

Alberta Doctors' Digest

A referral from Dr. Google

Thirty years ago, when faced with a puzzling and troubling collection of symptoms, patients really only had two options: call their physician and wait for an appointment to discuss; or, if suitably connected, talk to a family friend (a physician or nurse) who may be able to provide some interim guidance or comfort. Today, however (as most general practitioners will likely testify), there is a dizzying array of options open to the general public just a finger stroke away.

Even without having seen surveys or studies, it isn't hard to imagine that the average GP is now fighting a defensive battle with a patient, facing a barrage of questions, inquiries and demands all emanating from the patient's online research. The patient can go directly to the Mayo Clinic website and get up-to-date information on almost any ailment or to a variety of medical professional sites with links to information about almost any common medical issue. Now, in fairness, almost all of the sites recommend patients see their own doctor before acting on any of the information provided, but still the seed is planted.

So rather than dedicating time to doing the things doctors are trained for, such as observing, reviewing tests, assessing vital signs, taking history, etc., the physician needs to take additional time explaining why things might not be the way the patient's research indicates or, at least, recommending caution before committing to that path. And this situation is likely complicated by the increasing use of virtual care (with no hands-on examinations) or worse – with telehealth (with no visual observations).



It is important to pause and reflect on the fact that this self-diagnosis from the web is not an issue unique to COVID-19 (Photo credit: Pixabay.com)

Lately, patients' reliance on these online platforms has resulted in "[cyberchondria](#)." Defined as the "unfounded escalation of concerns about common symptomatology, based on the review of search results and literature on the web," the term [cyberchondria has grown in prominence](#) since the advent of the COVID-19 pandemic and is used to describe the escalation of health worries and concerns after self-diagnosing through online medical platforms.

While the concept itself is not well understood, cyberchondria has proven to put a strain on the health care system. While Canada has not extensively researched the effects of cyberchondria, [one study from the United Kingdom](#) classified cyberchondria as a silent epidemic costing public health care an estimated £420 million per year (roughly \$700 million CAD).

It is important to pause and reflect on the fact that this self-diagnosis from the web is not an issue unique to COVID-19. Patients have been exhibiting this behavior for years prior to March 2020, and they will continue to do so in the future; so this is not something that will go away as a result of a vaccine. During the pandemic, some patients unfortunately saw this as an alternative to seeing their physician (often to their detriment). Patients will continue to see these websites and the information available on them as a panacea or a means of either getting a head-start on seeing their physician or, worse, a means of second-guessing their physician's judgement.

Such online diagnostic tools, however, are a double-edged sword. On the one hand, when properly used, online resources may assist patients in accurately explaining symptoms to their physician and drawing out important information. In fact, online resources are a valuable tool for physicians themselves, when used properly.

On the other hand, a patient's warped understanding of an online diagnosis could only further fuel their anxiety and not only lead to unhealthy skepticism by the patient against health professionals but also prevent the physician from reaching a proper diagnosis altogether.

In fact, even when doctors are able to make a proper diagnosis, online research can continue to muddy the waters. In 2018, researchers at the Sunnybrook Health Sciences Centre in Toronto published a paper in the *International Journal of Cardiology*, finding that patients who Googled their symptoms resulted in an "nocebo effect," a situation where patients that are expecting certain side effects to occur from medication or treatment are more likely to experience them.

In their paper *Does Googling Lead to Statin Intolerance*, the researchers found that in countries where patients using Google are more likely to find websites about the side effects of a statin (a cholesterol-lowering drug), these countries also had greater levels of statin intolerance. While correlation does not necessarily mean causation in this instance, the report nonetheless presents further dilemmas for doctors treating self-researching clients.

What will be interesting to monitor in the future is the impact this tendency has or may have on medical/legal liability and the standard of care expected of physicians. At law, a physician owes a duty to a patient to diagnose and carry out treatment in accordance with the conduct of a prudent and diligent Canadian physician in the same circumstances. As such, a question remains as to what is expected of a doctor towards a patient with a bad case of cyberchondria. If a patient decides to listen to Dr. Google

over their physician's opinion, it is unlikely the physician would be held liable. However, would a physician's standard of care require the physician to review the patient's research and educate them accordingly, or merely disagree and offer treatment?

Overall, given the due diligence requirement of physicians to meet the standard of care, it is likely prudent of physicians who suspect their clients are self-diagnosing or suffering from cyberchondria to ask questions about where their patients obtained such information, inform patients of any serious medical misapprehensions they may harbor and provide recommendations accordingly. While online medical platforms certainly pose new challenges to the medical profession, physicians who attempt to educate and inform their patients accordingly shouldn't worry about attracting any liability.

Despite the positives that online medical research may bring, doctors continue to see patient's home research strain relationships. More particularly, when left unbridled, doctors may soon start hearing more stories about patients calling livestock stores for medicine rather than their neighborhood pharmacy, a situation all too familiar to some during the pandemic.

While the matter can certainly prove frustrating for medical professionals, it's important to remember the duty physicians likely have to correct such misapprehensions – however wild they may be – and advise accordingly.

Editor's note: The views, perspectives and opinions in this article are solely the author's and do not necessarily represent those of the AMA.

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