Addressing Health Misinformation While Building Trust

"You don't win by being right — you win by being trusted."

Presenter: Sarah Ashitey, MD, FAAFP

SESSION OBJECTIVES

By the end of today, you'll be able to…

1. Identify common examples of health misinformation you'll meet in patient care.
2. Describe two communication techniques for responding with empathy and respect.
3. Recognize how active listening and clear communication build patient trust.
4. Identify credible, evidence-based resources to share with patients and families.

THE SCENARIO

“I’ve been reading about the MMR shot and I’m just not comfortable — I’d rather wait.”

— Parent, 12-month well-visit

You’re the student in the room. What do you say?

You're not fighting ignorance.
You're fighting a better-designed message.

The feed

Brief, emotional, confident, endlessly shareable. Built to spread.

The explanation

Slow, complex, hedged, forgettable. Built to be accurate.

THE MIRROR

1 in 4

of health-professions students endorsed four or more medical conspiracy theories.

Two-thirds held at least one. Training alone doesn't make anyone immune.

Domaradzki et al., BMC Medical Education, 2024

THE REFRAME

It’s not an information problem. It’s a trust problem.

Patients aren’t short on facts. They’re deciding whom to believe, and why. Your credibility and your perceived intent do the work, not the volume of data.

OBJECTIVE 2 · TECHNIQUE 1

Affirm shared values first

Name what you both want — before you touch the fact.

“It’s clear you’re trying to do what’s safest for your daughter — so am I. Can we think it through together?”

OBJECTIVE 2 · TECHNIQUE 2

Ask before you tell

Find the source of the belief — and the fear underneath — before correcting.

“Can I ask what you came across? What worries you most?”

BACK TO THE PARENT

Same parent. Different opening.

THE REFLEX

“Actually, that study was retracted. The data are very clear…”

THE REFRAME

“You’re trying to protect her — so am I. Can I ask what you came across?”

How does the conversation go differently?

Let’s try something.

(I need a volunteer.)

OBJECTIVE 3 · WHAT JUST HAPPENED

Five ways to be present

- Prepare with intention
- Listen intently & completely
- Agree on what matters most
- Connect with the patient’s story
- Explore emotional cues

Zulman et al., JAMA, 2020

TWO NUANCES

Two honest truths

Correction isn’t for everyone

Debunking rarely converts the committed — but genuinely helps the hesitant. Ridicule just destroys your credibility.

Effects fade

Correction is a longitudinal task across a continuity relationship — not a one-visit fix.

OBJECTIVE 4 · TEACH THEM TO FISH

SIFT — a filter patients can use on anything

Stop

Notice the emotional pull before you react.

Investigate

Who’s behind the source? What’s their track record?

Find

Look for better coverage elsewhere.

Trace

Follow the claim back to its original context.

Method: Caulfield — Stop · Investigate the source · Find better coverage · Trace to the original

CREDIBLE PLACES TO POINT THEM

A short, stable shortlist

MedlinePlus

medlineplus.gov

NLM’s consumer site — ad-free, plain-language, no commercial interest. The safe default.

HealthyChildren.org

American Academy of Pediatrics

For this parent specifically — a society patient page beats a general search.

One caveat: lead with the method and a couple of stable hubs rather than a single agency — institutional standing shifts.

BACK TO THE PARENT, ONE LAST TIME

Shared values → a question → real listening → a resource handed over as partnership → “let’s revisit next visit.”

You don’t win by being right.
You win by being trusted.

FOR YOUR REFERENCE

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Questions?

Thank you · Sarah Ashitey, MD, FAAFP