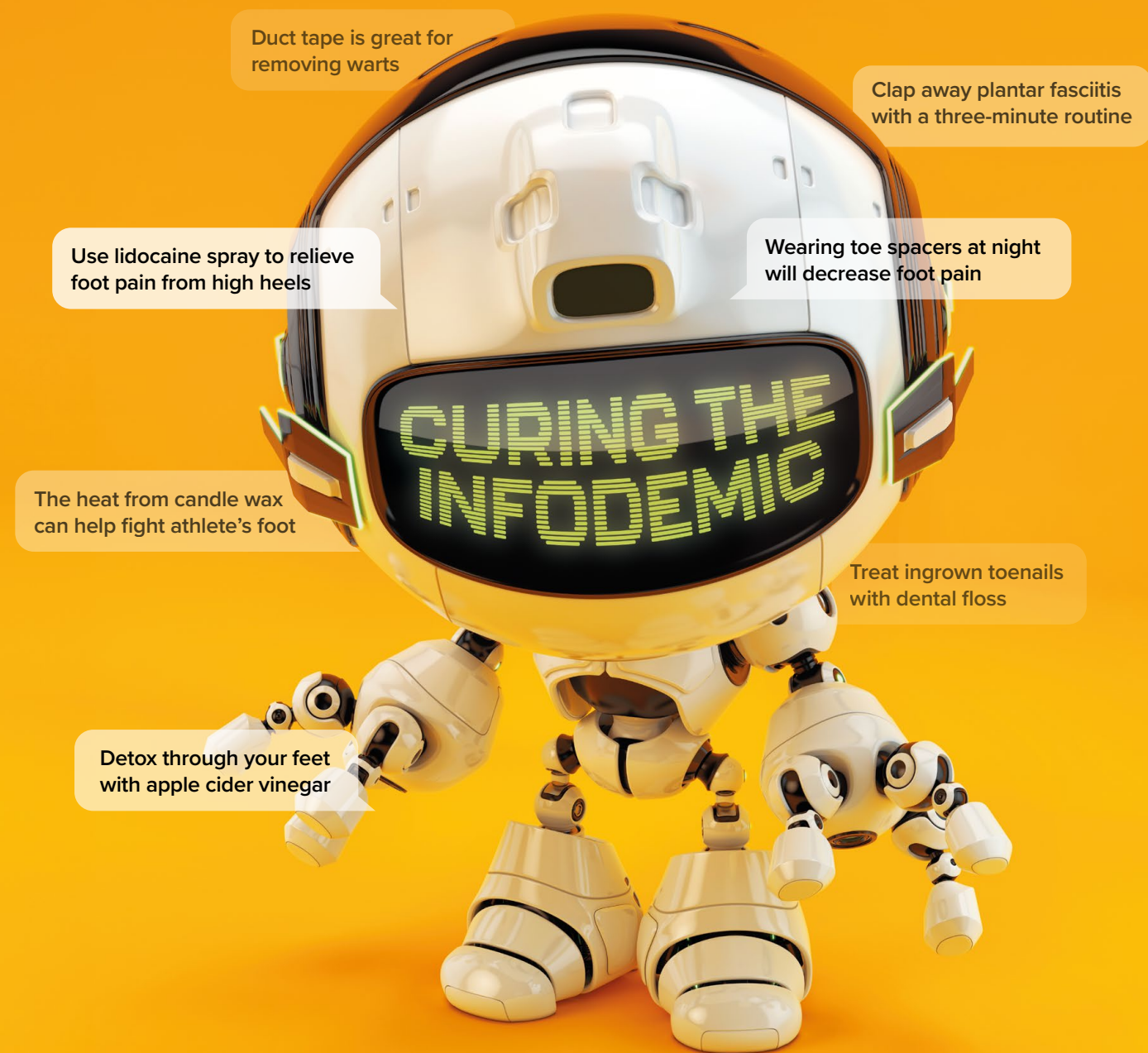




Online, fiction can look indistinguishable from fact. How is health misinformation affecting patient safety, and what role do we all play in getting to the truth?

Words Emma Bennett

How to spot health misinformation

1 Check your sources
Always check the information is coming from a credible source – is it backed up by independent research evidence? And verify the creator's credentials. 'Anyone can call themselves a doctor or professor on the internet,' says Dr Benjamin Bullen. 'It's not necessarily an indicator of reliable information.' Check their qualifications are from accredited and recognised bodies.

2 Consider what makes you click
Research has found that health misinformation is often emotive, engaging and provocative, focusing on personal and negative experiences (Full Fact, 2023). This helps it to spread easily, with readers more likely to share it with their networks. Be sceptical and look for scientific evidence to support claims. If something sounds too good to be true, it probably is.

3 Ask what's in it for them
While some influencers might genuinely believe their own misinformation, others profit from advertising partnerships or product sales. If someone is promoting a treatment, consider what is motivating them. Also look closely at studies cited by companies that are promoting a product. 'The research is often funded by the company itself, and is conducted in their own lab with a very small sample,' says Dr Helen Branthwaite. 'Always check the small print.'

In today's world of 'fake news' and politicised social media channels, it's not always easy to separate fact from fiction. The rise of unregulated information sources – from influencers on TikTok to AI platforms – has led to a welter of questionable advice available to the public. And when it comes to health, those false or misleading claims have the potential to be seriously harmful (World Health Organization (WHO), 2022). Health misinformation – defined as 'false or misleading content that relates to physical or mental health conditions, systems, or medical treatments or interventions' – is not a new phenomenon (Full Fact, 2023).

One of the most well-known cases relates to a 1998 study published in medical journal *The Lancet* that linked the MMR vaccine to autism in children (Lewandowsky et al, 2012). While this was later retracted, and discredited by the scientific community, widespread reporting in the media generated significant fear among parents and may have contributed to vaccine hesitancy, which is still felt today.

The proliferation of online forums and social media channels means health misinformation spreads more quickly and to more people than ever before. A review by the WHO (2022) found the repercussions of misinformation on X (formerly Twitter), Facebook, YouTube and Instagram included 'an increase in erroneous interpretation of scientific knowledge, opinion polarisation, escalating fear and panic or decreased access to healthcare'.

Limbs at risk

From wellness influencers suggesting a change of diet can cure cancer, to the latest insole claiming to 'fix bunions', misinformation is widespread. But, when shared alongside trusted and accurate information, it is often indistinguishable from the truth.

TOP TIP 'Always empathise with a patient and be sensitive to the information they are presenting. You need to build up a level of trust, so it's important to acknowledge what they're saying but highlight why it's incorrect. Show them the evidence to support what we believe as practitioners to be more effective'

Dr Helen Branthwaite

Claims shared online or through media such as podcasts are not regulated in the same way that mainstream TV, radio and newspapers are. But while content creators may not be breaking any broadcasting rules, critics say the misinformed claims they share can drive people away from genuine scientific evidence.

Dr Benjamin Bullen, a diabetes specialist and lecturer, says he's seen an increase in recent years in patients coming to him with flawed information they have found online. 'We're now seeing products and treatments that patients have found on the internet that range from those that are unlikely to have any effect – such as pads you put on your feet that supposedly remove toxins from your body – to the outright dangerous.'

'For example, people with diabetes are seeking alternative treatments such as 'candling', where hot candles are put on their feet. I wouldn't recommend that for these patients because they may have nerve damage and don't feel their feet very well, and I've seen burns that put limbs at risk.'

Benjamin, who holds a professional doctorate in health literacy, says catchy headlines designed as 'clickbait' are often responsible for oversimplifying or overinflating the results of medical research.

'Without the necessary context, nuance can get lost,' he says. 'Some studies might say a treatment works on rats, but that doesn't necessarily mean it will be successful for humans. I always say to my patients, if they're unsure about something or are thinking of buying a product, please give me a call first and we can discuss it.'

However, Benjamin says it's not all negative. AI tools like ChatGPT could be useful to help patients understand complex journal articles, by simplifying the language and summarising results. But users should exercise caution. 'It's getting better all the time, but we have to remember that AI can sometimes fabricate information,' he explains.

Researchers have warned about the potential risks of AI inadvertently generating incorrect or misleading information. One study (*BMJ*, 2024) focused on the potential of generative AI to produce high-quality, persuasive health disinformation – misleading information deliberately used to deceive audiences. In some cases, the authors found the models could circumvent the apps' built-in safeguards, highlighting the need for enhanced regulation, transparency and auditing.

Peer-to-peer advice

Online forums, where patients share their own experiences and seek peer-to-peer advice, can also spread misinformation easily. Jonathan Small, owner of Health First Foot & Gait Clinic in Southam, says this means patients are often not getting the right information for their condition.

He explains: ‘There’s a public forum called Plantar Fasciitis UK that has about 12,000 members. And because each member has foot or heel pain, they assume they have plantar fasciitis rather than one of the other 40-plus possible diagnoses. So, while they are getting advice about what worked for their peers, it’s not necessarily the right treatment for them.

‘That situation is dangerous. It can delay treatment and affect quality of life. Using heel pain as an example, perhaps it means they have had to stop working or change their job. One of the rarer causes of heel pain is cancer. Any delay in identification of that with prompt and appropriate onward referral could be catastrophic for patients.’

To combat this, since 2018 Jonathan has connected more than 2,000 members of the Plantar Fasciitis UK forum to registered podiatrists in their area. He believes that podiatry as a profession has an important role to play in marketing itself better, so patients know where to find individualised support.

‘I promote [the notion of] ‘work smarter, not harder’ for podiatrists, based on the fact we often undervalue and undercharge for our services. If we charge the appropriate fees, we can afford to spend more time producing free patient advice – videos, newsletters or information sheets – not only as part of our marketing but to promote the correct information to the public.’

Raising the profile

As part of the current five-year strategy, the College is working to promote the profession and provide factually accurate information through its website and officially badged social media channels.

Dr Helen Branthwaite, a podiatrist with nearly 30 years’ experience in NHS, private practice and academia, was recently appointed the College’s

TOP TIP ‘Allow longer with patients so you have time to talk to them about their ideas and beliefs, and how they may have been guided to these by incorrect information. It’s also important to give them access to high-quality resources. I create blogs and guides that I can send to patients’

Jonathan Small

TOP TIP ‘Have an open, honest conversation with patients by saying you’re aware there’s a lot of information on the internet, but not all of it is reliable. Encourage them to check the source is from a reputable organisation, such as the NHS or a national charity’

Dr Benjamin Bullen

chief clinical adviser. She has been tasked with giving a clinical voice to its content.

‘Part of my role is to ensure that everything we say is factually correct, based on research evidence and clinical practice,’ she says. ‘This is so people can have confidence that the College is representing a true field of practice.’ RCPod must be a source of information that the public can trust, she adds.

The College’s professional support and communications teams also challenge any information quoted by the media or on a social media channel that misrepresents the podiatry profession.

Helen explains: ‘For example, one of our members may query a product that is available commercially, or a journalist might write an article around podiatry that misinforms the public. We then assess the level of risk and impact to the public and, if necessary, escalate to the relevant committee in the College to respond appropriately.’

She says she hopes that by building the profession’s profile and promoting evidence-based information, the College can encourage more people to seek treatment from a podiatrist sooner.

‘Common pieces of misinformation I see are adverts that say: ‘If you wear this insole, your bunion will become straight.’ There is no evidence in the research to support that. That’s potentially harmful because people believe it, and when they have engaged in a treatment or practice and it’s not worked for them, [they feel] there’s nothing else they can do.

‘That’s why we’re working hard to promote the profession, so people see a podiatrist to get a more appropriate and aligned level of treatment sooner rather than later.’

Staying safe online

The Online Safety Act passed in 2023. This is a wide-reaching set of laws designed to protect children and adults from harm and abuse online. It is expected to be fully implemented by 2026 (Department of Science, Innovation and Technology, 2025).

Tape your toes for a more comfortable fit #highheels

Cutting your nails straight across prevents ingrown toenails

Putting sliced potatoes on your feet at night will help extract toxins from your body

A castor oil compress will get rid of your bunions

Use manuka honey to relieve cracked skin on heels

Touching the earth with your feet helps bloodflow



Use the QR code to hear an audio version of this feature



Use to view references

Regulated by Ofcom, it creates a new duty of care for online platforms, requiring them to take action against illegal or ‘legal but harmful’ content from their users – with the potential for huge fines in cases of noncompliance. Services will be required to take steps to remove illegal disinformation content on their platforms.

However, independent fact-checking organisation Full Fact (2025) says the law ‘continues to leave the public vulnerable and exposed to online harms’ by failing to address health misinformation and harms generated by AI. It also accuses the Act of failing to ensure fact checkers have timely access to data about misinformation circulating on online platforms.

Online platforms themselves are taking different approaches. In January, Facebook announced it was sacking its team of fact checkers in favour of ‘community notes’, encouraging users to police each other’s posts.

In contrast, YouTube has been actively attempting to battle disinformation since 2023, when it launched a verification system for medical professionals. Videos from ‘authoritative’ health sources, such as government departments, are also prioritised when a user searches for a health topic (YouTube, 2025).

Improving health literacy

Researchers and educators have an important role to play in encouraging patients and healthcare professionals to challenge what they read online, says Benjamin. He teaches his podiatry students how to spot misinformation.

‘Students need health literacy skills to find accurate information themselves, to know where to look and how to appraise the literature,’ he says. ‘I give students a task where they have 10 minutes to find the most inaccurate online foot advice they can, and the results have been really enlightening – from weird and wonderful cures for verrucae to the benefits of walking barefoot.

‘It’s a way to gauge how students are searching for information – are they using Google or ChatGPT and so on? It helps to guide a conversation around some of the potentially harmful information that’s available to patients.’

Podiatrists have a ‘responsibility to the public to combat medical misinformation’, Benjamin says. ‘Particularly during the Covid-19 pandemic, there was a lot of vaccine hesitancy and we had a large role to play in promoting evidence-based public health messages. By being open with our patients, we can do our bit to protect them.’