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Health information in age of social media and influence

Improving health discourse needs attention to information environments where trust can grow.

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Social media influencers have entered the healthcare conversation. Raffael Heiss and colleagues' analysis highlights the growing trend of medical advice shared by social media influencers and raise vital concerns (doi:10.1136/bmj-2025-086061).¹ The article describes how health conversations now unfold in commercialised spaces that mix expertise, entrepreneurship, and entertainment, exposing users to bias and potential harm. They identify four overlapping biases—limited expertise, industry influence, entrepreneurial interests, and personal belief—and call for stronger governmental regulation, platform moderation, and improved digital literacy.

These are essential steps, but health discourse cannot improve without attention to the architectures of influence that structure our information environment.² Digital platforms, clinical encounters, and community spaces, both online and offline, shape what people see, believe, and do, including how evidence is negotiated in clinical consultations.³ Recognising this helps explain why interventions must consider online architectures, user behaviour, and offline encounters.^{4 5}

Developing “influence literacy” clarifies how visibility, affect, and credibility circulate across digital platforms, clinical encounters, and community spaces.⁶ The power of influencers extends beyond persuasion to the ecosystems of influence that arise from the interplay of technology, commerce, and collective sensemaking and can reinforce or undermine shared understandings. The result is that the patient and clinician can sit in the same examination room yet inhabit entirely different worlds.

Influence in digital communities

Heiss and colleagues recognise that patient influencers can create supportive spaces for stigmatised groups. Networks of interest or identity based communities such as those for myalgic encephalitis/chronic fatigue syndrome or other chronic conditions, can empower members through support and validation, making information part of personal and collective identity. However, they also risk amplifying unverified claims or deepening exclusion from mainstream care. Influence is sustained by participatory communities and shared experience rather than a single figure profiting from a following.⁷

Even as prominent influencers disappear or are banned, communities regroup and reproduce similar narratives, norms, and values elsewhere.⁸ Influencers are only one component of a resilient “distrust ecosystem.”⁹ Without social support from the digital communities, counter-messaging, such as fact

checking or information campaigns, even by health worker influencers, rarely works.

Clinicians witness this daily.^{5 10} Patients present with ideas shaped by online communities, from detox regimes and “natural” cures to viral videos about birth and immunity. Debunking a claim rarely changes minds if the surrounding discourse stays intact. The task is not to argue but to tap into cultural humility and decision aids to clarify values and rebuild shared understanding.

As Heiss and colleagues outline, the EU Digital Services Act and Italy's influencer code are starting to regulate influencer health content.¹ Similar measures are emerging elsewhere. For example, Australia bans paid health testimonials; India requires qualified health influencers to disclose credentials; the United Arab Emirates licenses health related promotion; South Africa requires clear sponsorship disclosure and evidence based claims; and China permits health content only from qualified professionals verified by platforms.^{11–15} Evidence of their actual enforcement and effectiveness remains limited.

But regulation and moderation alone cannot sustain public trust. Information environments and pathways must be designed to nurture dialogue and reflection rather than simply managing harm. Platforms should reward trustworthy information, highlight sources, and make recommendation algorithms visible.¹⁶ As evidence on harms builds, calls for platforms to invest in mitigation will grow.

Influencers straddle the intersection of expertise, marketing, and entertainment. Many build audiences through familiarity and personal branding, which makes advice feel authentic and persuasive. Some turn debunking into performance: split-screen “duet” videos where one user publicly dismantles another's claims, mixing correction with entertainment.

On social media, platforms profit more from attention than clicks.¹⁷ Unlike a bookstore that earns only when you buy, a platform also earns when you linger, more like a taxi meter. Engagement, not accuracy, drives visibility, as emotionally charged or moral content circulates more widely than evidence based information.¹⁸ The result is an information ecosystem that rewards certainty and outrage over reflection and trust, distorting norms, values, and perception of risk.¹⁹ Because influencers and the design of the environment interact, addressing influencers' impact requires consideration of both content and context, messenger and medium, and architecture and relationships.^{4 6}

Practitioners need support to improve health discourse

Every clinical consultation now takes place within a wider information environment⁵ that shapes patients' beliefs and emotions. Asking about patients' online exposures, associated feelings, and questions raised can open dialogue instead of confrontation. Jointly reviewing a health app or discussing how to assess online claims can be as practical as explaining treatment options.²⁰

Shared decision making must evolve for the digital age, supported by health systems providing tools, remuneration, and support for clinicians.⁴ This could include screening for health information ecosystems at the point of care, as with other social determinants of health²¹; extending social prescribing into digital spaces with clinician endorsed forums²²; or certified or clinician supported peer discussion spaces.²³ Digital community health workers can help people assess and contextualise health information while linking them to programmes and services as needed.²⁴ The key is structuring interventions around people's information environments; like exposure to physical environments, information exposure shapes health, and it deserves similar care.⁴

Influence is now ecological, arising from the interplay of technology, commerce, and collective understanding.¹ Strengthening public discourse about health means clinicians and policy makers must now attend to the information ecosystems where users make meaning.⁶ Regulating and moderating platforms and influencers is necessary, but fostering trust through verified communities, clinician endorsed forums, and participatory public health campaigns will be indispensable.

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