Dermatology Practical & Conceptual

Combating Misinformation in Dermatology

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Freedom of speech is one of the foundations of democracy. With the advent of modern technology, we now have the access to seemingly-limitless information at our fingertips. However, with increased accessibility to information comes susceptibility to misinformation, a phenomenon that poses vast implications for the scientific community and general population.

Misinformation, described in politics as a threat to democracy, is pervasive throughout medicine and can hinder the delivery of healthcare [1]. Dermatology, in particular, has recently been the center of many instances of misinformation. From assertions that "sunscreen causes cancer" to the false claims that tanning and the use of Melanotan are "safe", it is imperative that all are aware of the misinformation that exists as it has the potential to significantly impact one wellbeing [2].

Though the benefit of easily-accessible information is significant, not all information is "equal" in quality or accuracy. While physicians are formally trained to make use of databases like PubMed or Ovid, navigating these sites can pose a great challenge to the general public. As such, search engines like "Google" become a more appealing, user-friendly option. Additionally, with the recent surge in social media users, the opportunity for the spread of misinformation is amplified. A 2021 systematic review examined this phenomenon by collecting healthcare-related social media misinformation rates from 69 studies. Within the studies examined, misinformation rates reached as high as 87% of the total content posted on social media [3]. While information is information, and free speech is a protected right, information can also be counterproductive, deceptive, and used to incite emotions, especially when it is viral and has algorithmic appeal.

How do we handle this information overload and combat misinformation? We suggest creating a health rating agency that provides a rating to publicized health information, similar to the system employed by the Motion Pictures Association. Ultimately, this rating agency would serve to create a metric that individuals could use to better understand the quality of information they are accessing. Just as the movie industry uses movie ratings: G, PG, PG-13, and R, healthcare-oriented information could be reviewed and "rated" for accuracy (Table 1).

We propose that physicians spearhead rating efforts within their respective fields. While this represents a laborious task, we believe that physicians could be incentivized to participate in review efforts by offering Continuing Medical Education credits for their time. After content (articles/ social media accounts/ influencer accounts) has been "rated," a seal or emblem from each specialty governing body (American

Table 1. Proposed rating system for medical literature.

Rating	Guideline
E1	Content is backed by substantial evidence-based literature.
E2	Content is supported by sparse evidence-based literature.
N	No supporting research.
X	Anecdotal information without supporting research.

Academy of Dermatology for Dermatology) could be applied to the content, indicating that the content has been subject to expert review and quality control. The simplicity of this rating system would enable its implementation across major search engines and social media platforms, ultimately serving to combat misinformation in the field of dermatology and medicine at large.

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