Handling hearsay in diabetes care
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Abstract
Hearsay, including e-hearsay, is an unwanted, yet unavoidable, part of modern medical practice. Misinformation creates a barrier for the acceptance of, and adherence to, diabetes management. Modern technology has facilitated the spread of (mis)information. This communication describes the disadvantages of hearsay. It suggests ways for physicians to tackle diabetes hearsay in their patients and community.

Keywords: Communication, advocacy, patient education, technosocial competence, psychosocial aspects.

Introduction
Communication is a double-edged sword, and its edges seem to be getting sharper and sharper by the day. Modern communication media, such as WhatsApp, twitter, Facebook and other social media, have made it easy for people to exchange information on a variety of topics.¹ Unfortunately, there are no mechanisms to verify the accuracy or truthfulness of any "facts" posted online. Diabetes, the scourge of modern health, too, is expanding relentlessly. It is not surprising, therefore, that discussion on diabetes, and other health-related issues, is a common feature on social media. Such interaction helps spread information about self-care and self-management and promotes efforts to achieve healthy living with diabetes.²

Mis-Communication
More often than not, however, misleading, inaccurate, or false messages are spread on social platforms.³ The misinformation contained in these messages may range from harmless or innocuous, to downright harmful or dangerous. The motive behind the posting or forwarding of such bytes may vary. While some individuals may genuinely feel that they are working for a good cause, others may have malicious intent or vested interests in a commercial entity. Usually, however, the reason boils down to ignorance. The average citizen is not aware of the painstaking details that go into developing a particular strategy, or tool, for diagnosis and management of diabetes. The antecedents of so called “experts” or expert bodies may be difficult to assess as well. Usually, however, the reason boils down to ignorance. The average citizen is not aware of the painstaking details that go into developing a particular strategy, or tool, for diagnosis and management of diabetes. The antecedents of so called “experts” or expert bodies may be difficult to assess as well. Thus, any communication embellished by fancy names and degrees is perceived to be true.

Challenges of diabetes care
In general, diabetes care involves significant self-discipline and control, all of which are difficult to practice. Today’s hedonistic culture encourages a feeling of entitlement for all pleasures of life, without creating an understanding of the responsibilities that a healthy lifestyle entails. Diabetes care professionals who call for moderation in diet, regular exercise, and stress management are considered unlucky Cassandras.⁴

Therefore, any sort of diabetes-related message, especially if it goes against the grain, is considered exciting and worth spreading. Examples include posts depreciating the diagnostic criteria of diseases such as diabetes and cholesterol disorders, and those criticizing the use of life-saving drugs like insulin. Yet others encourage the public to follow “fad” diets or extreme diets, in a misplaced attempt to ‘cure’ diabetes, while remaining oblivious to their side effects. Even more dangerous are messages which exhort readers to view all modern medicine as evil, so as to promote consumption of non-evidence-based medication of unproven value. Traditional medications are portrayed as being pure and sinless, without realizing that they contain heavy metals and various unknown chemicals, which may harm the body.

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The never-ending battle: truth vs hearsay
Unsuspecting persons follow this advice, to their own disadvantage. Blind acceptance and adherence to medical hearsay may lead to unwanted complications and suboptimal medical outcomes. Some examples of such hearsay, and the actual facts related to them, are listed in the Box.

Collective responsibility
E-hearsay has become an unavoidable part of modern life. This is true not only for health, but every aspect of life. In such a scenario, where misinformation is expected to remain endemic, it becomes a collective responsibility to tackle this menace. Health care professionals should take proactive measures to spread accurate information, while directing patients towards authentic sources of scientific knowledge.

Patients should make every effort to improve their health literacy and numeracy, and refrain from accepting every social media “titbit” as the gospel truth.

Mass media, both print and online, can also contribute to this cause by publishing only curated health-related information from professionals of repute. Advertisements of non-evidence based alternative or complementary medication should be discouraged, unless accompanied by bold disclaimers related to their efficacy. Advertisers who claim efficacy and safety should provide proof by referring to clinical trials that have been published in indexed, peer-reviewed journals. Most of the popular trade names that are advertised in the lay press as panacea for the management of diabetes do not meet these criteria.

Trust the physician
The best source of health-related information is a qualified and experienced physician, who is conversant with the patient’s biomedical and psychosocial needs and requirements. Working together through regular interaction and thorough involvement, responsible physicians and persons living with diabetes should be able to stem the tide of e-misinformation related to diabetes, and replace it with a health-oriented campaign of accurate dissemination of knowledge.

References