

## Episode: Ethics Talk Videocast Transcript – Digital Spread of Pandemic Misinformation and Lies, Part 1 and 2

Guest: Vish Viswanath, PhD

Host: Tim Hoff; Audiey Kao, MD, PhD

Transcript by: Cheryl Green

Watch the videocast and listen to the podcast [here](#)

[bright theme music]

TIM HOFF: Welcome to *Ethics Talk*, the *American Medical Association Journal of Ethics* podcast on ethics in health and health care. I'm your host, Tim Hoff. This episode is an audio version of a two-part video interview conducted by the Journal's Editor in Chief, Dr Audiey Kao, with Dr Vish Viswanath. Dr Viswanath is a Professor of Health Communication in the Department of Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health. He joined us to talk about the digital spread of health misinformation and falsehoods during the COVID-19 pandemic. To watch the full video interview, head to our site, [JournalofEthics.org](http://JournalofEthics.org), or visit our [YouTube channel](#).

DR AUDIEY KAO: Dr Vishwanath, thank you for being a guest on *Ethics Talk* today.  
[music fades out]

DR VISH VISWANATH: Thank you for having me. Delighted to be here.

KAO: So, spreading health-related falsehoods is far from a new phenomenon. The peddling of snake oil and other quack remedies dates back centuries. In fact, in 1849, the American Medical Association established a board to analyze quack remedies and to enlighten the public about its dangers. Physicians have long served a learned intermediary function for patients. But the speed by which misinformation can spread through today's digital media ecosystem can overwhelm any information gatekeeping, especially during public health emergencies like a pandemic. So, what should individual physicians do in response to the viral spread of health misinformation via Twitter, Facebook, and other digital media channels? For example, what can be done to refute misinformation without drawing more attention to it?

VISWANATH: Thank you for that question. So, it's very difficult and maybe unfair to put the onus on individual physicians, given almost 90 percent of American population and others populations are on some kind of a social media platform. It would make it very difficult for them to chase every bite of misinformation out there and then try to refute it. I think that's almost an impossible task. So, what can individual physicians do? I think physicians remain the most trusted source on health information. That has not changed. So, that's the good news for us. So, at the end of the day, when there is a physician/patient interaction and the patient raises any myths or any questions, any doubts, I think it's a great learning opportunity and a great opportune moment for physicians to counter that myth and counter and educate the patient.

However, I think the challenge remains that the physician/patient interaction is very limited right? So, on any given month are a given week, I think we go to physicians either for a routine checkup or if we are sick. So, the opportunities to intervene are limited. So, I think my own feeling is that we have to shift the burden, if you will, from individual physicians to a more collective mobilization of physicians, such as AMA or other networks of physicians.

And the reason I'm saying that is, given that there is tremendous credibility attached to physicians and the trust people have in physicians, it's very critical that they do not sit on the sidelines, but actively and aggressively intervene whenever it is warranted. That means certainly, individual physicians can play a role when there is a moment, an opportune moment. But it is more important, too, for physicians to mobilize collectively to counter these myths, I think. And that means it's very critical networks and organizations such as AMA become more important as gatekeepers and as arbiters of sound and fact-based, evidence-based information.

KAO: Yeah. So, reflecting on what you just said a moment ago about the ability and obligations of individual versus institutional actors, certainly in terms of the health care and medical field, here's a sampling the number of Twitter followers among different account holders. Barack Obama has 120 million. Justin Bieber, 112 million. Donald Trump with 83 million. Kim Kardashian has 65 million. The CDC, which in many ways is a medical/public health institution, has almost three million. You have about 600, and I have zero Twitter followers. So, to say there is asymmetric reach between health professionals and those in politics and entertainment would be an understatement.

VISWANATH: Mmhmm.

KAO: So, how can health professionals and policymakers address the challenges, and possibly some of the opportunities, presented by this asymmetry to better inform and engage the public on COVID-19?

VISWANATH: Mmhmm. That will always remain the case. There will be some exceptions when physicians have huge followers, but those are only exceptions. So, some of the physicians who are now on network TV, for example, or cable TV could have more number of followers. And so, I don't think we can ever compete with that, given the nature of our work and the jobs we have, not just as a physician. I'm talking about myself as a social scientist and physicians too. They have a day job. We all have a day job. And that's not being on Twitter and tweeting on Friday nights.

KAO: Right. Good point.

VISWANATH: But given the credibility, so there are two things. What I am asking for is a somewhat more sophisticated look at this perceived impact of social media. And there are a couple of ways to think about it, right? So, one is, even if these people have a lot of followers, that does not necessarily mean that every tweet on every topic they tweet on will be believed, right? Their followers will believe them and follow them for certain reasons, for entertainment value. So, maybe the latest fashion, right? The latest outrageous tweets. But if they go out of their expert realm and start talking about something else, people may very well question it, right? So, they stay in their lane, which is not always a desirable thing. But what I'm saying is, and we can come back and talk about it, but so, that's one thing. So, not every Twitter follower they have doesn't mean that they have pronouncements on some of the things you and I are worried about. COVID-19 will have a profound impact, I think. It will have a big impact. But not too far.

The second thing is, we don't have to easily give up because the physicians, as a group, have tremendous credibility. And journalists, when they cover news, do rely on physicians.

KAO: Yeah.

VISWANATH: When we talk about gatekeeping function, I continue to think, and I continue to bemoan the fact that journalism, especially local journalism, is waning. But journalists, national journalists, still remain important and critical gatekeepers. And certainly, we can influence through that gatekeeping function of journalists. And that's why I was originally proposing this idea, that even if an individual physician may or may not have a huge following, he or she has the ability to leverage the power of institutions because of her or his credibility. So, whether it is AMA, whether it is major mainstream media, and other organizations, they have the cover. They have that credibility. And that's one way to counter these people who have larger following and who are misleading people and ensure that you have a larger reach to spread as much as possible evidence-based information.

KAO: Yeah. No, I think you make some excellent points. And I'm thinking about the points you've made about public confidence and trust in physicians. That's still fairly high. And this notion of kind of staying in your lane.

VISWANATH: Right.

KAO: That said, health misinformation on the Internet can sometimes come from health care practitioners.

VISWANATH: Right, mmhmm.

KAO: For example, there are physicians who perpetuate false beliefs about the safety of vaccines.

VISWANATH: Mmhmm.

KAO: What can and should be done to counter misinformation from health care practitioners?

VISWANATH: Right. So, this is really a very critical issue, I think. Those two letters at the end of the name, MD, matter a lot. And we have been already, we have been discussing this notion of credibility.

KAO: Yeah.

VISWANATH: And certainly, when a physician and a person with M.D. after her or his name comes forward and mistakes something, it carries weight. Particularly many journalists are very sophisticated, very thoughtful, but certainly, sometimes they do feel obligated if there is a counter medical with a doctor questioning something that is conventional wisdom. And that's how we are seeing, we have seen the anti-vaccine toots take hold, or beliefs take root or take hold when Andrew Wakefield, with those two letters to his name, started spreading this misinformation. But let us remember this: a physician can do it, not by himself or herself, but also with the abetting of other institutions. In that case, *Lancet*, which published that paper without asking the questions. And that's sort of magnified, I think.

KAO: Yeah.

VISWANATH: So, that's one issue. Countering them right away is important there, right? The institutions have to be very responsible: journalism, journals, etc.. The second issue

is, of course, they don't need to publish in journals. These days, we have seen this COVID-19, the very pre-prints, for example, right?

KAO: Yeah.

VISWANATH: So, where this, I think the challenge we are finding with COVID-19 is particularly interesting because now we are publishing papers without that kind of a rigorous review, particularly when the science is changing so fast. And I, as a physician scientist can publish a paper. But while waiting for a review, I can put it out on Twitter, right, as if it's news. I think that's where it's very critical for physicians, physician scientists, to counter it right away. We know that they should not repeat it, because by repeating that misstatement, it will plant a seed in people's minds. But without repeating that falsehood, they can still actively and aggressively counter it. And that's really critical because they have the credibility, and they should not let it lie out there in the public arena. Obviously, they cannot chase every myth, every false hope that is out there, but the critical ones should be countered, should be questioned, because I think that should not remain uncontested, so.

KAO: Yeah. No, I think you make some excellent points and that clearly, there's, in some ways, a confluence because obviously, misinformation about vaccines predated this current pandemic. And there seems to be an emerging confluence of these misinformation currents that we're having to deal with, especially when we get hopefully, a vaccine against COVID-19 in 2021.

VISWANATH: Mmhmm. Yeah, I think it's very critical for us. And the confluence, in fact, I think it's an interesting choice of words, and I have used that to the confluence of interest. I think what is unusual now we are seeing is this anti-vaccine, anti-vaxxers and anti-vaccine people with anti-vaccine beliefs, people with Second Amendment beliefs, people with very conservative politics, almost reactionary right-wing politics, they're all coming together and finding some kind of a common cause, questioning government authority and government public authorities, I think. And that will make it a challenge if and when we have that vaccine. Obviously, we are several months away, at the very least, from a vaccine.

But it does become an important issue to what extent the vaccine that will be introduced will fit into, will it fit into the conventional narratives of the anti-vaxxer beliefs? In which case, a lot of people will refuse to take the vaccination. Or does it fit into a newer narrative? And that becomes very critical. The newer narrative is now we have a solution to get back to your normal routines and normal lives. Get back to that livelihood. The false debate between life, I mean, livelihood and life, I think can be countered when we say if the introduction of vaccination can now potentially let us get back to the normal. And also, I think which narrative, which frame wins is very critical. And we have to be prepared for that.

KAO: Yeah.

VISWANATH: I can tell you today, there are people already waiting to talk about why COVID-19 vaccine is not important, and it's a false thing. And so, we have to be very aggressive. One bit of good news for us is that if indeed we have an effective vaccine, a lot of people are anxious to go back, you know? 60 to 70 percent said they will get vaccinated, 60 percent, 70 percent, depending on the subtle way. And then I think, so, it's not all bad. It's a question of pushing the other 20, 30 percent. There will always be 10 percent who are anti-vaccines. There's not much you can do. But given how much it has

disrupted our lives, my assumption is that a lot more people will be open to get the vaccine.

KAO: So, public health emergencies like this pandemic heighten several challenges in risk communication, including providing trustworthy sources of information, reaching underserved populations, and minimizing fear and confusion. However, in emergencies, information may not diffuse equally among all socioeconomic groups, and gaps in knowledge can increase, given the Internet divide. So, what can public health professionals and policymakers do to help address these knowledge gaps during this pandemic?

VISWANATH: Mmhmm. Right. So, if there is one thing that keeps me awake in the night, this is it: the issue of equity. We have seen that clearly with COVID-19, where we did not even ask the question: who is being affected disproportionately by COVID-19? And when we finally began to ask those questions, we realized, as a society, collectively speaking, that certain groups in our system, our communities, were disproportionately affected. The interesting thing, Dr Kao, is these community groups have been alerting us, have been raising this issue of what has been happening in their respective communities with COVID-19, but nobody bothered to listen to them.

KAO: Yeah.

VISWANATH: Right? So, that, to me, is the issue. Why didn't we pay attention to that issue from the very beginning?

KAO: Yeah.

VISWANATH: Knowing what we know that there are profound health disparities, and these disparities are persistent, why didn't we ask that question?

KAO: Yeah.

VISWANATH: And so, there are two things to do. And of course, we have been, in our own group, raising the issue of digital divide for many years now, almost two decades. And over the last few years, some people have not taken us very seriously, saying that the divide is closing, and therefore, it's not a problem. [coughs] Excuse me. And then we realized, when we started talking about remote learning, we suddenly realized that we, in the sense collectively again, that certain households are not equipped appropriately for remote learning. That's not a shock to some of us who have been working in this area for a long time, right?

So, I think we should start with the premise from the very beginning that all public health emergencies will affect different people differently. Certain groups will be disproportionately affected adversely because of emergencies, number one. That's the first thing we should acknowledge. Number two, we should put policies and practices in place before the emergency occurs, right? You can't make up stuff, create structures after the onset of emergency. That's what preparedness is about, as you know. You've got to have these policies and practices ahead of time with the anticipation that these emergencies will affect different groups differentially. And then you have to, part of that is how do you create a system in place where the groups that are likely to be adversely affected disproportionately—minorities, those from lower socioeconomic position, right, maybe undocumented workers—anticipate that they will be affected and put in place

systems to make sure that number one, we are listening to them. How do we get them to the table so that they can help us listen and design the solution from the very beginning? Not bring them in later after everything has been decided?

I think COVID-19 has taught us one lesson. I mean, we don't seem to be learned and learning this. Every time there is a public health emergency, we seem to discover this problem again and again, as if it's new.

KAO: Yeah.

VISWANATH: We know this from our work over the last three decades. We have been, all of us have been, working on these preparedness issues. I think we need to, number one, have them and create a system right from the beginning. Anticipate this emergency will occur, create a system, and make sure they sit with us at the table as we start collecting data and start developing solutions.

You know, this is, the last, I want to make one point before I stop here. The idea of data absenteeism has not taken root, which is very unfortunate. We always rely on data because that's how we develop evidence.

KAO: Yeah.

VISWANATH: But all of our national surveys, the major surveys we rely on, the major databases we rely on do not have sufficient number of poor people, sufficient number of minorities in our samples. And so, when we don't have enough people in our data, which we call as data absenteeism—others have called it too—it creates a real problem. So, we really need to make sure that we collect these data regularly from these groups and ensure that we give these data back to them in a way that they can use it, in a way that we can develop policies and practices that can be helpful to them.

KAO: Yeah, no. I think your points about preparedness and listening and bottom up, so to speak, that's the right way of thinking about it, or at least talking to people who are in these communities that we know are going to be disproportionately affected from any type of kind of public health threat. And the COVID-19 pandemic is no different than that. And so, I think your points are both sobering and hopefully, lessons that we will learn going forward. If I can maybe go back to something you had talked about earlier in our conversation about shifting the burden from individual actors to institutional actors, given the accessibility of social media platforms, the ability to post information for public consumption is in millions, if not billions of people's fingertips. Given that, what should companies like Twitter and Facebook do to maximize the benefits while minimizing the harms of this democratization of information?

VISWANATH: I think this is a very important question. The people, most people, don't have bad intentions. When I hear something that is interesting that I feel other people in my network will also be interested, I forward it. I post it. I'm finger happy, or trigger happy, or finger happy. It takes me very little effort, maybe five seconds to forward something to my network. And my intention is to amuse or entertain my friends in the network or to share something I know that I feel they should know. So, you cannot, if you take 60 percent of the people or 70 percent of the people are on Facebook. 60 percent of the young people are on Instagram. Facebook is, what, a couple of billion people. You cannot teach each and every person not to forward everything that they see, right? It's very difficult. So, who can do this?

I do think the platforms have the computational prowess and resources to do this. They are obligated now to some extent, and up to a point, I would argue, now they are like a public utility right?

KAO: Yeah.

VISWANATH: They are like an electricity; they're like water. Right? That means, I'm not saying that information should be censored or regulated. But given the immense reach they have, given the immense power they have, it is their obligation to use the computational resources they have to counter these things. They cannot keep blaming individuals and putting the responsibility and burden on individuals to counter the misinformation. I totally, completely agree with some people who have said Facebook or Twitter or others should step forward, and some of them are stepping forward. Twitter is a good example. They are taking tentative steps to counter these things. But is it sufficient? We don't know. Is it sufficient to just flag these things, or should there be more that needs to be done? That could be a part of the public discussion, but they should not be in a discussion and don't say that there are obligations. They have a duty to come forward and do it.

KAO: Yeah.

VISWANATH: And any reason, any claims they are making that they cannot do it is only an excuse at this point.

KAO: Yeah. So, switching gears a bit from the information technology platforms like Twitter, Facebook, Instagram, to talking a little bit more about human motivation, which I think you started to allude to, about people's intentions in terms of why they post certain things on their networks. Scholarship on media sociology describes a distinction between gatekeeper and advocate journalism. So, gatekeeper journalists emphasize objectivity and the separation of those facts from opinions and commentary. In contrast, the advocate journalist is a critic and interpreter who strives to present all viewpoints, is sensitive to social injustices, and often develop their stories with an eye towards addressing those injustices. In today's information landscape, we have many so-called citizen journalists whose motivations may or may not be in keeping with what I just described. So, should we and can we counter stories generated by citizen journalists that may undermine and threaten the health and safety of the public?

VISWANATH: Mmhmm. Yeah, so, you know, the advocacy versus so-called objective nature of journalism, the gatekeeping function, I think it's a nice typology. I am not sure whether it ever existed. I think the very famous sociologist Morris Janowitz talked about it. It's a nice contrast, but journalism always fell in between. The lines are somewhat blurred. I think what social media have done, has blurred that line, those lines completely, right? Internet has done that. There is no difference between work and home. You can't switch off at 5:00 and say, okay, now I'm not going to work. I think what Internet and social media have done is it blurred those lines on variety of aspects of our lives. And journalism is no exception in that.

Now, on the one hand, the Floyd murder in Minneapolis would not have happened if there were no videos. It's a good question to ask. Would we have taken it as seriously? It was so heartbreaking to see it right in front of our eyes, as if we were a part of the scene in Minneapolis, right? So, to that extent, ordinary, regular events and videotaping by people

has actually highlighted the problems, particularly with those who don't have power. So, our African-American colleagues have always raised the issue of systemic racism, and the challenges African Americans have always had with the police. But how many of us have taken it seriously? You know, we did, but have taken it seriously enough to do the kind of actions we are taking today to make, right? On the other hand, what this has done is uncovered them and demonstrate to us that this is a reality. This is what's happening every day of their lives, right? So, to that extent, I don't see a need to counter it. In fact, this kind of a citizen journalism, citizen participation in production of information and the phrase you used, "democratization of information," I think is actually a good thing. Because the barriers to production of information have come down, so it's not the elite few, educated few who are controlling the production and dissemination of information. Now, anybody can do it. So, to that extent, it is great news. To me, that is actually the most salutary part of the recent technology developments, I think.

Now, the question is, of course, the good will always come with the bad. And certainly, I think you will see, I know there are, you know, all you have to do is go to YouTube or other places. That are videos which are totally counter to any scientific evidence on any medical topic you pick. My reaction has always been, on these issues, you cannot control it. The horse has left the barn, so to speak. But we can manage it. And the only way to manage is what I have been saying all along, which is developing the institutions, developing the practices among existing institutions to take a much more aggressive and active part in it and not sit back, but be very proactive. This is what I mean, our institutions, whether it's AMA, APA. Other organizations that have a lot of credibility, a lot of resources, lot of expertise within them should be much more proactive in doing this.

Some of them may be hesitant because their job is to provide objective, science-based, evidence-based medical care. But at the same time, they have an obligation because they are the most trusted people, I think, you know.

KAO: Yeah.

VISWANATH: So, whether it is universities, whether it is organizations, we should all work together with community groups to counter these things when warranted.

KAO: No, I think you make some excellent points. So, as we near the end of our interview, I'd like to focus on COVID-19-related information that is posted by the U.S. President on his Twitter account. Regardless of what motivates his tweets, what communication advice can you provide public health officials in an environment where false and misleading information is coming from the President of the United States?

VISWANATH: Right. So, people's reactions have varied on these tweets from amusement or entertainment to outrage. And certainly, these tweets, because they are from the President, get a lot of attention what people are calling to share of the voice. They almost suck up the air and that environment. So, if you think of a bandwidth, there is a limited bandwidth air space. And so, what will you fill in that limited bandwidth? What kind of information these kinds of tweets will take up so much air space because it's just not the tweets. It is an incessant saturation coverage that these tweets receive, both the debunking them as well as the repeating back, right?

KAO: Yeah.



VISWANATH: I think the reputation has its disadvantages. As I said when he tweets, it's just not his followers. But unfortunately, when it is covered in the media, the rest of us all become aware of those tweets so that the falsehoods get repeated, unfortunately. Now, our journalist colleagues will say, how can they ignore it? It's the President of the United States. It is having one significant, unfortunate impact that in practice, which is increasingly countering the authority of those who are in medicine and public health. And it's undermining their authority, unfortunately. And I think all of us have an obligation. It doesn't matter whether you are the President or whether you are an ordinary, regular person. It doesn't really matter. In fact, it's a greater obligation to counter. As I said, it's very difficult to chase every tweet out there. But at the end of the day, you have to think about your own professional obligations. What is my obligation to truth? What is my obligation to evidence? What is my obligation to my profession? And counter it.

It becomes that much more important because it is an authority figure. If it is a regular citizen, person on the street, so to speak, maybe she or he may not get that much traction, so it's not that, something to worry about. But certainly, when somebody at that high an authority level does it, it's important.

Again, it becomes very difficult for individual physicians to do this. But collectively, the institutions have to do that. And some people are doing it. Several institutions have gotten together—media, fact checking organizations, medical organizations have gotten together—to counter these tweets when warranted, when they become egregious. And it is unfortunate because I think it is having some deleterious, negative impact. But again, we can't control what motivates somebody to do what he does. But we have to now manage with that by being very proactive and countering it, you know, so.

KAO: Yeah. Well, on that professional call to action, I want to thank Dr Vish Viswanath for sharing his deep expertise and insights with our audience today. Vish, thank you for being a guest on Ethics Talk.

VISWANATH: Thank you so much for having me. Enjoyed it.

KAO: For more COVID ethics resources, please visit the AMA Journal of Ethics at [JournalofEthics.org](https://www.ama-assn.org/practice-management/ethics). And to our viewing audience out there, let's speak truth to power during this COVID-19 pandemic because lives depend on it. Be safe and be well. We'll see you next time on Ethics Talk. [bright theme music plays]