



Misinformation in endoscopy: A conversation with Michelle Gavin

In the wake of the Covid-19 pandemic, tackling misinformation has become a prominent issue in the healthcare sector. The proliferation of information online, combined with unprecedented pressures on healthcare services, has presented new challenges in managing patient expectations and maintaining trust between patients and clinicians.

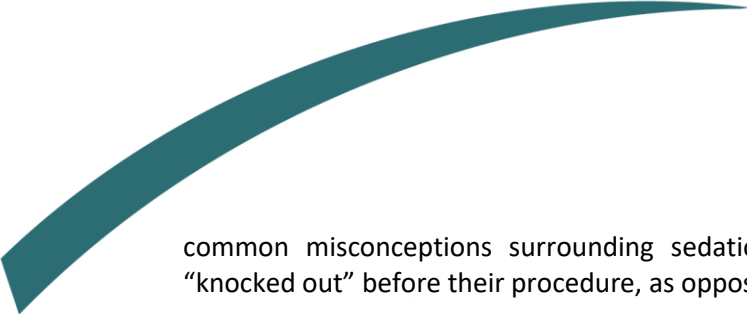
In this blog, we discuss the impact of these developments with Michelle Gavin, an experienced nurse with over thirty years of experience, including twenty-two years in endoscopy. During this time, Michelle has witnessed the scale of misinformation surrounding healthcare increase significantly as the internet becomes the first port of call for more people looking to answer questions about their health.

‘Misinformation can be defined as false or inaccurate information—simply getting the facts wrong’.

In Michelle’s words, misinformation can be understood as ‘poor information’ that is ‘false or inaccurate – simply getting the facts wrong.’ This includes misleading information, which can create false expectations through selective use of evidence and/or by presenting details out of context. Distinguishing valid information from misinformation can be difficult, especially on social media platforms, where the two often circulate side-by-side.

With significant increases in patient referrals for endoscopic procedures, Michelle situates the challenge of tackling misinformation in the context of growing pressures placed upon primary healthcare. When asked about the reasons for their referral, Michelle finds that in some cases patients’ accounts do not match those of the referring clinician. While referrals for endoscopic investigations can take several different pathways, patients are often referred via a virtual route, she notes, and the length of time between the initial discussion and the referral can make managing patient expectations difficult. She explains, ‘this can lead to patients having a distorted opinion of what the endoscopy is required for, what the procedure will entail and will be able to diagnose. Access to the internet and social media can heighten these expectations.’

A particular misconception Michelle has encountered relates to the decontamination of endoscopes. To reassure patients concerned by reports they had seen online or through the media, she has found herself showing her unit’s decontamination facilities to patients on at least two occasions. Elsewhere, in the pre-assessment room, her team continue to encounter



common misconceptions surrounding sedation: patients often arrive expecting to be “knocked out” before their procedure, as opposed to consciously sedated.

In Michelle’s experience, however, both patients and healthcare professionals who work outside the field of endoscopy can have a limited understanding of what endoscopic procedures entail. A pet peeve of Michelle’s is the use of the phrase “a quick look and see”, commonly heard amongst referring clinicians; she argues that the phrase downplays endoscopic procedures as “quick, easy and without risk”. She reports that this sentiment is shared widely amongst colleagues she meets at conferences and believes that raising awareness of the highly specialised skills that are involved in modern-day endoscopy would help reduce misinformation.

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Michelle moreover underlines the importance of the workforce in dispelling misinformation and enabling patients to make informed decisions about their healthcare. As an Endoscopy Clinical Educator, a role she has held for the last two-and-a-half years, Michelle has endeavoured to improve patient communication in her unit. In particular, she emphasises the need to ensure that patients are provided with relevant, up-to-date and accurate information, which includes the risks and benefits of endoscopic procedures, as well as the available alternatives. To this end, she offers training for her team to improve their communication skills and conducts peer-reviews of her colleagues during admissions and consent taking. Additionally, her unit regularly reviews and updates patient information leaflets through a collaborative approach: nurses, endoscopists and patient groups, as well as her Trust’s learning disabilities team and endoscopy user group, work together to keep leaflets up-to-date and accessible to all patients.

‘Nurses and the workforce need to work together in partnership to regularly review information so that we ensure it is up-to-date, relevant and accessible.’

‘As technology advances and patient expectations continue to increase, combating misinformation will become more challenging’, warns Michelle. As a result, she believes that healthcare workers will need to be increasingly proactive in managing patient expectations in the future. By addressing and reporting sources of misinformation, and by working collaboratively to maintain effective communication, we can ensure patients are in the best position to make informed decisions about their health.