

FAST FACTS AND CONCEPTS #473
RESPONDING TO MEDICAL CONSPIRACY THEORIES
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Background: Dictionaries define conspiracy theories as explaining an event or set of circumstances as a result of a secret plot, usually by powerful conspirators (1). Medical conspiracy theories are widely believed and can have negative effects on clinical decision-making (2). Responding to medical conspiracy theories can be challenging. This *Fast Fact* discusses constructive communication strategies for responding to medical conspiracy theories within serious illness care encounters.

Prevalence: Belief in medical conspiracy theories encompasses a range of themes and appears to be proliferating. In a study of 1351 representative U.S. adults, 37% agreed that the FDA “is deliberately preventing the public from getting natural cures for cancer and other diseases because of pressure from drug companies;” 20% agreed that healthcare officials know cell phones cause cancer but are not stopping it because corporations will not allow them to; and 20% agreed that doctors and governments are colluding to vaccinate children despite knowing they cause autism and other psychological disorders (2). Adding to the complexity, multiple celebrities, media networks, and politicians have used their platforms to amplify medical conspiracy theories, some of which are discriminatory and harmful (3-7).

Consequences for medical decision-making: In the study referenced above, those who agreed with higher numbers of conspiracy theories were less likely to get an annual physical exam, visit a dentist, use sunscreen, or get an influenza vaccine (2). This relationship persisted despite controlling for socioeconomic status, paranoia, and social estrangement.

Between a rock and a hard place – This is difficult! We may feel it is part of our job as clinicians to “correct” beliefs we worry are harmful or discriminatory. However, these beliefs may be long-standing and/or deeply rooted to how our patients and families see the world around them. Challenging them is unlikely to succeed in the limited space of a clinical encounter and may erode the therapeutic relationship. Neither avoiding the topic nor direct confrontation is likely to work well—how can we do better? The following are communication strategies for framing our reactions and responses, partially adapted from Marques, et al (8). They are not meant to be a comprehensive list to be followed in order, but rather interrelated strategies depending on the clinical context.

- **Remain curious, resist judgment.** It is tempting to utilize our clinical role to “correct” false beliefs about medicine. But the urge to do so immediately places clinicians in a judgmental position when our goal is to foster genuine bidirectional communication in times of stress and heightened emotions. Start by asking yourself “*Why would this otherwise reasonable person think and behave this way?*” Doing so moves us toward a more curious and empathetic frame of mind.
- **Acknowledge that trust is hard.** Medical conspiracy theories can involve general mistrust in experts, the healthcare system, or both. Frontline clinicians can bear the brunt of this mistrust. Acknowledging and giving voice to mistrust is essential in conversations around serious illness, death, and dying — “*It sounds like it’s really difficult for you to trust us given everything you’ve heard. Can you tell me more about that?*” Some suspicion in the medical system is rooted in past misdeeds. The Tuskegee Syphilis Study, Nuremberg trials, and Willowbrook State School Experiments are a few examples in which clinicians’ unethical behavior contributed to lingering mistrust.
- **Avoid defending your own point of view.** Belief in medical conspiracy theories typically have both emotional and cognitive components. Attempts to “fix” these beliefs with logic and/or expertise are unlikely to work and may cause further mistrust. Conversations around serious illness often evolve over multiple encounters—focus on laying the groundwork for the difficult conversations to come by remaining curious, acknowledging the underlying emotions, and being respectful. “*Thank you for taking the time to share your perspective, it’s clear you’ve been doing a lot of thinking about this.*”
- **Celebrate their advocacy** Expressions of belief in medical conspiracy theories may be the result of an individual trying their best to inform themselves and/or advocating for a seriously ill or dying loved one. Acknowledge their efforts to navigate a challenging, and sometimes impossible, situation and offer to help. “*Asking tough questions and advocating for your loved one is so important, and you have put so much into making the best decisions for them. What questions could I be helpful with?*”

- **Reorient and offer guidance.** Re-focus the conversation on the reason you are there in the first place—to provide clinical guidance and expertise to a family and patient dealing with serious illness. *“I can see how stressful this has been for you and your family—we are here to help answer questions and walk this journey with you. It’s so important we work together.”* Remember to ask permission prior to sharing your own thoughts— *“Would it be helpful to hear my view?”*. If the answer to this question is “no,” avoid immediately sharing your own point of view. Instead, stay curious and see how things evolve. This is an opportunity to learn more about who the patient is, the important people in their life, and how they have made hard decisions up to this point— *“I worry about helping you and your family make medical decisions without us all understanding one another. How do you think we can do that?”*
- **Establishing limits.** Striving for curiosity and partnership does not imply that you approve of, or agree with the conspiracies, and you can certainly state that. Some conspiracy theories reflect racism, misogyny, or other discriminatory beliefs. In these cases, one can both respectfully acknowledge divergent views and clarify that you do not agree, even if your viewpoint is not directly requested— *“I appreciate you sharing your thoughts with me, and we are going to have to agree to disagree. Let’s talk about the decision at hand.”* Additionally, maintaining curiosity does not mean that clinicians should feel pressured into offering medical treatments or procedures they believe to be harmful or unindicated. Avoiding reflexive reliance on authority and expertise does not mean avoiding our expertise when appropriate.

Summary: Responding constructively to medical conspiracy theories is challenging. Directly confronting these beliefs is unlikely to succeed and can lead to communication breakdown. Staying curious = more information, and the more information you have, the more likely you will communicate medical information in a manner the patient and family will be able to receive, process, and use. It is easy to get distracted by the “noise” of conspiracy theories. Regardless of who believes in what, we share the common goal of the best care for the patient. Reorienting ourselves to the shared goal can realign everyone.

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