



Why Disinformation Works. How Otherwise Reasonable People can Ignore Facts and Believe Purposeful Mistruths. What Next?

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Commentary

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Introduction

I'm writing today to offer what has become an annual update in these pages to growing concerns about misinformation, disinformation and the harm they cause to individuals and the public health. I'll review those concerns, attempt to provide a partial explanation for how this can happen, and add my new concern that the advent of "AI" artificial intelligence compounds the issues and multiplies the risk. I will conclude with a call for action that using the filter of principles of bioethics, I now see is overdue.

The reader may now be asking - what is he talking about? To set the stage, please continue. Misinformation is incorrect or misleading information. Disinformation, according to Merriam-Webster, is "false information deliberately and often covertly spread (as by the planting of rumors) in order to influence public opinion or obscure the truth". Disinformation is often the tool of choice in the lead-up to political takeovers and a business tactic to undermine competition. Both refer to false information, however disinformation one often need only seek those who benefit from the change to see the likely source of disinformation. Others may engage in these approaches to drive change or undermine perceived control by others. When utilizing misinformation and disinformation all these purposes are unethical and potentially illegal. When the purpose is clouded through a filter of politics and multiplied by social as well as traditional media, the damage can be even more serious as the resulting "beliefs" are strongly held and the doubts created undermine our collective progress - and in this case, health [1,2].

To look closely at these twin destructive strategies, we need to first identify the areas (especially health related) where misinformation and disinformation have the most potential for harm. The first that often comes to mind here is vaccine avoidance. The latest example we've seen is those choosing to avoid vaccines for Covid19. In doing so they put themselves and those around them at greater risk of contracting the virus, hospitalization, and death. The data collected here in the US and around the world have consistently confirmed these facts [3]. So, the evidence is clear that those choosing to forego (free) vaccines are increasing their risk and that of those they are in contact with in their lives. This becomes complicated for many reasons; one primary reason is because risk is variable. When we approach a problem from the perspective of population health, we need to both acknowledge this and plan accordingly. An average adult has one degree of risk, a person who is immune compromised because of treatment for another condition, or the presence of another disease may incur multiples of that risk - obviously a challenge. Imagine you are a child or adult who has compromised immunity, how do you maneuver public places (school, work, shopping, church, etc. knowing there may be those present who pose a risk to you because of lack of vaccine. To see how this issue can drive population health just look at places in the world that don't have herd immunity for childhood diseases and resulting travel implications [4].

Additionally, a group of individuals have identified the use of strategies proven to avoid contagion (mask use, social distance, and increased ventilation) and disease in some way violates their rights [1]. US law on this topic has for years relied on the decision of the Supreme Court at the time of the 1918 Influenza Pandemic. The Jacobsen decision clearly



supports the responsibility of public health (Government) to act to require action to protect the public (in that case to accept vaccine). This has been widely studied since then and deemed to be ethical under a principled approach I'll address shortly. This addresses the issue for public health contagions, but it also has implication for chronic diseases where a segment of the population object to healthcare providers impinging on their 'rights' by stating facts about the addictive and harmful nature of things like tobacco, or the potential harm when misusing some foods, beverages, and alcohol.

When we look at primary risk factors for key causes of disability and death like heart disease, stroke, diabetes, cancer, Alzheimer's disease, and others; they all include lack of regular good nutrition and physical activity (overweight and obesity). It is worth noting that these conditions contribute to most of the top ten causes of death, much of disability impacting employment (including absenteeism and presenteeism) and resulting personal and financial challenges in families across the spectrum [4]. You can clearly see that misinformation about these risk factors are a contributing cause to the resulting death, disability, healthcare consumption and family financial challenges.

So back to my reasons for writing today, including that nagging question of why otherwise reasonable people choose to believe misinformation and disinformation and suffer the consequences. Part of the answer comes from a talk I recently heard by Dr Alex John London PhD, K&L Gates Professor of Ethics and Computational Technologies at Carnegie Mellon University. Dr London reminded us of the lessons learned in the middle of the twentieth century by studying the KGB. They learned that when you use misinformation and disinformation (an untruth) repeatedly in a confident tone several times in proximity, many (some say most) people begin to accept it as truth. In fact, the KGB also showed that when information is disseminated this way people resist hearing contrary information - even if it is demonstrable facts [5]. Finally, I had some science to point to why some people come to believe things that are harmful to themselves and those they care for in the face of facts to the contrary. Clearly this doesn't answer all the questions but it does explain why the advent of social media and some "news" outlets and podcasts coincided with growth in challenges to address the public health. Many of us naively saw some of these exclusively as resources for good; obviously others see the potential for the opposite.

This leads me to my concluding thought, also tipped off by Dr. London. We are seeing geometric growth in the use of artificial intelligence "AI" across communication strategies. One of the key sources of data and information to train AI tools is the internet. This would be a calming thought, except

we already know the internet is home to many biases and prejudices based on gender, race, national origin, age, profession (or lack thereof), etc [6,7].

So once again we are faced with a question of "where do we go from here?" My very firm response is only where principles of ethics take us. It must be a requirement that principles guide the development of tools we use, rules we use, and our definitions of improvement and success for evaluation. Today I call on all media (including social media) and the owners and developers of "AI", as well as government policymakers to use the following principles to assure misinformation and disinformation (especially regarding health) are eliminated or at least minimized [8]; that elected officials and other political leaders use these to assure statements are based on facts; and that professionals (especially those related to health) insist on a filter that assures identification and elimination of bias (to avoid the resurrection of bias we think we've already dealt with) of principles when educating the public about all these issues I've addressed here.

These principles include [9]:

Autonomy: The respect for individuals exercising a right to informed decision making requires that facts inform those decisions. Repeatedly exposing them to someone's opinion that is based on fantasy or falsehood is a violation of the next principle.

Beneficence: The principle calls on all who participate in the health system to do so to "do good" and benefit all with their participation and knowledge. This goodness sometimes requires the investment of resources to evidenced-based interventions to achieve the good. This principle causes us to ask further: Can we expect various media to also intend good? What are their benefits of repeating lies? Is the intent to show that the individual is engaged in trying to fool their audience? This can be achieved in many ways without repeating the lie, which we now see can clearly cause damage approaching and including death.

Non-Maleficence: More commonly known as the principle to "do no harm," calls on all of us to avoid harm whenever possible. When the policy itself can be a source of harm it is unethical at its core. This principle causes us to ask further: Is this too high a bar for various media? This may be worthy of discussion as ignoring the predictable damage of repeating the content of lies could violate many principles, this one in particular.

Justice: What we often call the "Fairness Principle," calling on us to focus on the "All" as in "All are Created Equal". Is it ever fair to expose people to information (sometimes repeatedly) that is known to be false? How can we then expect them to make good decisions for themselves and their loved ones related to essential components of life like health behaviors, and accessing healthcare (or voting) when we knowingly allow repeated falsehoods?

A last thought, I was surprised recently when I reported a social media post about vaccines that I know to be false, the response was “it doesn’t violate Community Standards”. My response is that lies should always violate “Community Standards” of news, or social media. Otherwise, these tools with such potential for good may just turn into contributing causes of health and social decay. It is essential for our collective future that we take steps to add guardrails to social media and other sources of communication that act as or aim to be news sources. We have a growing body of evidence of the damage done through misinformation and disinformation. Absent a principled approach, the individual, family, and societal damage is predictable. Media owners, program producers, public health leaders and Policymakers take note, the alternative is to allow the KGB lessons to drive our future.

In closing some advice I’ve always tried to follow: First and always, be truthful.

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