of health information is a key component of health information literacy. Information can additionally address stigma, which is important given reports of discrimination (eg, racism toward Asian Americans) related to COVID-19. In seeking to educate people about trusted sources of information, health care professionals should acknowledge that facts will change as research advances.

Second, health care professionals need to amplify support for public health recommendations and policies when appropriate. State and local governments are leading public health responses to COVID-19 by recommending social distancing and setting public health policies, including by issuing stay-at-home orders and closing nonessential businesses. Although trust in state and local governments is higher than trust in federal governments, approximately one-quarter of US adults still do not trust information about COVID-19 from their state and local governments. This group of adults may be slow to follow new recommendations and policies that are not yet strictly or clearly enforced. Similarly, national public health recommendations are rapidly emerging and evolving. For example, the CDC recently updated their recommendations on face masks, recommending the public start wearing cloth face coverings in public settings. Doctors should lend their credibility to local
governments and national public health organizations by vocally supporting and role modeling public health recommendations and policies when appropriate. In cases when public health recommendations conflict with health care professionals' understanding of the evidence surrounding COVID-19, health care professionals might additionally advise people regarding actions they should take. For example, the CDC's recommendation regarding cloth face coverings has been disputed by President Trump. Health care professionals can provide advice regarding whether to wear masks based on their understanding of the virus, the evidence, and their local context.

Third, health care professionals can focus their efforts to address misinformation on patients with chronic health conditions. Similar to members of the general public, people with chronic health conditions are susceptible to the spread of misinformation. However, misinformation may be more dangerous to this population if the misinformation leads them to deviate from medical advice surrounding their medication or treatments. For example, patients with inflammatory diseases may question whether they should continue to take medications that suppress their immune systems during this time. Patients with cancer may be fearful about their risks of exposure to COVID-19 while accessing chemotherapy. Much is unknown about how COVID-19 interacts with chronic health conditions and their treatments. Similar to other medical circumstances involving uncertainty, it is helpful for health care professionals to engage in candid, honest conversations with patients about what is known vs unknown and to make recommendations based on clinical experience and expertise. When conversations with individual patients are not feasible (eg, because nonessential appointments are being cancelled or postponed), health care professionals might consider mass communications, such as letters shared through patient portals or the mail to address common concerns that patients may have.

We need to fight 2 pandemics—that of COVID-19 and that of misinformation. As trusted sources of health information, health care professionals have an opportunity to address misinformation and promote public health during this pandemic. But they need strategies to address misinformation that will not further overburden their time and resources. Educating people about trusted sources of health information, amplifying support for public health policies when appropriate, and focusing efforts on vulnerable patients are key steps that providers can take toward addressing misinformation.

ARTICLE INFORMATION
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Conflict of Interest Disclosures: None reported.

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