

Example notes: Dr Google taster lecture

Intro

Web has transformed how we engage with health info:

- Web as 'first port of call' for checking out symptoms
 - o Web 1.0 – static pages, no social media
 - o Web 2.0 – user generated content and social media – much easier to engage with lots of information
- Volume and variety of information online impacts how people engage with health info and diagnosis, comprehending treatments, communications with health professionals, reliability of health info, health anxieties

'eScaped medicine'

'Cosmologies' of medicine:

- Bedside medicine – local, personalised treatment based on ability to pay, diagnosis: doctor determines based on patient's description of symptoms and understanding of patient when they aren't ill
- Hospital medicine – collective understanding of illness as it presents as symptoms, does not take place in patients' homes, not based on ability to pay
- Laboratory medicine – removal of illness from patient and hospitals, focused on understanding pathology
 - o Additional cosmology: surveillance medicine – tracking the health of populations on a mass scale
- 'eScaped medicine' – removal of medical knowledge from hospitals/labs – knowledge is accessible by everyone through flows of information online
- Example: Coronavirus vaccination (we are up-to-date with the clinical trial in almost 'real time')

Expert patients

- Government white paper (1999): 'Saving lives: our healthier nation'
 - o Putting responsibility for wellbeing on the individual as opposed to healthcare systems to lessen pressure on NHS
 - o People 'empowered' to become knowledgeable about health conditions using the Web and therefore not put unnecessary pressure on GP surgery and A&E
- Google info common in consultation, shifting boundaries of the doctor-patient relationship
- The Web enables people to connect with others (through social media) who may be living with similar medical conditions, and share lived experiences – not possible before due to time and geographical boundaries
- 'Prosumption' (Ritzer & Jurgenson 2010) – people simultaneously produce *and* consume information online

Health misinformation online

- 3Vs of the Web – volume, velocity, variety of data means that we have instant access to large amounts of constantly changing information, both reliable and unreliable
- Public health concerns subject to misinformation online that can spread incredibly quickly and become entrenched, see: Ebola, Zika, HPV, COVID-19

- Anti-vaccination beliefs and misinformation spread online incredibly quickly
 - o Has been a surge in cases of measles and WHO said anti-vaccination information is a global health threat
 - o A combination of the Web enabling misinformation and real-world effects
 - o Can be the tipping point between vaccine-hesitance and vaccine resistance
- Corona – the Web allows for misinformation and conspiracy theories to spread and take hold
 - o Origins of disease
 - o How it spreads
 - o How it is treated

‘Cyberchondria’

- Exacerbation of health anxieties due to ease of access to health information and misinformation
- Extremely easy to become caught in obsessive, cyclical patterns of health information-seeking due to 3Vs
- Those with pre-existing anxiety likely to be more affected