

Complementary and Alternative Medicine, Dr Google, and the Rise of Cyberchondria

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Self-diagnosis, while not a new concept, has been revitalised with the evolution of the Internet. The ease of access to a broad range of health information, via the Internet, has enabled health consumers to assume greater responsibility for their health. While there are many factors that may influence an individual's decision to self-diagnose, this paper briefly explores the role of the Internet in self-diagnosis, the resultant health anxiety and the use of complementary and alternative medicine (CAM) as a treatment response to the hypothesised diagnosis. While access to health information can be viewed as a positive step to ease the burden of health care systems and to empower individuals', it can also be seen as a liability as it may incite health anxiety, misdiagnosis and mismanagement of health conditions as the quality of health information is often unreliable and inconsistent.

Medical diagnosis is a process of symptom classification and categorisation in order to label the group of symptoms as a specific disease. A diagnosis enables health professionals to contextualise the group of symptoms and to identify the most appropriate course of action or treatment for the individual who displays the symptoms of the disease. A diagnosis functions on several levels, whereby one must consider the presentation of symptoms, the severity, the length of time from the onset of symptoms as reported by the patient, the symptoms of physical examination as observed by the physician, and the observation of symptoms

through specific laboratory or diagnostic testing. The underlying risk factors are also considered during the diagnostic process (Jutel & Nettleton 2011).

Health responsibility has long been encouraged through public health interventions, pharmaceutical companies and health professionals as pretence for self-empowerment as part of the landscape of on-going medicalization and the commodification of health. This empowerment and responsibility over individual health has led to the notion of self-diagnosis. Self-diagnosis, as the name implies, is whereby an individual attempts to diagnose their own symptoms and hence construct a diagnostic label to fit the group of symptoms they have experienced. Pharmaceutical companies have long provided patients with a checklist of symptoms in order to conduct a self-analysis of illness, and now with the advent of technologies such as the Internet, this has become more commonplace (Jutel & Nettleton 2011; Nettleton 2004).

For many people, the Internet has become the sole source of health information given the ease of which an individual can search for their symptoms. “Dr Google”, the colloquial phrase for checking symptoms using Internet search engines such as Google, has become our primary health care provider and self-diagnosis using online symptom lists has created an epidemic of “cyberchondria”. Cyberchondria, or Internet mediated hypochondria, while not a medical diagnosis is an apt metaphor for the heightened anxiety caused by self-diagnosis via the Internet. For young people, using social media and online communication for health information is their key source of engagement with health care. Such prolific access to health care information via the Internet has the potential to facilitate highly informed and

empowered health consumers, which poses a threat to allopathic medicine. This is because it puts both the consumer and the practitioners on equal grounds as they both have access to the same types of information whereas in the past, quality health information was available for those whose job relied on access to such information. The quality of the information on the Internet, and the individual's ability to interpret this information may heighten health anxiety due to the confounding and conflicting information available (Broom, 2005; Fergie, Hunt, & Hilton, 2012; Nettleton, 2004).

One of the key issues associated with health information on the Internet is the quality of information. While health consumers have greater access to health information, it can sometimes be of questionable merit. The way, in which this information is evaluated and used, can be both positive and negative. Regardless of the quality of information found on the Internet, many people are quite trusting of the information and advice available. With so much information available, at times conflicting information, it is often difficult to make an adequate evaluation of the information as to whether or not it is reliable. People can be easily swayed in terms of the quality of information when it is presented in an attractive or professional format. The visual features influence the individuals' ability to discern between what is quality information and what is not. The results of such access to health information are that health consumers have developed more confidence to challenge the discourse of their health care with their physician (Sillence et al. 2007).

The quality of health information in relation to CAM can also be quite mixed. While there are many websites declaring the benefits of CAM, there is a lack of information about the risks of some therapies. One such example is the use of St. John's wort. St. John's wort is widely marketed on the Internet for use in the treatment of depression. There is some evidence that St. John's wort is effective in controlling the symptoms of depression in some people, and it has become a common form of treatment for many people. The issue associated with St. John's wort is that it can interact with allopathic medications with the potential to cause harm. The quality of information on consumer websites about the risks associated with the use of St. John's wort is often quite poor, which suggests that health consumers may not have enough information in order to make an adequately informed choice. As many patients do not discuss their use of CAM with their allopathic physician, this can have serious impacts on the patient, as well as implications for other stakeholders involved with the use, sale and production of such products (Thakor et al. 2011).

In addition to quality of health information on the Internet, the frequency of self-diagnosis is increasing as a result of patient dissatisfaction of medical professionals. The use of health information can be empowering for as patients as the information can prepare and assist them when seeking advice from an allopathic practitioner. Online health information is also sought as a response to the brevity of face-to-face medical consultations and the limited amount of information provided during the consultation. Similar to the use of CAM, the use of the internet for health information is a response to the unmet needs of the patient as a result of failure within the health care system (Broom 2005; Tustin 2010).

While self-education via the Internet can be viewed as a powerful resource for empowerment by enabling people access to be responsible for their health, this can also have both positive and negative effects on individuals. By using information for self-awareness of health conditions it can facilitate better health outcomes by taking proactive steps to improve health (Broom 2005). The downside to this is that access to a broad variety of information of varying quality has led to an increase of health anxiety. Health anxiety can occur when an individual fears or believes that they have a serious illness which is often the result of a delusion or misunderstanding of symptoms or sensations that an individual experiences (Alberts et al. 2013).

One aspect of health anxiety relates to susceptibility of absorption and fascination of health issues. In its extreme form, this is known as hypochondria. With access to large volumes of information on the Internet combined with a move towards self-care, health responsibility and increased health literacy, extremes of health anxiety are not uncommon (Jasper & Witthöft 2011). Internet related health anxiety is known as cyberchondria, where health anxiety is perpetuated and intensified due to the propensity for self-diagnosis and overwhelm of health related information. While health care is a priority for many people and seeking methods of maintaining or improving health is generally considered as positive for health responsibility, exposure to conflicting, complex and often unreliable information fuels health anxiety when individuals misinterpret or fail to evaluate and synthesis the information to distinguish between fact and fiction. Individuals who utilise internet resources to actively self-diagnose, rather than seek general health

information, are at higher risk of internet related health anxiety, or cyberchondria (Muse et al. 2012).

In conclusion, the risk of health anxiety may be increased through the use of Internet to self-diagnose and self-treat health conditions. The risk of misdiagnosis or misunderstanding of health information on the Internet is also heightened given the inconsistency of accuracy of information combined with varying levels of health literacy of individuals. While the Internet is a useful tool to empower the individual on a broad range of health issues, there is a concern that it may prompt health anxiety and unpredictable health outcomes. The use of CAM as a treatment response to self-diagnosis may be of benefit to some individuals but can also carry risks, particularly where there is inadequate or conflicting information, or where the individual is receiving treatment for underlying medical conditions.

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