

Combatting COVID-19 Information Overload

In the digital age, patients sometimes have the same access to the latest information as family physicians. But they still need us to filter it for them.

I graduated from medical school in 1992. During three years of residency, one year of fellowship, and 25 years in practice, I have been able to provide patients up-to-date medical information from extensive clinical experience, interpreted based on their individual characteristics. That is, until early 2020 when we all started reading about a deadly new coronavirus.

Now I find myself obsessively reading the news and following websites that predict COVID-19 trends: cases, hospitalizations, and deaths. I look daily at the number of COVID hospitalizations in my hospital system and my state. Still, when patients ask about some cutting-edge COVID topic, I revert to what I read in the news that morning. For the first time in a nearly 30-year career, I do not have more current information than my patients. They read the same news I do.

In the digital age, the amount of information we need to assimilate on a daily basis can be overwhelm-

ing.¹ Filtering it is critical, but can be challenging. Much has been written about how doctors keep up with and curate the vast amount of material coming to them by email, social media, news websites, and medical journals (both electronic and print).^{2,3} In a study by Doximity, 98% of physicians said reading up-to-date medical literature was very important to their practice, and 75% changed their clinical practices based on the literature.⁴ But there is a long delay between studies being completed and published, so traditional journals have not been as timely during the pandemic. Most of us have relied on information read online, which we find in a variety of ways. A 2020 review published in the *Health Information and Libraries Journal* placed the vast amount of medical information found online into four categories:⁵

- Resources that send information to clinicians (e.g., web alerts, newsletters, and listservs),
- Resources that rely on the clinician looking for information (e.g., health libraries or podcasts),
- Collaborative resources (e.g., online journal clubs or social media),
- Resources that synthesize information (e.g., bibliometrics or methods that assess the impact of certain papers, such as Altmetric scores or number of citations).

Every clinician organizes data differently, guided by experience, trusted colleagues, and recommendations.⁶ But information is not the same as knowledge. As family physicians, it is our responsibility to interpret information for our patients, give evidence-based advice, and be open about what we do and do not know. As I write this, there is significant debate about COVID booster shots. I may not be able to answer all of my patients' questions on the topic. Sometimes the best I can do is say, "We don't know yet" or "Here are the CDC guidelines."

My patients depend on me to evaluate new information, distill what's applicable, and give them recommendations. Even if we read the same news, my experience as a family physician, understanding of public health and infectious disease, and knowledge of their individual health concerns allows me to evaluate the news and convey advice that is in keeping with their health goals. My role as a trusted primary care physician is essential, especially in these times of uncertainty and anxiety. **FPM**



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