

# FAKE DEWS



A recent interaction with a patient left a strong impression on me. I found this retired structural engineer to be a reasonable and intelligent person, and he asked good questions about various options for his surgery.

Prior to seeing me, the patient had been diagnosed with dry eye disease (DED), which was only partially controlled with artificial tears. One of my associates discussed with him the inflammatory component of his DED and suggested therapeutic options. When he came in for his surgical consultation with me, he had some specific questions about inflammation and DED. He asked how we knew that DED was linked to inflammation. I thought, "Oh good, I actually know this one! I'll tell him about the International Dry Eye WorkShop (DEWS) report and the various studies clearly demonstrating an inflammatory component of DED."

As I briefly explained the science behind the statement, he listened politely and then replied, "Well you know, I read about inflammation and dry eye online, and all of that data can be faked. The big drug companies can create whatever result they want to sell millions of dollars of product." As I prepared to defend the honor of the "medical-industrial complex," I thought better of it, simply sighed, and said, "Well maybe, but the medication we are recommending actually works, and if you don't like it, we can always stop it."

This conversation was a bit unusual, but perhaps we clinicians should not blame our patients for having conspiracy theories, when some recent events that sound like conspiracy theories are actual conspiracies. For example, although the effect is debatable, there is strong evidence that, during the 2016 US election, hackers linked to the Russian government gained access to the Democratic National Committee's servers.<sup>1</sup> In 2015, the Obama administration was embarrassed by the revelation that it was spying on Germany's chancellor and Brazil's president.<sup>2,3</sup> In 2014, Edward Snowden revealed that the National Security Agency has the capability to monitor every text message, phone conversation, and Web browsing session in the country.<sup>4</sup>

The current propensity to consider conspiracy theories is amplified by the way people gather information online. With the Internet, barriers to becoming a publisher are essentially nonexistent, leading to a proliferation of news sites, blogs, and rants that reinforce whatever belief a person happens to type into a search engine. Some of these sites are nothing but the bizarre opinions of an individual, but the array of disinformation dilutes legitimate sources of news, confusing those seeking the truth. In fact, we seem to have entered an era of *posttruth*, the Oxford Dictionaries' 2016 word of the year and defined as "relating to or denoting circumstances in which objective facts are less influential in shaping public opinion than appeals to emotion and personal belief."<sup>5</sup>

A posttruth environment insidiously wears away at the very fabric of a functioning society, but it is particularly dangerous in the medical and scientific community. In medicine, the well-established rules of the scientific method guide our quest for truth, but even our most intelligent patients may not share in this tradition. Long gone are the days when a physician's recommendation was accepted unconditionally. Now, even recommendations backed by scientific studies are sometimes greeted with skepticism by patients who no longer know what to believe in a posttruth world. ■

**Steven J. Dell, MD**  
Chief Medical Editor

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