

Dr. Mike on using social media to combat medical misinformation

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today's episode of Moving Medicine, a discussion with Mikhail Varshavski, DO (Doctor Mike), a board-certified family medicine physician and content creator, who will share how he's been using his massive social media platform, which has more than 16 million followers, to combat medical misinformation and change the way we talk about medicine.

Speaker

- Mikhail Varshavski, DO (Doctor Mike), board-certified family medicine physician and content creator

Transcript

Unger: Hello, this is the American Medical Association's Moving Medicine podcast and video. Today, we're joined by Dr. Mikhail Varshavski or Dr. Mike as he's known to his millions of followers across YouTube, Instagram and TV. Dr. Mike is a board-certified family medicine physician and content creator in New York and he's going to share how he's been using his massive social platform to combat medical misinformation and change the way that we talk about medicine. I'm Todd Unger, AMA's chief experience officer in Chicago.

Well Dr. Mike, welcome back. I'm eager to get going, but before we get started, I know because I'm one of your millions of followers that you recently hurt your ankle. And let me just say it was a pretty substantial bruise. I saw the pictures. I wondered if you had tried any of the following remedies in your healing process. Number one, rubbing a warm egg on your bruise three times a day?

Dr. Varshavski: No, I haven't.

Unger: Okay. Pressing kind of here on your elbow?

Dr. Varshavski: No, haven't done that either.

Unger: All right. And finally, putting a spoon in your mouth and then holding it under a lamp to see what color it turned, in case maybe there was something more serious going on?

Dr. Varshavski: No, those are not my diagnostic tests of choice.

Unger: I didn't think so, but for everyone out there, these examples are not random. These are actual pieces of misinformation on YouTube video that you debunk in your segments. When you look at some of these things, which to physicians, medical students out there might seem ludicrous. Let's talk about your approach and how you debunk some of these things. What makes it work?

Dr. Varshavski: Yeah. So, I mean part of it is obviously entertainment based. So, some of these are so outlandish. I don't even believe many people buy into these claims, but I have to keep the information fresh. I have to keep it fun, motivated, exciting. So, when I read some of these claims, if you will, about health hacks, I know that most people maybe won't believe them. Like putting a spoon in your mouth and seeing if it turns purple, like it's just kind of ridiculous. But it allows me to have a segue into a conversation about what we do do for a strep throat. Why we do it? Why we choose to give antibiotics for that versus a viral illness? So, I use these health hacks, as wild as they are, as jumping off starting points to have a meaningful conversation about health. And while some of them may seem extreme, some of them stick in people's minds.

There's been plenty of times where I'm talking to a friend, a colleague maybe not in the health space, but they're telling me, "Mike, I read this thing that if you drink this zinc potion, it will make COVID-19 go away. Or if you do this, your stomach pain will go away." And only upon finding that information, I'm able to debunk it. So, I right away start searching. I started figuring it out. And I have now a team that sort of helps me dig and find some of these claims because if we're not going to put accurate information out there as board-certified, evidence-based doctors, who is?

Unger: So, what do you think your audience out there is looking for from you? What do you hope that they kind of take away?

Dr. Varshavski: Yeah, I think that they're not even looking to me, they're looking to all of us as physicians across the world, all health practitioners really to be there to give answers. To give answers in a language that they understand, that they relate with and do it sometimes in a fun way because medicine gets stale. And we have to understand that while we may have a degree or we may have more knowledge about a given subject, we have to approach each one of these interactions as humans first. In order to have a good conversation with a stranger on the street, you walk up timid or perhaps to, "Hey, what's your name?" That may come off as aggressive. So, we need to start thinking about these social interactions that we can have in our day-to-day lives on a bigger scale using the tool of social media by saying a joke, by talking about some of these outlandish claims, by looking at some medical humor, satire and using that as a jumping off point to have a serious conversation.

And what I've been really blessed with, with the millions of people that do follow me is they follow across the satirical funny content, but also for the serious sit-down conversations. Most recently, I sat down with Dr. Fauci for a second time, this time in person, to have an important conversation about where we are with COVID-19 now versus where we were one year ago. This week, I put up a video of my interview with the surgeon general, Vivek Murthy, about mental health and the COVID-19 pandemic, especially as we begin the reopening process. So, I consider myself blessed that my audience is there for the fun stuff, but also for the dense really informative conversations as well.

Unger: That's interesting. So, let's follow up a little bit on that. So, you talked about there's a lot of humor and these health facts, but then you turn your attention to something like COVID vaccines and this is serious and you are up against pretty sophisticated sources of misinformation when it comes there. How do you adjust your approach to really get through on an issue that people can feel strongly about one way or another?

Dr. Varshavski: I look at history as a guide and I see how others have tried to convert others in order to give them accurate information. And I see what works and what doesn't. And what certainly doesn't work is talking down to other people, talking down about their beliefs, beginning a conversation with a polarizing topic like talking about politics. That's just not going to work, especially in a health care setting. So, what I try and do is use an empathetic approach, understand where people are coming from, find out where they may be hung up about getting the vaccine or perhaps another treatment. Address that, not the vaccine itself and maybe that specific point and have a discussion about it. And it has to be a discussion. It can't be a one-way conversation where I'm lecturing because lecturing happens in schools, not in human interactions. So, I really try and lead with that approach.

Also in the health care space, we're always very afraid to be labeled as unprofessional, but that also loses a lot of joy in the field. And I think that contributes also to some of the burnout that health care practitioners feel and also patients feel. Sometimes my sickest patients are the ones who need the joke the most, who when you come in with some lightheartedness, they reciprocate it. They're so happy that someone's not coming in and just bringing bad news. It doesn't mean you can't get serious

afterwards. It doesn't mean you have to be unprofessional, but it could mean bringing some levity to a much needed individual who's going through a rough time. And I think this COVID-19 pandemic has highlighted the need for that very careful balance of health care communication, both on an individual level and on a mega level to millions of people when you're on television or online.

Unger: So, do you have any kind of specific pieces of advice regarding those that you've found to be vaccine hesitant that has worked to kind of overcome some of the misinformation that they're walking in the door with?

Dr. Varshavski: Yeah, I try and do it with a nonjudgmental approach. So, if a patient comes in and is hesitant, I try and learn more about them. Try and figure out where that came from. Are they open to other vaccines? Because it's very easy to be quote unquote triggered as a doctor and say, "Oh, this person's anti-vax, I'm going to get them out of my clinic." Or I'm going to send them a notice and say like, "They're no longer part of my patient population because they're not vaccinating themselves or their children." That's not a reasonable approach in my opinion because then you're definitely not helping this patient. What I instead of like to do is figure out what they are comfortable with, what they are uncomfortable with and why that has come to be. Because the more you learn about the foundations by which people make their decisions, the more likely that you're able to change their course of action.

And my goal isn't necessarily to get every patient vaccinated. It's at least to give them a little bit of education, so that when they go home they think about things differently and they want to get themselves vaccinated. It's not about forcing people. It's about helping them come to the correct conclusions, even if it means not getting the vaccine as long as they're following proper logic to get there, I'm fine by it. Because in all honesty, there are certain groups where the vaccine perhaps wasn't tested as thoroughly. Pregnant patients come to mind. They come to me and they're unsure of what to do. And I think two pregnant patients can come in, make different decisions about the vaccine and they could be both accurate and honest decisions based on the risks that they're facing, based on their hesitation, based on their experiences with the health care system.

And I'm with it. I'm there to help them throughout that journey and give them whatever advice I can from the knowledge that we have. At the same time being humble enough to say, "Well, we don't know." There weren't any pregnant patients enrolled in the trials initially. We only found out after the fact that some patients became pregnant and they did well. So, that's why we have a decent confidence in the vaccine. And we have these sort of stories to tell and experiences to share, that's what patients want. They want to talk to a human, they want to understand why we're recommending something, why we're not recommending other things. And I think when you can get to that level of human-human interaction, that's when you're going to get your best outcomes.

Unger: Well in one of your videos recently when you you talk about people that are pro- and anti-vaccine, you made the point that a lot of times physicians, scientists fall back on stats and data to

prove their point. But sometimes that falls on deaf ears. So, how should physicians be communicating to patients in a way that will reach them because people are different?

Dr. Varshavski: Yeah. So, there's a really concrete example that I can give here. Most recently, there was some published research, it's pretty much happening across the U.S., but I saw specifically in California, where 99% of the people who lost their lives due to COVID-19 were unvaccinated. And it really bodes in the favor of getting vaccinated. However, if I was to tell that to a vaccine hesitant person, I don't think it would have much impact. If I instead changed it to a story based presentation of the same information and said, "Hey, just so you know, where I work, all the patients that were hospitalized or all the patients that lost their lives were the ones who didn't get a vaccine."

Suddenly they don't have to think about this 99%. They don't have to think about research. It's me telling a story about what's going on where I work and that message hits home a lot stronger. So, try and make these bits of information more personal, more human, instead of talking about statistics and numbers. Use statistics and numbers as your guide as to why you're recommending these things, but then try and create a story around it. Share why it means so much to you for that person to get vaccinated or why you think they should.

Unger: I wanted to ask you a little bit more about this issue of storytelling because when you were on our segment about a year ago, you brought this up. I really kind of took that to heart. And one thing I found is when I talk about storytelling that people don't necessarily understand what I'm talking about. You've hit on one thing, which is make it personal. When you talk about storytelling and you wanted to offer that up to physicians out there, what else does that mean?

Dr. Varshavski: So, again it's moving away from the data and instead telling something personal. For me, I think finding common ground with patients goes a long way. I've had my experiences both positive and negative within the health care system. I lost my mom to cancer when I was in medical school and I went with her to a lot of her appointments. And I had troubles with the health care system where I began doubting some things. Whether people were looking at my mom's best interest and things like that.

So, I share my experiences, what I've had and come from a place of compassionate and understanding to what that patient may have gone through. That doesn't mean I'm verifying that what they believe is true. It means I'm validating what they feel is true. And then we can go on from like a cognitive behavioral perspective, think about the thoughts that get them there. Because a lot of times it's the thoughts that we have that lead us to feel a certain way about a given subject, whether it's ourselves or other people. So, I try and help them with their thoughts by sharing my stories, my experiences and, again, using the data to guide me. It's not like I'm just an anecdotal practicing physician where I only share anecdotes. I use the anecdotes that come from the research, but instead present the research as an anecdote because it's more relatable to another human.

Unger: That makes a lot of sense. You've also talked about something called tabloid medicine is something physicians should be worried about. Can you explain what that is and the harmful role that it's played throughout the pandemic?

Dr. Varshavski: Yeah, I think it's played a harmful role even past the pandemic and before the pandemic because I think physicians really have a duty not to speculate on other individual's care or medical conditions if they are not, in fact, their physician. Because I think a lot goes undervalued when you start making conclusions about someone else without all the information. You don't know their history, you don't know their allergies, you don't know their reasons for declining certain treatments.

So, when I see a doctor talking about a celebrity and their health and saying what they should have done versus what they did, to me it leaves a bad taste in my mouth because I know that there is no way they could be giving accurate information without being that person's personal physician. I actually just recently got invited on a nationwide talk show to talk about the whole Britney Spears conservatorship fiasco that's going on. Horrible story. I mean, I as a doctor can comment on what's supposed to happen on a medical ethics level in terms of when a patient doesn't have a power of attorney or if there's a guardian involved. I can speak to my past experiences, I could speak to the legalities of it. But then to comment on someone else's situation without having all the information, without being involved in the case, I personally think that's unethical. And I had to turn that opportunity down.

Unger: I think your point there about avoiding that kind of speculation is an important one. The last time we talked, we were really in the height of the pandemic. I'm curious, other than the thoughts that you've shared right now, do you have any kind of major lessons learned that we can carry kind of going forward?

Dr. Varshavski: Yeah, in speaking with Dr. Fauci two times—once at the beginning of the pandemic and once right now towards the tail end, or where we hope to be the tail end of it, we learned a really important lesson is not only hearing information as an average person is enough. Hearing the information and understanding where that information is coming from and when it was presented is of utmost importance. Because it's very easy with Dr. Fauci, as an example, him and I talked about this on our interview where he had emails that had come out where he was talking about masks and he was talking about whether masks work or not. In the beginning of the pandemic where we didn't have the research yet. And he gave his expert opinion, which by the way is the lowest form of evidence when we're talking about levels of evidence. And then how his opinion and the research changed his opinion over time throughout the pandemic on the importance of wearing masks, especially in indoor settings, large group settings indoors. We saw the reduced rate of transmission, especially amongst asymptomatic or presymptomatic individuals who don't show symptoms.

So, if you look at his statement then and attributed to him now, it looks like he's not giving accurate information now. But you have to understand that at the time what information was available. What

was the train of thought then? That there has to be new ones when we look at this information and, honestly, the time we're in now where we're facing information overload—where we're constantly giving new information, constantly given new facts. Our technology is expanding at a faster rate than ever. I feel like I'm updating my phone every six months now with new features or a new version that has come out. It's tiring and our brains naturally want to simplify everything by jumping to the first conclusion that comes to our mind or whatever someone else tells us perhaps on an opinion-based news network. But we have to remember to pause, take it slow and take the whole situation into context in order to make a nuanced decision on a complex topics such as COVID-19. And that's a really important lesson I learned.

Unger: I think that is a pretty critical change. I think people expect obviously medicine to change and progress over time but I don't think they're used to seeing it. And the learning progress in such a rapid fashion it's kind of like seeing, you don't see the earth spinning on its axis. You're kind of used to the pace, you know the day is going to change. That's been a big thing in terms of communicating those changes. Have you found anything to help people kind of overcome that overload, in flow of new information and changing guidelines all the time?

Dr. Varshavski: I really look towards the big organizations, the CDCs, WHO's of the world to help guide us in these situations. And we have to remember that they're also not perfect. They're going to have communication issues because it's not easy constantly updating information, understanding that you're talking to a general audience. Like when the CDC puts out a message, they have to remember they're putting out a message that someone young and healthy is going to hear, someone maybe that's older with comorbidities is going to hear, someone who doesn't like the CDC is going to hear this message. And when you're thinking in these large scales, delivering a health care message sometimes is very tricky especially the politically divisive time we find ourselves in. But at the end of the day, what I tell everyone is it shouldn't be about politics. How we get to a certain point can be decided with different opinions and that's okay. We don't have to all share in these opinions.

But what we have to all come together on is admitting that COVID-19 is a big problem. Seeing how it overwhelmed our hospital system when we weren't ready for it, saw how well masks worked, how well this vaccine is performing and use that data that is really objective and nonbiased to help guide our decisions. But again, it's our job as health care leaders and communicators to break down this data and put it into relatable, easy to understand conversation, so that we can talk to people. And I've really seen even with individuals who are vaccine hesitant, when you approach it by just answering questions instead of pushing it on people or being judgmental of people, they're so much more open to hearing it out and even being surprised, like saying, "Wow, I didn't know it was because of that. I thought this person was just spreading misinformation." or "I thought this person was doing it for political reasons." And only when you explain all of these things and bring new knowledge into the conversation, are they ready to make that change.

Unger: Well last question and kind of related to that, you've obviously built this enormous platform with so much influence. Do you have any advice for physicians, residents, medical students out there who want to use social channels? Maybe not at the same scale, but to achieve a similar outcome?

Dr. Varshavski: Yeah, well I mean I hope to see someone surpass me on social media every single day. I hope to see people get more and more passionate about it because I think the absence of evidence-based quality physicians online, especially online, has really stirred the pot and allowed misinformation to flourish because no one was there to extinguish it, with accurate good information. It doesn't mean you have to be confrontational about it. It just means you have to be there to give answers where people are. You have to meet them where they are. And in fact, for myself as a family physician that's what we're about. We're about meeting people where they are. We treat patients in an inpatient setting. We treat them in an outpatient setting. We go to the nursing home. We even go to their homes. So, I think this is just another place where people are, it's where they're getting their information.

I think it's our job to step in and provide some of that information. At the same time, it doesn't mean that every doctor needs to be on social media. There are some skills and talents required to do speech online. There are pitfalls that come with having a big popularity. It's very easy to make a misstep when you're talking on live television or even making videos for yourself. So, I think that finding a role that you can play based on your skills, your passions could be feasible but it doesn't necessarily have to be there for everyone. You could participate as a writer, you can participate as an animator. You could participate as a consultant to a TV show.

I think Grey's Anatomy and the stuff that they talk about on the show has such a big impact on our patients' understanding of what medical care is. I think it's truly undervalued because if someone was really there with Grey's Anatomy and telling them, no, this isn't accurate, we need to portray this a little bit better. I think they can have a huge impact on the way patients take care of their bodies and manage their health decisions.

Unger: Well thank you so much, Dr. Mike for coming back on our segment. The next time you come back, you will receive the official title as friend of the show from us. So, I look forward to that and hopefully it won't be another year. I'd encourage everybody out there to subscribe to Dr. Mike's YouTube channel and watch the master at work. It's a lot of fun. I really, really enjoy your segments. Thanks again for joining us. We'll be back soon with another Moving Medicine video and podcast and you can join us for future episodes and podcasts of Moving Medicine by subscribing at ama-assn.org/podcasts. Take care.

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