Whereas, Misinformation is defined as any false information that is spread, regardless of whether there was an intent to mislead; and

Whereas, Disinformation is defined as information that is deliberately misleading or false with the intent to manipulate or harm a person or social group; and

Whereas, An example of medical misinformation includes the ‘anti-vaxx’ movement which has legitimized concerns about vaccine safety and has been contributing to reductions in vaccination rates and increases in vaccine-preventable diseases; and

Whereas, Another example of misinformation is the ongoing debunked link between the MMR vaccine and autism; and

Whereas, Several studies have shown that more than half of health articles posted online (including magazines, opinions, news pieces) having a quality which is deemed ‘problematic’; and

Whereas, COVID-19 is the first public health emergency in history in which technology and social media are being used on a massive scale to keep people safe, informed, productive and connected; and

Whereas, More than two-thirds of Americans receive their news from at least one social media outlet which provides faster access than has been previously made possible; and
Whereas, Information from social media outlets do not go through the same vetting processes as credible news sources, allowing false information to be conveyed as real news; and

Whereas, One analysis of videos posted to YouTube concerning COVID-19 found that 25% of topic videos contained misleading information, totaling 62 million views worldwide; and

Whereas, One study which analyzed 16,000 Twitter accounts sharing information around the 2016 presidential election found that only 0.1% of individuals shared more than 80% of the misinformation content, highlighting a group commonly referred to as "super-spreaders"; and

Whereas, The spread of misinformation may also be linked to a single individual having access to multiple social networks, creating web links where users in one group link to a page on various other platforms making it more difficult for programs developed by a single platform to be implemented on a larger scale; therefore be it

Whereas, The World Health Organization (WHO) termed the way misinformation spreads online as an "infodemic" to represent how it can spread in an exponential manner; and

Whereas, Numerous studies have shown that individuals most likely to engage with fake news surrounding COVID-19 were conservative-leaning, highly engaged with political news, older adults with a low level of trust in science, journalism, mainstream media, and government all drivers for believing misinformation; and

Whereas, According to a Gallup poll conducted in 2016, only 26% of individuals in the US have adequate confidence in the medical system and around 1 in 5 individuals express skepticism about scientists themselves; and

Whereas, Those who are more susceptible to COVID-19 misinformation have a lower level of self-reported compliance with public health guidance, including vaccination, mask-wearing, and social distancing putting themselves and countless other at risk of sickness and even death; and

Whereas, Recent evidence has shown that exposing online users to factual elaboration, even as compared to simple rebuttal, can lead to open discussion and sharing of viewpoints and even stimulate intentions to protective actions against COVID-19; and

Whereas, The AMA Code of Ethics calls on doctors to “make relevant information available to patients, colleagues, and the public [and] recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health” as it is the physician’s duty to make scientifically accurate information available for the betterment of society; and

Whereas, The WHO calls on members to develop and implement action plans and promote timely dissemination of accurate information based on science and evidence; and

Whereas, Journalists have access to locally or nationally distributed news networks and collaboration with physicians may provide potential audiences magnitudes greater than on social media alone; and
Whereas, The FDA has issued warning letters to several companies advertising false or misleading drug or product claims regarding the treatment of COVID-19 and additionally has regulatory authority to seize these products or pursue criminal penalties\(^\text{17}\); and

Whereas, Congress has passed additional legislation creating civil penalties for false or misleading claims of products that treat, prevent or cure COVID-19\(^\text{17}\); and

Whereas, Medical misinformation can be policed at the platform-level through the protections given by the Communications Decency Act §230 (§230), as social media companies can restrict or censor any objectionable material, regardless of whether it is constitutionally-protected speech\(^\text{18}\); and

Whereas, §230 also absolves these companies from liability regarding any individual users’ speech on a platform, removing liability incentives to moderate speech and medical misinformation on a platform\(^\text{18}\); and

Whereas, Exceptions have since been carved out in §230, for example the 2018 FOSTA-SESTA legislation which eliminates §230 protections for content related to sex trafficking crimes\(^\text{19}\); therefore be it

RESOLVED, That our AMA encourage social media organizations to further strengthen their content moderation policies related to medical misinformation, including, but not limited to enhanced content monitoring, augmentation of recommendation engines focused on false information, and stronger integration of verified health information; and

RESOLVED, That our AMA encourage social media organizations to recognize the spread of medical misinformation over dissemination networks and collaborate with relevant stakeholders to address this problem as appropriate, including but not limited to altering underlying network dynamics or redesigning platform algorithms; and

RESOLVED, That our AMA continue to support the dissemination of accurate medical information by public health organizations and health policy experts; and

RESOLVED, That our AMA work with public health agencies in an effort to establish relationships with journalists and news agencies to enhance the public reach in disseminating accurate medical information; and

RESOLVED, That our AMA amend existing policy concerning COVID-19 vaccine information to increase its scope and impact regarding medical misinformation as follows:

An Urgent Initiative to Support COVID-19 Vaccination Information Programs D-440.921

Our AMA will institute a program to promote the integrity of a COVID-19 vaccination information program by: (1) educating physicians on speaking with patients about COVID-19 infection and vaccination, bearing in mind the historical context of “experimentation” with vaccines and other medication in communities of color, and providing physicians with culturally appropriate patient education materials; (2) educating the public about up-to-date, evidence-based information regarding COVID-19 and associated infections as well as the safety and efficacy of COVID-19 vaccines, by countering misinformation and building public confidence; (3) forming a coalition of health care and public health organizations inclusive of those respected in communities.
of color committed to developing and implementing a joint public education program promoting the facts about, promoting the need for, and encouraging the acceptance of COVID-19 vaccination; (4) supporting ongoing monitoring of COVID-19 vaccines to ensure that the evidence continues to support safe and effective use of vaccines among recommended populations; (5) educating physicians and other healthcare professionals on means to disseminate accurate information and methods to combat medical misinformation online; and

RESOLVED, That our AMA study and consider public advocacy of modifications to Section 230(c) of the Communications Decency Act, Part 2, Clause A, as follows:

any action voluntarily taken in good faith to restrict access to or availability of material that the provider or user considers to be obscene, lewd, lascivious, excessively violent, harassing, pose risk to public health, or be otherwise objectionable, whether or not such material is constitutionally protected; and

RESOLVED, That our AMA-MSS immediately forward this resolution to the June 2021 Special Meeting of the House of Delegates.

Fiscal Notice: TBD

Date Received: 06/02/2021

References:


**RELEVANT AMA and AMA-MSS POLICY**

**Anonymous Cyberspace Evaluations of Physicians D-478.980**

Our AMA will: (1) work with appropriate entities to encourage the adoption of guidelines and standards consistent with AMA policy governing the public release and accurate use of physician data; (2) continue pursuing initiatives to identify and offer tools to physicians that allow them to manage their online profile and presence; (3) seek legislation that supports the creation of laws to better protect physicians from cyber-libel, cyber-slander, cyber-bullying and the dissemination of Internet misinformation and provides for civil remedies and criminal sanctions for the violation of such laws; and (4) work to secure legislation that would require that the Web sites purporting to offer evaluations of physicians state prominently on their Web sites whether or not they are officially endorsed, approved or sanctioned by any medical regulatory agency or authority or organized medical association including a state medical licensing agency, state Department of Health or Medical Board, and whether or not they are a for-profit independent business and have or have not substantiated the authenticity of individuals completing their surveys.
Hospital Advertising in Printed and Broadcast Media H-225.994
In order to prevent medical misinformation, the AMA encourages: (1) medical staff participation in hospital administration decisions regarding marketing and advertising; and (2) hospital and medical advertising be consistent with federal regulatory standards and with the Code of Medical Ethics.

An Urgent Initiative to Support COVID-19 Programs D-440.921
Our AMA will institute a program to promote the integrity of a COVID-19 vaccination program by: (1) educating physicians on speaking with patients about COVID-19 vaccination, bearing in mind the historical context of “experimentation” with vaccines and other medication in communities of color, and providing physicians with culturally appropriate patient education materials; (2) educating the public about the safety and efficacy of COVID-19 vaccines, by countering misinformation and building public confidence; (3) forming a coalition of health care and public health organizations inclusive of those respected in communities of color committed to developing and implementing a joint public education program promoting the facts about, promoting the need for, and encouraging the acceptance of COVID-19 vaccination; and (4) supporting ongoing monitoring of COVID-19 vaccines to ensure that the evidence continues to support safe and effective use of vaccines among recommended populations.

Professionalism in the Use of Social Media 2.3.2
The Internet has created the ability for medical students and physicians to communicate and share information quickly and to reach millions of people easily. Participating in social networking and other similar opportunities can support physicians’ personal expression, enable individual physicians to have a professional presence online, foster collegiality and camaraderie within the profession, provide opportunities to widely disseminate public health messages and other health communication. Social networks, blogs, and other forms of communication online also create new challenges to the patient-physician relationship. Physicians should weigh a number of considerations when maintaining a presence online: (a) Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online. (b) When using social media for educational purposes or to exchange information professionally with other physicians, follow ethics guidance regarding confidentiality, privacy and informed consent. (c) When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate. (d) If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just as they would in any other context. (e) To maintain appropriate professional boundaries physicians should consider separating personal and professional content online. (f) When physicians see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other
appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities. (g) Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students), and can undermine public trust in the medical profession.