

Mikhail Varshavski, DO, on how social media can combat COVID-19 misinformation

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Featured topic and speakers

AMA Chief Experience Officer Todd Unger speaks with family medicine physician Mikhail Varshavski, DO (Dr. Mike) of New York on updates regarding COVID-19 including how the doctor is using his massive social media platform to combat misinformation about COVID-19. You can find Mikhail Varshavski, DO (Dr. Mike) on social media as @RealDoctorMike and visit his YouTube channel.

Learn more at the AMA COVID-19 resource center.

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 update. Today we're bringing you a special edition sharing how one doctor is using his massive social media platform to combat misinformation about COVID-19 today I'm joined by Dr. Mikhail Varshavski, or Dr. Mike, a family medicine physician in New York. I'm Todd Unger AMA's Chief Experience Officer in Chicago.

Dr. Mike, you enter the social media scene eight years ago, and since then, you've amassed 5.6 million subscribers on your YouTube channel, 3.6 million followers on Instagram, and you were named by People Magazine as Sexiest Doctor Alive. How did you do this?

Dr. Varshavski: It's so funny because it all really started with a viral moment online, but I feel like nowadays, especially during the pandemic, viral moment means something totally different. And actually I just recently had an interview with People Magazine, and they mentioned something about me being named People Magazine's Sexiest Doctor Alive. And they asked me if I thought Dr. Fauci with all the publicity that he's getting this year, if he should take the crown, if he should be the next Sexiest Doctor Alive or maybe potentially maybe the Sexiest Man Alive this year. And I was all for it. I

think Dr. Fauci's doing an amazing job, and I feel that there's no better person to take the title off of my hands.

Unger: Well done. So how does one accumulate this number of followers? It says something about the world and the need for trusted advice.

Dr. Varshavski: Early on I've recognized the fact that patients really enjoyed a natural flowing conversation with their physicians. Like gone are the days of the doctor barking orders at their patients telling them that they have to do something. It's become more of a team-oriented approach, a partnership where doctors are seen as humans too, and they have intimate conversations with patients. They cry alongside patients when they have deaths or difficult moments. And I think when doctors are viewed as humans too, it really fosters a healthy doctor patient relationship, and I see social media as being another arm of that relationship.

I see that patients go to social media, and they trust social media for medical advice. And being a young doctor, I saw there was a plethora of misinformation online. I frequently say that the online sphere and the social media sphere has really become a misinformation super highway because someone posts something that's very extreme at its notion—vaccines causing autism or whatever inaccurate claim we choose—and it spreads like wildfire simply because it's something no one's ever heard before. And they right away want to go and share that information with their friends and family. And because there were no doctors online, there was no one to counter that information.

So I viewed an opportunity to take my medical training and apply it not just in my exam room with my 20, 30, 40 patients a day and extend it to millions of viewers at home. And through a lot of work, a lot of understanding of not only social media but human psychology as well, and understanding how folks want their medical information given to them, how to keep their attention, understanding how algorithms work. Putting all of that together has really allowed me to reach an unprecedented number of people with evidence-based, accurate info.

I mean, just two weeks ago we hit half a billion viewers on my YouTube channel with an average retention of 60% to 70%. That means if I'm putting out a video explaining how antibody tests work or the most common myths about COVID-19, the fact that millions of people are watching these videos to completion is really a testament that we're doing something right and it really means something.

Unger: Yeah, those numbers are amazing, and we do need to correct misinformation more than ever right now. One of the things you did from the very beginning on COVID-19 was to use your platform to educate the public. You have a series on YouTube now called Coronavirus Truth. You talked about what prompted you to do this. How is it going?

Dr. Varshavski: Yeah. In the beginning, it was kind of a difficult situation for me to understand because when COVID-19 and all the news started coming out even early in January, I received a lot of messages from my loyal subscribers saying, "Dr. Mike, we need your opinion on this. We need to

know what's going on in China."

And frankly, because I'm a practicing physician here in the States, the WHO and the CDC weren't saying much about COVID at the time, I didn't have anything worthwhile to say. So while I respectfully heard all of the requests for those videos, I did not want to put out a video just to get views and say, "Don't worry about it." Or taking some illegitimate stance because we truly just didn't know.

And I think that's the power of a good physician that they're able to say, "I don't know," with confidence. And then take the opportunity to explain how they're going to figure it out or when they're going to figure it out.

So when I got good information from the CDC and WHO, we're able to put out a video. I think that playlist altogether has 10 videos and something like 15 million views. We're able to fight misinformation, not just on a level of social media but in the media sphere, on television, politicians, things that you see in chain letters and things that your family members are talking about. And the most recent one, which actually hurt me the most, is to hear fellow physicians at times putting out inaccurate information. And me having to respectfully step in and really explain why while doctors are allowed to disagree, it has to be on factual terms. So it's not just about putting out an opinion, it's about explaining how the statistics or facts that you're talking about are used responsibly.

Unger: You had a chance to interview your potential People Magazine successor Dr. Fauci.

Dr. Varshavski: Yeah.

Unger: How was that?

Dr. Varshavski: I was very lucky, especially early on in this pandemic, Dr. Fauci was doing his media rounds everywhere it seemed. He was very busy doing press conferences with the president and explaining to the media what's going on, what our plans are. And luckily I was able to secure him for an interview through YouTube. That video has over five and a half million views.

We answered some really important questions for the general public about immunity, about what steps we're taking to reopen America safely, and I think it's good when physicians, politicians, we humanize ourselves. We show that he's only sleeping four or five hours a night because he's working so hard and that his wife is actually encouraging him to sleep more. These are the types of stories that people want to see to understand that it's not a mega conglomerate of the CDC that is so secretive talking. No, it's a person who's written books, who has a wife, who has a family, who's going through the similar struggles that you are.

In fact, one of the biggest conspiracy theories I've seen and I've addressed on my channel has been about people saying that, inaccurately, that the politicians are trying to control us. When in reality politicians and Dr. Fauci, people in the CDC are suffering just as much as everybody else. When the

economy shuts down, when people can't go to work, this affects everyone. There is no benefit to this. What we're doing is we're trying to protect everyone on a major scale and consistently balanced the benefits and harms, which is not an easy situation because we don't have all the answers, but we're trying to do it to the best of our abilities.

Unger: Is that kind of plan your slogan "Alert Not Anxious." How did you come up with that?

Dr. Varshavski: Yeah, that's exactly right. I don't want to take credit for that slogan because I feel like someone has said it to me during my medical training. But it's always stuck around in medical situations where if a patient comes in and they say something like, "I've had this weird bloating sensation in my abdomen," and we do a full history, a full exam, we look at labs, all the results that we need to.

And then I tell the patient, "Look, it's not serious. There's nothing scary going on, but I want you to remain alert. If something changes and I want you to look out for these specific symptoms, be alert to those and let me know when something's not normal. But otherwise, do not have a barometer of anxiety. Do not think, 'Oh I need this to happen, this is going to happen.' Let it go. You know what you're on the lookout for. You're alert, not anxious."

And that mantra has served me well with my patients, and now I think now more than ever it makes sense for the general public with COVID-19. Not only with symptoms, when someone has a mild cough and they worry if it's COVID-19 but also with the news cycle. I want you to be alert. I want you to check in periodically on the news to see what's going on with your local areas, but I don't want you watching the news on a continuous cycle becoming more anxious because you're seeing the numbers go up every day. You're seeing deaths go up. You're hearing all of these provocative words like alert, outbreak, warning. That's anxiety provoking. We don't want that because then the information actually becomes harmful as opposed to beneficial.

Unger: Well, one of my favorite videos that you did recently really amplified the voices of physicians from the front lines. We're going to take a quick look at a clip.

Dr. Campbell: Practicing medicine during this pandemic means when it always means, protecting the vulnerable.

Dr. Leroy: This is a once in a lifetime opportunity to boldly fulfill my oath and desire to save lives.

Dr. Shapiro: The COVID-19 pandemic has me in a place where I've never felt more connected to my profession.

Dr. Landry: I have an opportunity to step up and really honor my oath.

Dr. Epstein: I really feel like it's a privilege for me to be able to practice medicine during the pandemic. It allows me to serve my community where my community needs me most.

Dr. Wachter: I'm old enough to have lived through the early years of the AIDS epidemic, and it had a similar feeling. You knew you were in the middle of something incredibly important.

Dr. Jenkins: My mother gave me a magnet a long time ago that said, "Not all heroes wear capes. Some of them were stethoscopes."

Unger: So in the clip you actually interview 100 physicians to make that video. It was really moving to me. I wish we had done it because it was so amazing to hear everyone and to hear them responding to the questions you asked. How'd you pull that off?

Dr. Varshavski: It was such a monumental achievement and not just for me, but I had a couple of team members that were helping me out with it. Also, the fact that these doctors made time during a pandemic when they're seeing patients, they're struggling with their own family issues, and they made time to do this interview. We had 107 doctors. We had the Chief of Health for UNICEF. We had Dr. Fauci. We had the president of the American Academy of Family Physicians. We had such amazing physicians come together and share their story of the struggles they're going through on a personal level, what they want the public to know, what's giving them hope during such a difficult time.

And it really was such a moving video, and something that most people don't know is that video is turned around in seven days. From the idea of doing it, to creating the Google form that people were filling out, to organizing all the information, having the doctors submit their information. Oh my God, it was such a tremendous seven days. But I think something truly positive came from it. And we've also, as a result of that video, raised over \$80,000 for the CDC Foundation, which went directly to the CDC for the continued battle against COVID. And I can't picture a better way of doing it than that.

Unger: When you think about the top lines that you learn in terms of themes, what's one that really stands out to you?

Dr. Varshavski: That we're all doctors in this video, and it was really a video celebrating doctors, but we're also different. We have so much diversity to offer, and I don't just mean like ethnicities—it's locations, it's specialties, it's the struggles that we're having. And despite these differences, we're all unified in our response. We're proud to be physicians. We're proud to be helping others. We're putting our lives, our jobs, our family's lives on the line. And we're doing it with such vigor that at 7:00 PM in New York City, everyone stands up and cheers because that's what these doctors deserve. Nurses, radiologists, everyone in the healthcare community deserves it. And I think now more than ever to

have this kind of unifying message, it's really powerful.

Unger: Well, I'm going to ask you one of your own questions from the video. So what do you think is not getting enough attention now?

Dr. Varshavski: I think we're seeing a lot of negativity in the news about protesters. People being unhappy with the fact that social distancing remains in effect in many areas in the United States, and I understand why the media wants to focus the story on that. A, it's buzz-worthy, it's click-worthy. It brings out a human emotion that makes you want to continue watching. But what we're not talking about is the millions of people who are following social distancing, is the million people who are wearing masks and being responsible, are the healthcare providers that are going in day in, day out and fighting this battle.

I think while we need to tell the story of people who are breaking the laws and are not following the right guidelines, good. That's an important story to tell, but let's also tell the other end of people who are coming together, companies that are sharing information across nations without the worry of profits or what's going to happen. Even Gilead, the company that makes the medication Remdesivir, right away when the FDA approved the EUA for it, donated 1.5 million doses of the medication. I love seeing these stories because in addition to telling the negative stuff, we have to say the positivity for the balance effect to keep people motivated. Those small wins really do matter.

Unger: And I noticed also, I mean it is a serious topic, but one of the techniques that you use is humor to convey their message. Besides humor, are there any other ways you found to be particularly effective, especially for younger people right now?

Dr. Varshavski: I think you have to be a storyteller. As doctors, we want to jump to the data, to the numbers because that's how we're clinically trained, and that's good. We need that, especially once we're talking amongst ourselves in the medical healthcare community. But when we're talking to people who aren't part of that scientific community, who do have to get back to work, who are worried about protecting their children and their parents, those we have to share stories. We have to talk about the consequences that happen when we don't follow social distancing matters. And when you do that, it resonates.

In fact, that's how all the major conspiracy theories that have done so well over the last 10, 20 years have thrived. They tell powerful stories while experts are sharing data and numbers. Data, numbers do not move the mind. They do not influence as much as we'd like for it to be. So if we show ourselves with our vulnerabilities, with our stories, that's how we're going to get the best outcomes. It's just those stories do need to be guided by the data.

Unger: I think that's really important, and I think one of the things that's developed over the past five years are there's actually a lot of disinformation that probably complicates your ability to correct misinformation. Do you find that your viewers or the public in general are kind of just less trusting in

general? Is it making your job harder?

Dr. Varshavski: Absolutely. My last video that I did was in response to two urgent care physicians out of Bakersfield, California that presented some biased information, maybe even inaccurate statistically, that confused people explaining that this virus isn't as deadly as we're making out to be. It's very similar to the flu, and we should reopen right now. And it was filled with statistical inaccuracies. But I struggled in making this video and understanding how to explain it without seeming I'm attacking those physicians or I am just on a one-sided approach and not seeing their opinion. You want to be able to voice the opinions of people who disagree with you so that you can confront them but not voice them in a way where it seems like you're giving credence to them.

So even in creating my videos, I have nothing scripted. The same way that you and I are speaking is how I film my videos. So I really try and figure out, "Okay, how do I best describe this to a patient sitting in front of me?"

And I imagine my patient being my camera, and I try and deliver that information in an empathetic, understanding way but still in a certain enough way to point out, "Look, this isn't right. This isn't accurate, and it's only going to get us in trouble if we continue listening to this."

And it's something that I'm going to continue to learn and get better on, and hopefully I'll have mastered it when I'm at my age that Dr. Fauci is.

Unger: Well what's your next video?

Dr. Varshavski: My next video is actually for pet owners, for those who are confused about what to do with their pets during the coronavirus lockdown. The number one question I've been getting, because I have a couple of dogs and people see that I'm always with them, "Can my pet get COVID? Can my dog get COVID?"

And the answer to that really has been we don't know for sure, but there hasn't been documented spread from a dog to human. So it's low likelihood that is the case. However, people don't understand. They have a fluffy, beautiful dog. They walk outside and someone asks to pet them. They think, "Oh, I'll stay six feet away. My dog can say hi."

No, the dog can act just like any other surface. If the person petting your dog has sneezed into their hand, now transfers that virus onto your dog, then you pet your dog. That's an easy way to get yourself sick.

So I just give little tips of how to socially distance your pet, what things you can do in terms of visiting the vet for example. Some people don't want to go out and get sick. They're missing out on vital treatment for their pets. Try and call your vet and see if they have a telehealth option available. If your dog is not doing well training-wise, you can get a virtual pet trainer. Just giving people things that they



can do during a lockdown in order to keep themselves and their pet safe because they've essentially become a functional part of our families.

Unger: Dr. Mike, I just want to say thanks for being with us today on the update and thanks for all you're doing out there. It's so important that we use every channel possible to correct the misinformation out there and to keep people listening to data science. So again, thanks for all your work.

That's it for today's COVID-19 update. For more resources on COVID-19, you can check out the AMA COVID Resource Center at ama-assn.org/COVID-19.

Thanks for being with us here today and check out Dr. Mike on YouTube and Instagram.

Dr. Varshavski: Thank you so much. As always, stay alert not anxious.

Disclaimer: The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.