

Internal Medicine Summit

Introduction

On May 26, 2022, leaders from the American Board of Internal Medicine (ABIM) and 23 specialty societies convened virtually for the annual Internal Medicine Summit, which centered on external threats to professional self-regulation due to the rise of medical misinformation.

Yul Ejnes, MD, Chair of ABIM's Board of Directors, opened the meeting by sharing he had dealt with misinformation while seeing a patient just that morning, remarking that "not an hour goes by without it." He reflected on how the propagation of misinformation erodes trust in the profession, and has very real implications for patients, with hundreds of thousands of preventable deaths attributed to it. It is also a driver of physician stress and burnout, and while the profession is still grappling with exactly how to address the issue, Dr. Ejnes posited, "it is in our lane."

Dr. Ejnes then shared the Summit's goals with attendees:

- Explore the promulgation of medical misinformation and its effects on the profession.
- Gain a shared understanding of legislative efforts—prompted by increased dissemination of misinformation during the COVID-19 pandemic—that may impact the profession's autonomy to self-regulate.
- Begin to develop ways the community could collectively respond to these threats to ensure physicians retain independence in how they apply their clinical knowledge and expertise in caring for patients.

President's Update

Richard J. Baron, MD, President and CEO of ABIM and the ABIM Foundation, began his remarks by sharing that his "aspiration for this meeting is that we think of ourselves collectively as a community that has a shared responsibility to address misinformation."

Dr. Baron said the Federation of State Medical Board's (FSMB) statement on medical misinformation was a courageous act, and it helped start a national conversation that raised awareness of this issue across the profession. He put their work forward – in coordinating across 70 state medical boards – as an exemplary model for how other American Board of Medical Specialties (ABMS) Member Boards and medical societies could collaborate, with the "understanding there are a lot of areas we might not agree on, but there ought to be many in which we do."

Dr. Baron said it was important for the certifying Boards to step up and act, and shared [the joint statement on misinformation](#) from ABIM, the American Board of Family Medicine and American Board of Pediatrics.

"We wanted to make it clear to people that we can and do take action. We have a longstanding disciplinary process – this isn't something we invented just for this," he said.

He underscored that ABIM's policies on unprofessional and unethical behavior have been in place for more than a decade, and shouldn't be thought of as opportunistic in response to the pandemic. He also touched on some specific aspects of the process, including its confidentiality, and that physicians subjected to it are afforded an opportunity to share their side of the story before a decision is made that could affect their certification.

Dr. Baron then previewed how misinformation is driving legislative action in many states, [including Tennessee](#), where the state medical board was threatened with dissolution by the state legislature after it had adopted a statement similar to that of FSMB's.

"This is an important point for us as a community. We have different degrees of freedom than state licensing boards, and it's important for us to think about how we use them," he said.

In sharing reactions to a recent article published in the New England Journal of Medicine, titled "[Physicians Spreading Misinformation on Social Media — Do Right and Wrong Answers Still Exist in Medicine?](#)", Dr. Baron said several commenters – including those who had not historically agreed with ABIM – publicly stated their support for the organization taking on this issue, and that it presents an opportunity for the medical community to unite and stand together in a way it may not have before.

He also spoke on the importance of defending each other when an organization comes under attack, and urged Societies to communicate ABIM's processes to their members so they understand how the organization is standing up on behalf of the profession.

Dr. Baron closed his remarks by updating attendees on the recent launch of the [Longitudinal Knowledge Assessment](#) (LKA™), presenting enrollment data, stating that as of the meeting, physicians are choosing it four to one over the traditional, 10-year Maintenance of Certification exam.

Rick Battaglia, MD, ABIM's Chief Medical Officer mentioned that ABIM is looking into developing and sharing reports with societies on how their respective discipline is performing on the LKA so they could consider opportunities to bolster their educational programs. He shared that feedback on individual diplomate performance is also being explored, so societies could utilize that information to create individualized learning plans.

External Threats to Professional Self-Regulation

Humayun Chaudhry, DO, MACP, President and CEO, FSMB and **Sarvam P. TerKonda**, MD, Chair, FSMB, provided attendees with an overview of the organization and its mission before turning to the issue of medical misinformation.

Dr. TerKonda described how the COVID-19 pandemic also highlighted an "infodemic," making it difficult for patients to parse misinformation from evidence-based or scientific information, resulting in an erosion of trust amongst the public.

He said licensed physicians were among the sources of that misinformation and, although it was a very small number of individuals, social media created an amplifying effect enabling them to reach disproportionately large audiences.

This, and the concerns being expressed by several state medical boards, prompted FSMB to issue [a statement in July 2021](#) to all physicians informing them that if they generate or spread misinformation or disinformation about the COVID-19 vaccine, they could be at risk for disciplinary action, including the suspension or revocation of their medical license.

Dr. Chaudhry said that the statement was overwhelmingly well-received by the medical community, but that as governmental agencies, medical boards are considered state actors and, consequently, need to be extra cautious about enacting policies that may be viewed as infringing upon free speech.

This is becoming a very real concern, as Dr. Chaudhry informed attendees of 68 legislative bills at play in 29 states that may impact physician professional self-regulation, many originating from medical misinformation. For example, one proposed bill, which did not pass, mandated pharmacists dispense hydroxychloroquine or ivermectin upon a patient's request without requiring a prescription. In another state, a bill that has passed the House and Senate and is awaiting the governor's signature, would prohibit licensing boards from taking any disciplinary action for licensee dispensing, prescribing or administering ivermectin or hydroxychloroquine.

“This is coming to a state near you. And if the medical profession doesn’t speak up and do more, we may see even more of this, and suddenly see our ability to self-regulate really hampered,” said Dr. Chaudhry. “State legislatures are actually considering bills that would limit the ability of state medical boards to do what’s necessary to protect the public.”

While organizations like FSMB are limited in the actions they can take, Dr. Chaudhry said private entities don’t have the same constraints and may be better positioned to do more to monitor and counter medical misinformation.

Dr. TerKonda shared a statement from FSMB’s Board of Directors, issued in February 2022, in reaction to the various bills across the states, in which they made clear that “the FSMB opposes legislation intended to limit a board’s ability to conduct this important work as it sets a dangerous precedent and puts the public at risk.”

Dr. Chaudhry closed out the discussion by highlighting two points from FSMB’s recently adopted policy on “Professional Expectations Regarding Medical Misinformation and Disinformation”:

- Truthful and accurate information is **central** to the provision of quality medical care.
- Physicians are **expected** to remain current with evolving science and practice standards.

The Role of the Community in Responding

Tom Granatir, Senior Vice President, Health Policy and External Relations, ABMS, began by talking about ABMS’ new policy on professional conduct, which aims to clarify that Member Boards do not need to rely on state medical board actions to address a matter of professional misconduct. He shared highlights from the new policy (which had not been approved by the ABMS Board at the time of the Summit), including:

- Professionalism is a condition for certification.
- Boards must have a policy that reflects their expectations regarding professional conduct.
- Professional conduct applies to behavior both in and outside of practice.
- Boards make an independent judgment considering context.
- Relevant conduct is a breach of professional norms that, in the judgment of the board, represents a threat to safety or patient/public trust or an inability to practice at the level of a certified physician, as defined by the board.

Mr. Granatir mentioned that most Boards have their own policies in place, and that the primary care boards have historically been among the most progressive. The new policy is expected to lead to new, more consistent policies across the boards. He proposed that spreading misinformation or disinformation can be seen as a special case under the new policy:

- A diplomat who communicates or disseminates misinformation or disinformation may be engaging in professional misconduct, which could be subject to remedial or disciplinary action under an ABMS Member Board’s professional conduct or related policy.
- Concepts of ethical and professional conduct already exist that we can apply to the conduct of physicians performing publicly in the role of a physician.

“Misinformation is not just about lying and the liars. If a purveyor of misinformation is simply and profoundly wrong, we may question their clinical competence, and we have to address that issue too, depending on the context,” Mr. Granatir said.

He shared a few examples from its “Ethical Toolbox,” drawing on resources from the American Medical Association’s Code of Ethics, stating, “Issues of negligence or recklessness are germane here. A physician can be free to speak or prescribe or innovate, but there are responsible and irresponsible ways to do everything, and how physicians choose to do these things is a matter for us to think about. Existing ethical guidance can be helpful.”

Before turning to society panelists, Mr. Granatir shared a framework for identifying potential misconduct, drawing inspiration from a paper, authored by Arora, et al., titled “[Addressing medical misinformation in the patient-clinician relationship.](#)”

Panel Discussion: The Role of the Community in Responding

Darilyn Moyer, MD, Executive Vice President and Chief Executive Officer, American College of Physicians said the College recognized early in the pandemic that internal medicine would be on the front lines of responding to misinformation. She pointed to organizational policies that allow anyone – members and nonmembers alike – an opportunity to file a complaint if it is thought a physician may be acting unprofessionally. She also cited the College’s strong policy on non-governmental interference, underscoring the importance of professional self-regulation when it comes to issues of misconduct.

“Trust is generated at the speed relationships are held,” said Dr. Moyer.

The College has created a number of resources for its members and chapters to respond to misinformation, and at the national level has taken the “high road,” attempting to flood social media with accurate, science-based information. This includes a partnership with YouTube, through which they’ve produced numerous videos for health care providers and patients on COVID-19.

Dr. Moyer shared concern that there is no accountability for those who disseminate misinformation, and that those who do so are seeking to benefit financially or socially, making it all the more important that the medical community stands together on this issue.

Chris Busky, CAE, Chief Executive Officer, Infectious Diseases Society of America (IDSA), said that IDSA has a long history in combatting misinformation, pointing to examples of vaccine hesitancy, Ebola and HIV/AIDS. During the COVID-19 pandemic, the organization realized it would need to take a proactive approach to addressing misinformation and understood the importance of building trust with patients, public and the media.

To do so, IDSA began holding weekly briefings with the media early in the pandemic – which have now totaled more than 70 and reached over 2,000 reporters. Mr. Busky said this helped position IDSA as a go-to source, and the organization has received more than 1,8000 requests since the pandemic began. He said that they also intentionally targeted specific geographic areas where misinformation was more prevalent through radio and satellite media tours, relying on the organizations 150-media trained volunteer experts.

Mr. Busky said one of the key messages is to ensure the public understands evidence evolves – pointing to clinical guidelines IDSA developed, which have been updated close to 30 times over the past two years. “We’re going to continue to drive this point home,” he said. “Evidence evolves.”

Eric Howell, MD, Chief Executive Officer, Society of Hospital Medicine, shared stories of how hospitalists on the front lines are bearing the brunt of COVID-19 related misinformation. In one example, a patient in Michigan demanded COVID not be entered into their medical record, as they believed the physician and hospital would benefit financially from doing so. In another, he relayed how the family of a patient denied ivermectin wrote letters to the hospital president and state governor demanding it be given. While ultimately nothing came of it,

“Hospitalists can deal with heart failure, cellulitis, COPD exacerbations, etc.,” said Dr. Howell. “But what’s very difficult for them right now is having to tell somebody, ‘let’s not give you that ivermectin’ and then spending time having to deal with that and the cognitive effort.”

Dr. Howell conveyed the stress it incurred on the hospitalist, leading them to question their career choice.

Dr. Howell said that one promising approach has been through partnerships aimed at reducing, and hopefully eliminating, misinformation such as those with ACP, IDSA, and IMPACT, [a non-profit organization in Illinois](#), which provides patient-centered information that uses lay-language to dispel misinformation.

Following their remarks, Mr. Granatir moderated a brief discussion with the panelists in which a number of themes emerged:

- Dr. Moyer put forth the “otter technique” on social media, explaining how, in nature, otters link arms together as a protection strategy. The panelists agreed with the need to flood social media with positive messages and support each other – particularly women, who are more likely to be targets of negativity online.
- Internal medicine has been leading the way in espousing evidence-based information across health care, always keeping focus on patients as the north star.
- Partnerships and collaboration will be critical to addressing misinformation. Mr. Busky cited the formation of a COVID-19 learning network through which they invited groups to work with them to create a central hub of curated content.

Small Group Conversations

Attendees broke out into small groups to continue the conversation, discussing its relevance to members and seeking common ground across the profession. Across the groups, a number of themes emerged and are summarized in the appendix.

Closing Remarks

Dr. Ejnes wrapped up the Summit by reiterating the importance of the profession working together, recognizing that each organization comes to the table with varying resources and capabilities, but that the opportunity – and strength – of our message relies on a coordinated and collaborative effort.

“If one organization can’t do certain things – try to support others that can and are doing things,” he said. “We really need to be as organized and united in our words and deeds as the misinformers are,” said Dr. Ejnes.

Appendix: Themes Emerging from Small Group Conversations

Concerns about the Threat to Professional Self-Regulation:

- This is a culmination of trends in society, which was brought to light during the pandemic.
- The widespread legislative activity across more than half the states was surprising to many, and deeply concerning.
- The medical profession needs to act, or medical independence could be legislated away.
- While specialty societies can take away membership or fellowship, the actions need to have teeth – such as action that affects licensure or certification.

Challenges in Curtailing Misinformation:

- Misinformation spreads faster than scientific data, and the profession is disadvantaged in terms of time and timeliness.
- It can be difficult to assess the scale and scope of misinformation/disinformation.
- Should the scope of the profession's efforts to combat medical misinformation be limited to COVID-19? Most believed the public would agree with this focus and were unsure about going beyond that.
- Members may view combatting misinformation as “outside their lane”; some worried if this could be perceived as singling out physicians who go against prevailing opinion. Others were concerned this work could be “weaponized” against the profession.
- Social media companies don't have the right workforce in place to address this issue, and the platforms were unprepared for the pandemic.
- Societies/organizations have different capacities and tools they can leverage in this space. Most are national organizations and may not have a state structure, making it difficult to be nimble and responsive to state-based legislation.

The Importance of Clear and Consistent Messaging

- The public could see this as a “slippery slope,” making it critical that the profession is seen not as taking a hardline approach – but a balanced one – to retain credibility and be viewed as doing what's best for patients.
- The profession should be seen as creating a space for scientific debate and recognizing that passionate disagreement occurs – but not one that silences dissenting opinions.
- During the height of COVID-19, there was lots of evolving information. It will be important for the profession to display humility and acknowledge what it knows and what it doesn't.
- Framing should be focused on *what is best for patients*.

Opportunities/Next Steps

- Coalition building will be important in order to speak with a collective voice. One group raised the idea of a statement – like the Physician Charter on Professionalism – that could be signed or endorsed by all the societies.
- Develop a shared roadmap of tactics or a toolkit, and endorse or support each other's statements in public.
- Patient advocacy groups are well-trusted and have credibility with their constituents. Professional societies could partner with them to disseminate evidence-based information.
- The Boards and Societies could work with social media companies to optimize search algorithms and help good information rise to the top.
- Organizations should share their disciplinary processes widely with their constituents so they are well-known and understood.
- Case studies or examples of misinformation could be published to show how high the bar is, and the processes that are then used to address potential violations.
- Societies could jointly develop processes to revoke or suspend membership, while retaining independence in activating them within their own membership.
- Understanding that most legislators do not have health care training, could the house of medicine encourage more physicians and other health care providers to run for office?
- Look for ways to introduce curriculum to educate medical students about how to appraise and interpret medical literature, as well as the consequences of medical misinformation.