

RECENT ADVANCES IN ENDOCRINOLOGY

De-Hearsay (Diabetes e-Hearsay)Sanjay Kalra,¹ Karthik Balachandran²**Abstract**

Hearsay, or reported speech, is an important contributor to diabetes care related behaviour. Modern modes of communication have thrown up a new form of hearsay, termed e-hearsay (electronic hearsay). We describe the concept of diabetes related electronic hearsay or digital hearsay (de-hearsay or dd-hearsay), and suggest pragmatic means of countering negative de-hearsay, so as to benefit diabetes care.

Keywords: Diabetes, patient centred care, patient education, information

Hearsay

Hearsay, or reported speech, plays an important role in determining diabetes care outcomes. It is not uncommon to see persons with diabetes exhibiting inappropriate health care seeking behaviour, and health care acceptance, just because of hearsay.¹ Such behaviour spans the entire gamut of diabetology, including diagnostics and screening, lifestyle modification, and drug therapy. The situation is compounded by the existence (and promotion) of medial pluralism,² which does not necessarily utilize evidence-based therapies for managing diabetes.

De-Hearsay

While hearsay has been an accepted part of a diabetes care provider's clinical challenges, recent years have shown up a newer source of misinformation. The term e-hearsay has been used, especially in legal circles,³ to refer to evidence based upon messages texted on telephone, or uploaded at social sites such as Facebook and Twitter. Such messages may be related to health in general, and diabetes in particular. We term this as de-hearsay, and define it as diabetes-related information obtained from the internet, including social sites and communication media. Table-1 lists some examples of de-hearsay, while Table-2 enumerates the common sources of such information.

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Table-1: Examples of de-hearsay.

Etiology	Sugar occurs because of eating too many bananas
Pathogenesis	Diabetes cannot occur if you are thin
Screening	Testing for diabetes causes diabetes
Diagnosis	It urine sugar is absent, diabetes cannot occur
Classification	There are two types of diabetes: urine sugar and blood sugar
Diet	Coriander juice cures diabetes
Exercise	Five minutes of yoga is better than 50 of aerobics
Oral drugs	Oral drugs can cause kidney disease
Insulin	Insulin can cause insulin disease
Insulin technique	The calf is the best place to inject insulin
Monitoring	Glucose monitoring is a waste of time and money
Modern diabetes care	Modern diabetes care is a big fraud.

Table-2: Sources of de -hearsay.**Websites**

- ◆ "Educational"
- ◆ Health care provider-driven
 - ◆ Unqualified "endocrinologists" and diabetologists
 - ◆ Complementary health systems
 - ◆ Alternative medical systems

Pharmaceutical driven

- ◆ Unproven/irrational drugs
- ◆ Direct to consumer marketing

Social media

- ◆ Facebook
- ◆ Twitter

Traditional media

- ◆ Shady news outlets
- ◆ Unscrupulous TV advertisements

Telephone -based messages

- ◆ Text messages
- ◆ WhatsApp
- ◆ Messenger

With virtually every inhabitant of the world exposed to some form of e-communication or the other, information related to diabetes is often sought from, and received from, these channels. Such information is difficult to police, and to evaluate, for the layman. It is also ironical that misinformation seems to be more durable, shared more often, and "liked" more frequently, than correct facts. Websites which spread de-hearsay also tend to be more visible and more attractive, than scientific sites.

Our Responsibility

As endocrinologists and diabetologists, we have to take the responsibility of tackling de-hearsay. This should be taken as part of an overarching duty to improve not only individual, but societal and public health as well. It overlaps with, and strengthens, the concept of social marketing in diabetology.

Addressal

De-hearsay can be addressed by two means: actively promoting scientific information related to diabetes, and by sharing critiques of wrong facts. Both strategies have their advantages and disadvantages.

Filtering Objectionable Content

It must be noted, however, that if moral policing of the net cannot work, neither will "endocrine cross-examination" or "scientific censorship". De-hearsay, therefore, is a phenomenon that we have to live with. While manual censoring is difficult or even impossible, with sufficient advances in artificial intelligence algorithms, it is possible to identify fake/ misleading content. Indeed, Facebook has already started tagging content as suspicious/fake in countries like the USA.⁴ Thus the easiest to implement, but potentially less effective method may be automated filtering of content by the respective platforms themselves. In these big data days, such a system is well within our reach.

Producing Appropriate Content

Combating misinformation with correct information could be an effective strategy. Like any other fight, it is important to understand the opposition. Why does someone spread misinformation? Who creates the content? How do we limit the content's impact? On deeper scrutiny, most misleading content is unleashed online, not with the express purpose of business benefit, but for something as banal as a few likes and shares. The people who share such content aren't motivated by money, but, sometimes by a genuine interest in spreading news that they sincerely feel will help someone. Unfortunately, being sincere doesn't right a wrong — it only makes them sincerely wrong. A misleading information, inefficiently presented, will fall flat — just like good content. The content is often 'weaponized' to go viral. By studying the common determinants of virality,⁵ professional bodies might be able to reverse engineer a viral post — except that the post contains good health information.

A picture speaks a thousand words, and videos are just pictures in rapid sequence. Thus it is imperative that the professional bodies move beyond the traditional

platforms and produce engaging content, preferably videos. These can in turn be hosted in websites like YouTube (in a separate YouTube channel) and posted to new age dissemination outlets like Facebook/Twitter.

Multimedia Approach

Even as we continue our online efforts, we must remember that most of our country lives in villages. The population in villages has little exposure to smartphones and apps and still rely on newspapers, TV and radio for their daily dose of information. Thus these traditional channels when utilized properly might give more 'bang for the buck'!

Multilayered Responsibility

Creating an Army of Health Soldiers

Even more importantly, we should strengthen our existing grassroots level health education system. School health information campaigns provide a unique opportunity to provide primordial prevention, by 'catchin 'em young'. School health education should be deemed incomplete without compulsory physical education.

Similarly, government and professional bodies can conduct innovative programmes in colleges too — from plays to hackathons to produce useful apps, involving students in other streams of education. Rewarding the innovation and giving the students a chance to pilot their ideas in a 'social lab' of a few villages might produce valuable results, which can then be generalized. A strong collaboration with our colleagues in preventive and social medicine will facilitate several such projects. They in turn can coopt the community leaders and religious leaders who can be effective in reaching people who might be beyond the reach of technology.

Individual Activity

Doctors have a huge responsibility in this regard. While the outreach programmes can be effectively organized by the local talent, its success depends critically on the physician. Diabetologists and endocrinologists should venture out of their comfort zones. As leaders of professional bodies, they can use their considerable influence in the society and even politics to bring about effective systemic changes. Individuals can indulge in health advocacy in virtually any form - from health talks to writing blogs.

Professional Organization Leadership

There are some simple measures that we can take to propagate scientific information about diabetes. Professional bodies, including the PMA, PES and SAFES, should host user-friendly patient information websites,

curated by experts. Physicians should share addresses of reliable websites with their patients, and list them in their waiting areas. Physicians may also take proactive measures to share positive health related information, though blogs, tweets, posts and messages. These messages, if channeled in a sustained and concerted effort, should be able to spread the message of good diabetes care.

Government Action

Finally, governmental avenues to promote healthy information should be harnessed - for it is in our country's best interests. Airports, billboards, toll booths to automated sms — every possible portal can be used. While doctors can lead the way, it is important to realize that for societal change to occur, it requires the multi-pronged approach. This may even involve legal steps such as imposing a 'sugar tax'.

Conclusion

The task of tackling de-hearsay may seem gargantuan - but we should realize that we have the advantage of

legitimacy and trust, which the unscrupulous elements don't. While the components of the approach might change depending on local conditions, the principle is same all across the world — to make doing the right thing easier and wrong thing harder. With a collective and concerted effort, we will be able to defang de-Hearsay!

References

1. Skinner TC. Psychological barriers. *Eur J Endocrinol.* -72004 Oct - 1; 151(Suppl 2):T13-7.
2. Kolling M, Winkley K, von Deden M. "For someone who's rich, it's not a problem". Insights from Tanzania on diabetes health-seeking and medical pluralism among Dar es Salaam's urban poor. *Globalization and Health.* 2010 -; 6-8.
3. Richter LL. Don't Just Do Something: E-Hearsay, the Present Sense Impression, and the Case for Caution in the Rulemaking Process. *Am. UL Rev.* 2011; 61:1657.
4. How Facebook is starting to tackle fake news in your news feed [Internet]. [Cited 2017 Mar 29]. Available from: <http://www.bbc.co.uk/newsbeat/article/38827101/how-facebook-is-starting-to-tackle-fake-news-in-your-news-feed>
5. Berger J. How to Make Your Content Go Viral [Internet]. Mashable. [Cited 2017 Mar 29]. Available from: <http://mashable.com/2013/07/09/jonah-berger-viral-content/>.