

**Well@Work Podcast  
Season 2, Episode 17:  
How to Take Care of Ourselves in an Era of  
Misinformation and Confusion**

Welcome to the Well@Work podcast from the University of Kentucky Center on Trauma and Children. This podcast is brought to you by grant from SAMHSA. On this episode of the podcast, Dr Scott LaJoie discusses how to take care of ourselves in an era of misinformation and confusion.

Making decisions about health can be difficult. Which treatment is best for me and what risks do I face? Are there side effects? Are there benefits? Typically, these questions and others are answered by trusted healthcare providers and together patient and provider choose the treatment. Some situations only have one viable treatment, the treatment is considered safer, more effective, and perhaps less expensive. When this happens, the treatment decision is simple and depends on the person's willingness to accept the provider's recommendations. Doctors and nurses are rated among the most trustworthy professionals in national surveys year after year, they can be counted on to best understand the complex information embedded in every medical decision. Having a trusted source of information reassures the decision maker and increases the likelihood that the patient will adhere to the best practice guidelines.

The decision to vaccinate has moved away from the sanctity of the patient-provider dyad and into a place where other agents have influence. While a small percentage of people have always been skeptical about vaccines, when Dr Andrew Wakefield published fabricated data allegedly linking vaccines to autism, the anti-vaccine movement became more powerful and widespread. Influencers from Hollywood actors to rogue doctors to politicians and lawyers began pushing the narrative that vaccines are unsafe. For providers, the increasing apprehension of patients can be bewildering and threatening to one's identity as a trusted partner. When the patients push back against medical advice, providers are forced into a situation of explicit moral distress. Some patients cannot be persuaded and providers are forced to “fire” the patient, provide less care than needed, and/or treat the patient when they become sick. Moral distress leads to loss of job satisfaction, increased stress, and contributes to burnout.

Consider Dr Johnson. Over decades he has intentionally built trust between him and his patients, many of his patients are from marginalized communities where trust is hard earned. To his surprise, Dr Johnson begins hearing from patients a variety of inaccurate ideas about vaccines, new demands for untested treatments, and flat-out refusals. Dr Johnson refuses to abandon his patients and consults his public health colleagues and dives into the literature. He quickly realizes several changes he can make to improve his persuasive communication skills.

First, he should stop trying to alter choices by providing data and statistics. From a patient's perspective, medical decisions are typically more emotional than cognitive, this is especially true for patients with low health literacy and numeracy. When driven by emotion, people act upon summary representations of information called “gist,” rather than specific verbatim information. For example, most people won't understand how small “one in a hundred thousand” is, but will intuitively grasp “very rare.”

Second, a leading explanation for the success of people who spread information is that they have a powerful story to tell. Extremely rare outcomes will occur when billions of people undergo an intervention and anti-vaccine supporters just need to vividly portray that one bad outcome to generate fear and uncertainty. Pro-vaccine supporters have the challenge of portraying the absence of a bad outcome. Millions have been vaccinated and nothing has happened. This just isn't a powerful story. Instead, Dr Johnson could tell the story of an unvaccinated patient who had to be put on life support, re-learn how to breathe and how to walk, and now suffers brain damage. Plus, the patient is now bankrupt and jobless. That's a powerful and true story of the consequences of not vaccinating.

Third, Dr Johnson should continue to show compassion for his patients, even those who refuse to vaccinate. People who choose not to vaccinate because of fear, fear for themselves and especially fear for the well-being of their loved ones. Showing compassion allows Dr Johnson to communicate that he has the same concern for their health. He might also share that he chose to vaccinate himself and his family. In doing so, Dr Johnson is showing that he has shared values with the patients. Fourth, let it go. Dr Johnson will quickly become overstressed if he carries the burden of responsibility for his patients' health and well-being. Health care providers know this. He does the best he can and he allows the responsibility to remain with a patient. Some patients will get sick and some will die, this is an inevitable, regardless of Dr Johnson's interventions. On the other hand, while some patients choose to remain unvaccinated after meeting with Dr Johnson, they may change their minds later, and know that they can return to him. Either way, once the patient leaves the doctor's office, learning to let go will buffer against the buildup of stress.

Remember the words of wisdom expressed in the first line of the serenity prayer, god grant me the serenity to accept the things I cannot change, and the courage to change the things that I can, and the wisdom to know the difference. Thank you for listening to this podcast and remember stay Well@Work.

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