

## Trust as a Weapon to Combat Misinformation

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With the invention of the transistor in 1947, the world entered the information age. While the early 21st century has matured into the digital era, a subset of the information age, a parallel, dissolute historical epoch has emerged—the misinformation and disinformation age. A quick Google search using the phrase “misinformation in healthcare” resulted in thousands of “hits” in the past year, with organizations such as the Health and Human Services department, the National Institutes of Health, the World Health Organization, and the American Psychological Association all warning about the dangers of misinformation and disinformation in healthcare. *The Journal of the American Medical Association* has initiated a series on health misinformation and communicating medicine headed by Dr. Anne Coppola out of the University of Pennsylvania.<sup>1</sup> Scores of individuals have entered the fray, with multiple YouTube, TikTok, and Instagram videos offering tips for navigating misinformation in healthcare. In my own department, our residency program director is co-chairing a conference at the Society for Academic Emergency Medicine on “Rebuilding Trust and Mitigating Unreliable Information.”

This new, darker period has significant implications for healthcare. Over the past decade, disinformation, misinformation, and missteps by the medical profession (the opioid epidemic and destructive prescription patterns), have led to plummeting trust in physicians and the medical profession. In an annual Gallup survey that queries the public about trust in professions, trust in physicians has decreased markedly since 2019.<sup>2</sup> While physicians

rank higher than clergy, television reporters, and politicians, poll numbers are down. There are stark cultural and political fault lines—Republicans trust their physicians less than Democrats. In one study regarding the reliability of vaccine information, Republicans trusted Donald Trump (35%), Robert F. Kennedy, Jr. (27%), and their personal physician (32%) equally. Only 1% of Democrats trusted Trump, 2% trusted Kennedy, while 56% relied on information from their personal physician.<sup>2</sup>

The COVID-19 pandemic also corroded the trust in our professional institutions. For a brief moment, those of us in the medical profession and on the frontlines were considered heroes. However, a more sinister narrative emerged during the wobbly first year of the SARS CoV-2 pandemic, and medicine and science became hostages to a partisan account. Similar to the Great Influenza epidemic (Spanish flu) from 1918–1919, multiple battlefronts emerged between public health proponents and business interests.<sup>3</sup> However, unlike 100 years ago when the preeminence of science was on the rise, scientific organizations suffered a loss in trust and prestige. From its origins (lab leak, the China virus) to the public health response (isolation, school and business closings) to the scientific face of the pandemic (Dr. Anthony Fauci and the National Institutes of Health), the amplified chaos and noise from social media resulted in damage to our relationships and our profession.

Are we beyond repair? How do we combat misinformation? Can we recreate Rousseau’s social contract, a collective bond for the general good, or have we

devolved into a Hobbesian interpretation of human interaction? In both extremes, trust is the essential component of a two-part equation. In medicine, we have individual relationships with patients, and personal and professional relationships with colleagues. Our relationships create the covalent bonds which secure good will. Trust, like politics, is local, and it needs to be earned. It is an extremely rare event in which a physician knowingly harms a patient. Not every interaction is perfect. I remember one instance in which a patient arrived in the Emergency Department with obvious mental health needs, and who responded to my cold, robotic approach to his chief complaint by asking, “Hey, aren’t you supposed to help me?” I immediately broke, and redirected our conversation toward a more therapeutic approach that led to a mutual understanding. In some cases, we cannot reach our patients, despite our best intentions. Early in the pandemic, a woman in her 50s presented with fever and a cough. After testing positive for COVID-19, she demanded ivermectin. Hoping to earn her trust by quoting the literature, I explained that while ivermectin worked on viral replication *in vitro*, there was no evidence for its use, and in fact, it failed to reduce viral replication in human studies.<sup>4</sup> She would have none of it. Sometimes science and evidence do not win. While I could not earn my patient’s trust, I consoled myself by not amplifying misinformation. I am sure my Press-Gainey patient satisfaction score suffered upon her discharge.

Concurrent with the erosion of trust in physicians, there has been the slow decline of our own professional societies. In

the 1950s, 75% of all physicians belonged to the American Medical Association. Currently, the number hovers around 20%.<sup>5</sup> It is important to not let a similar fate befall our local medical society. As we seek to repair the physician-patient relationship, we also need to coalesce as a collective in support of ourselves. The Rhode Island Medical Society, in existence since 1812, has taken important steps to support current and next generation providers, and to earn our confidence. It supports physician wellness through the Physician Health Program, effectively advocates for common sense policy change (elimination of some prior authorizations for primary care physicians), and offers educational opportunities through continuing medical education and the *Rhode Island Medical Journal* (RIMJ). RIMJ, a publication of RIMS, is the only monthly medical society publication with a local and regional focus still operating in New England. As the federal government's reliability recedes, the *Journal* takes on renewed importance. The *Journal* offers a forum for commentary and an exchange of ideas, while providing our colleagues curated educational opportunities which (hopefully) accurately inform, and counter the scourge of misinformation. In addition, the *Journal* monitors the pulse of our community by regularly publishing data

from the RI Department of Health. In an educational landscape complicated by misinformation, disinformation, and artificial intelligence, the RIMJ is (to borrow a phrase) locally and regionally sourced, and written and produced by colleagues. The *Journal* supports Rhode Island's healthcare community, and in turn, the patients we serve. We hope to continue earning our readers' trust as a veracious source of reliable information. ❖

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