

Going Viral: Doctors Must Combat Fake News in the Fight against Covid-19

C. O'Connor^{1,2}, M. Murphy^{1,2}

1. Department of Dermatology, South Infirmaries Victoria University Hospital, Cork.
2. University College Cork, College Road, Cork.

“Dúirt bean liom go ndúirt bean léi – a woman told me that a woman told her”

Misinformation is false information that is communicated without deliberate malice, while disinformation is communicated with the intent to deceive. In Ireland we have noted a trend of incorrect information about Covid-19 spreading rapidly via social media and messaging applications. The motivation behind their creation is unclear, but may relate to attention-seeking behaviour and conspiracist ideation.

The false messages tend to contain three common features:

1. The source allegedly has inside information e.g. ‘a young researcher from Wuhan’ or ‘Dr Tim in Cork’. However no further reference is provided to support the source. **2.** The nature is vague e.g. ‘doctors have said’ without providing details e.g. names, positions, or affiliations. The tone is alarmist, suggesting that if the suggested action is ignored, serious consequences will occur e.g. ‘please do this before it’s too late’. **3.** The emotive effect is intended to trigger panic and fear. This increases the likelihood that the message will be shared.

Medical misinformation has had three key themes: food and beverages as ‘cures’, hygiene practices, and medicines. One message from ‘Japanese doctors’ suggested drinking hot water every 15 minutes as the heat would ‘kill the virus and pass the virus into the stomach’. Garlic, vitamin C, and zinc lozenges have been claimed as cures due to antimicrobial activity.

A message on WhatsApp stated that a hospital in Galway was ‘saying that the virus was mainly being spread via petrol pumps’. Another message allegedly from South Korea advised using the non-dominant hand for tasks as this makes ‘it is very difficult to touch your face’. A more dangerous video suggested directing a hairdryer at maximum temperature upwards through the nasal airways to kill the virus.

Another WhatsApp message stated that ‘four healthy young people were in serious condition with coronavirus’ in Cork following ingestion of ibuprofen. As Covid-19 is almost universally a febrile illness, this would have serious implications for management for pyrexia. A post shared widely on Facebook suggested that being able to hold one’s breath for ten seconds meant that one could not have coronavirus.

We have seen implications of these fake messages in clinical practice in Cork. Patients have been unwilling to take ibuprofen, leaving non-Covid-19 illnesses untreated. Other patients with serious time-sensitive non-Covid-19 illnesses (such as stroke) have had delayed presentations, with irreversible deficits, due to concerns about contracting Covid-19 in hospital. ¹ Furthermore, the false information in the messages has detracted from the evidence-based precautions that the health service is promoting, such as social distancing, and hand hygiene.

The World Health Organisation has confronted fake news with a WhatsApp service (+41798931892). There is evidence that healthcare professionals can stop the spread of false information by refuting or rebutting misleading health information and by providing appropriate sources. ^{2,3} We exhort our colleagues to support each other in combatting fake information as part of the fight against Covid-19.

“Ni neart go cur le chéile – there is strength in unity”

Keywords: Covid-19; misinformation; disinformation; social media

Corresponding author:

Dr Cathal O'Connor,
Department of Dermatology,
South Infirmary Victoria University Hospital,
Cork,
Ireland.
Email: drcathaloconnor@gmail.com

References:

1. <https://twitter.com/ronancollins7/status/1239507193940058113>
2. Chou, WY et al. (2018). Addressing Health-Related Misinformation on Social Media. *JAMA*. doi:10.1001/jama.2018.16865
3. Bode, L et al. (2017). See Something, Say Something: Correction of Global Health Misinformation on Social Media. *Health Communication*, 33(9), 1131–1140. doi:10.1080/10410236.2017.1331312