American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

April 28, 2022

Dr. Vivek Murthy
Office of the Surgeon General
Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Re: Impact of Health Misinformation in the Digital Information Environment in the United States Throughout the COVID-19 Pandemic Request for Information (RFI)

Dear Dr. Murthy:

On behalf of our 40,000 members, the American College of Emergency Physicians (ACEP) appreciates the opportunity to comment on the Office of the Surgeon General's request for information, "Impact of Health Misinformation in the Digital Information Environment in the United States Throughout the COVID-19 Pandemic Request for Information (RFI)." As emergency physicians on the frontlines of the pandemic for over two years, our members have experienced firsthand the impacts of misinformation when caring for patients. Despite the specialized medical training that grants physicians exceptional credibility in medical decision making, the uncontrolled spread of misinformation around COVID-19 has corroded the credibility of physicians for some patients. This mistrust of the medical community led directly to an increase in violence in the emergency department (ED), compassion fatigue, and preventable mortality, and ACEP has spoken out about these dangers.

With that context in mind, ACEP provides the following comments on the impact of health misinformation on quality of patient care.

Information about Impact on Healthcare

1. ***Information about how COVID-19 misinformation has affected quality of patient care during the pandemic.***

a. *Information about how important a role COVID-19 misinformation played in patient decisions not to vaccinate, including the types of misinformation that influenced decisions.*

Vaccines, one of the most effective tools in mitigating the spread of infectious pathogens, have been targeted as a victim of misinformation. In a May 2021 poll, YouGov found that around 60 percent of COVID-19 vaccine rejectors believed false claims that the vaccine causes infertility and/or makes changes in a person's DNA. According to the Kaiser Family Foundation, as of April 2022, 23 percent of the U.S. population have not received at least one dose of a COVID-19 vaccine, despite the

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breadth of evidence that COVID-19 vaccines are extremely effective in preventing severe disease and death. Unvaccinated people are at a 20-time greater risk of dying from COVID-19 than vaccinated people. Similarly, misinformation regarding effects of vaccination can deter patients from interactions with vaccinated people. One ACEP member noted that during a single shift, three patients were so adamantly opposed to the COVID-19 vaccine that they even refused to accept blood products from COVID-vaccinated individuals – which in practicality means that they refused all blood products, despite this presenting a significant immediate danger to their health.

b. *Information about the media sources from which patients are receiving misinformation and if such information has negatively influenced their healthcare decisions or resulted in patient harm.*

Misinformation around COVID-19 comes from numerous sources. As emergency physicians, we have often heard the complaint that we "aren't giving certain medications that [patients] may have researched on the internet." These suggested treatments include hydroxychloroquine, which was found to have no benefit for decreasing the likelihood of death or speeding recovery and is associated with heart rhythm problems and liver failure. More recently, ivermectin, endorsed by America's Frontline Doctors, has become the prescription of choice requested to physicians, despite the U.S. Food and Drug Administration's (FDA's) warning that ivermectin is not just ineffective in treating COVID-19, but can cause, among other issues, seizures, coma, and even death. Patients come to the ED demanding treatment with ivermectin and vitamin D, often showing their doctors online articles or videos from sham sources that support these claims. Emergency physicians also note that patients frequently refuse to wear masks in the hospital due to false claims that either their oxygen levels become too low when masked or that their carbon dioxide levels become too high, which they believe will result in lung disease. Patients who subscribe to misinformation often refuse to listen to scientific facts refuting their claims and instead threaten lawsuits or verbally abuse their doctors. In other instances, patients and/or families will vehemently insist that their health care provider review easily debunkable articles and videos about unsafe treatment.

Unfortunately, as alluded to above, some misinformation seems to be coming from the broader physician community. In April 2020, ACEP and the American Academy of Emergency Medicine (AAEM) released a joint statement condemning the claims of Dr. Daniel Erickson and Dr. Artin Massihi that COVID-19 is "no worse than influenza" and that preventive measures were "overblown." These claims were based on numerous statistical inaccuracies, resulting in misleading conclusions. In any statement that proports to be based on science, data need to be carefully analyzed and the conclusions limited by the data source and integrity. By presenting themselves as authorities, and without fully disclosing their financial conflicts of interest, Drs. Erickson and Massihi were misleading the public. Professional opinions of health care workers (HCWs) based on medical misinformation threaten the credence of the entire health care system. However, promotion of misinformation has not been without consequence. In October 2021, the Washington Medical Commission suspended a physician assistant's license after complaints that they were promoting ivermectin as a cure for COVID-19 and prescribing the medication without adequate examination. A month later, Houston Methodist Hospital suspended a physician for "spreading dangerous misinformation" and "sharing harmful personal and political opinions about the coronavirus vaccine and treatments." While ACEP believes strongly that practicing emergency physicians have valuable insight into the COVID-19 pandemic, the traction and popularity of dangerous, non-peer-reviewed conclusions endorsed by HCWs have the potential to lead to negative public health outcomes.

ACEP has been proactive in cautioning the public against misinformation by issuing statements throughout the pandemic. In our July 2020 statement, ACEP warned the public to be wary of "unsourced information or opinion masquerading as public health advice" regarding COVID-19, encouraging the public to seek information supported by data and endorsed by leading health and medical experts like Centers for Disease Control and Prevention (CDC).

In August 2021, we released a statement about the dangers of taking any medication or treatment for COVID-19 that is not approved or authorized by the FDA, including ivermectin. To further support our efforts in combatting misinformation, ACEP and the Emergency Medicine Foundation (EMF) mobilized emergency physicians on a multi-state satellite media tour to dispel misconceptions and answer common questions regarding the COVID-19 vaccines.

2. Information about how COVID-19 misinformation has impacted healthcare systems and infrastructure.

a. Information about time and resources spent addressing COVID-19 misinformation.

Misinformation truly robs emergency physicians and other HCWs of valuable time caring for patients when they must not only explain the danger and ineffectiveness of certain treatments to their patients but also endure abuse from the patients and their families that refuse to trust them. When vaccines first became available, many emergency physicians tried to explain the benefits of the vaccine and debunk false beliefs. As misinformation spread and became ubiquitous, some emergency physicians and other HCWs fell victim to compassion fatigue and burnout, believing their efforts to be futile.

Emergency physicians take pride in the moral and professional responsibility to care for whomever presents to the ED. However, patients who choose not to be vaccinated occupy beds that could be used for other patients, which especially in times of disaster leads to a scarcity of medical resources and ethical dilemmas of resource allocation. Many ED clinicians are tired of treating patients who are not vaccinated and have not taken any of the safety precautions recommended by the CDC and by state and local public health officials. These patients do not only put their health at risk, but also expose HCWs and other patients to the virus. For those health professionals who have justifiably begun to experience compassion fatigue, the feeling may start to impair their ability to provide the highest quality of care to all patients, not just those with COVID-19. Thus, the unfettered proliferation of COVID-19 misinformation causes potential harm to all patients.

b. Information about how COVID-19 misinformation has impacted healthcare worker morale and safety in the workplace, including instances of online harassment or harm.

Prior to the onset of the pandemic, violence in health care was already a concern. An ACEP survey from 2018 showed that nearly half of emergency physicians have experienced violence and 80 percent of emergency physicians said that violence was harming patient care. These trends have only accelerated, and we still continuously hear heart-wrenching stories about attacks or other violent episodes from HCWs across the country. Since the onset of the pandemic, violence against hospital employees has markedly increased. Studies indicate that 44 percent of nurses report experiencing verbal abuse during the pandemic. While some occurrences of assault may be contributed to general fear and frustration, there have been several instances of HCWs being berated or assaulted by patients and their families for refusing to administer unproven treatments or patients' disbelief of their diagnosis of COVID-19 disease.

While emergency physicians are exposed to significant rates of verbal and physical abuse, reported rates likely do not represent the full impact of ED violence. There are many challenges in accurately tracking violent incidents, in no small part due to the fact that many HCWs decline to report incidents for fear of retaliation or feelings that reporting is not worth the time. ED violence creates additional stress and lowers morale, as a patient who assaults a HCW in the ED must still be evaluated—and they are often treated by either by the physician or nurse they just assaulted or by one of their colleagues. Even in cases where law enforcement does make an arrest for violent behavior, the charges are often not pursued by district attorneys and offenders are not prosecuted. Violence in the ED is also subject to

unique considerations, such as federal laws governing patient privacy protections and requiring stabilization of patients with emergency medical conditions—meaning that so many of these incidents go completely unseen by the public.

In all, violence against emergency physicians and other ED staff must not be accepted as "just part of the job." In the wake of the COVID-19 pandemic where violent episodes significantly increased, we ask the Biden Administration to help stem the tide and protect those who provide the health care safety net.

We appreciate the opportunity to share our comments regarding health misinformation. If you have any questions, please contact Jeffrey Davis, ACEP's Director of Regulatory and External Affairs, at jdavis@acep.org.

Sincerely,

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