PRIMARY CARE DIABETES

Databombing in Medicine

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Abstract

The term 'data bombing' may be defined as the sharing of ultra current information or knowledge, during or after an educational talk in which updated data has not been covered by the speaker. Primary care physicians are increasingly being exposed to huge amounts of [often conflicting] data and opinions. This makes it challenging to follow recent advances in medicine in a pragmatic and practical way. This opinion piece describes data bombing and suggests ways of handling it.

Keywords: Communication, infodemic, information pandemic, medical teaching

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Introduction

The Urban Dictionary defines data bomb as "a massive release of compromising data which has a disruptive effect on a government or large corporation."[1] This term is used informally, in ethics and journalism, to describe such situations. We use the term 'data bombing' to describe an increasingly common phenomenon encountered in continuing medical educational events. Data bombing may be defined as the sharing of ultra current information or knowledge, during or after an educational talk in which updated data has not been covered by the speaker.

Etiology

With the rapid rise of number of publications,[2] and easy access to them, data bombing has become more prevalent. Data bombing may be constructive, i.e., with the right intention and action, or destructive, i.e., meant to disrupt an organization, event, or an individual. It may occur due to a genuine desire to share facts or may serve the intent of showing the speaker in a negative light. The data shared usually relates to recently published clinical trials or mechanistic studies and may or may not be relevant. It may be attractive to the audience in the short term, without long-term benefits. On the other hand, it may seem distasteful at the time it is conducted but may have positive implications for future pedagogic platforms.

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Impact

Data bombing is a double-edged sword. On one hand, it may act as a disruptor and impact the well-being of the educational ecosystem. On the other hand, and more importantly, it encourages higher standards of teaching and learning.[3] This is especially true in disciplines such as cardiology, metabolic medicine and epidemiology, which are characterized by rapid rates of research. Data bombing, in fact, may be viewed as part of the modern challenge of infodemics.

Management

The best way to manage data bombing is to prevent it. All speakers and chairpersons must shoulder the responsibility of being up to date with their chosen subject. They should accept academic responsibilities only if these are concordant with their area of education, experience and expertise.[4] Speakers should also cultivate the art of handling objections and criticisms from the audience in a positive manner. Acknowledgement and appreciation of the questioner; an apology, if due; and humour, if apt, are ways of defusing difficult moments during public speaking. This may mitigate the effects of being data bombed.

Primary care physicians should choose and continue with one or two trusted sources, such as J Pak Med Assoc, for information and insight. Data bombing can occur in journals as well. An incompletely written or reviewed article may prompt data bombing in the form of nasty letters to the editor.[5] This friendly letter, however, just provides a label to an all- pervasive phenomenon, with the hope of improving our academic discourse.

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