## Evidence, information and misinformation



SAMANTHA HOLLOWAY Academic Editor, Wounds UK; Reader, Programme Director, Cardiff University School of Medicine, Cardiff

I'm sure we all hoped that the start to 2021 would be better, yet we still find ourselves in the midst of the COVID-19 pandemic. Not a day seems to go by without more evidence or information emerging about how to manage patients with COVID-19 or developments in terms of vaccines. This provides hope moving forward. However, misinformation or disinformation is also rife, leading to confusion and information overload. So how do we navigate our way along this misinformation highway?

The World Health Organization (WHO) has developed a useful guide to identify information and misformation – '*Let's flatten the infodemic curve'* (WHO, 2020). While the guide is intended to help navigate the coronavirus '*infodemic*' specifically, the proposed tips provide a useful reminder for evaluating information (evidence) we encounter in relation to caring for individuals with wounds. The top tips include to assess the source of the information; go beyond the headlines; identify the author; check the date; examine the supporting evidence; check your biases; turn to 'fact-checkers'

There are two tips that I'd like to focus on to explore how they might apply to interpreting information related to wound management. Firstly, the need to examine the supporting evidence.

In relation to healthcare, the definition of evidence-based medicine (EBM) as proposed by Sackett et al (1996) is as follows:

## 'the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients'.

The best evidence to guide interventions for individuals with wounds is often criticised as being weak, but that view seems to be largely based on there being a lack of randomised controlled trials, which is of course an important observation. Yet this view may ignore the fact that there may be well-conducted, real-world evaluations that can provide clinically important findings. We also need to be cognizant of the other guiding principles of EBM, which includes the role of clinical expertise (judgement) as well as patients' values and preferences (Guyatt et al, 2004). But how do we know what these values and preferences are? An initiative working to address this is the James Lind Alliance (www.jla.nihr.ac.uk), which focuses on priority setting between patients, carers and clinicians to inform the precedence for subsequent research. For example, a current Priority Setting Partnership (PSP) is working on defining the top 10 research priorities in amputation surgery (Bosanquet, 2021).

The second aspect of navigating the infodemic that struck me was the notion of fact-checkers, which WHO (2020) describes as organisations an individual might turn to in order to check the accuracy of information. So, what factcheckers are available for evidence on wound management? Primary sources might include the Cochrane Library (www.cochranelibrary.com), UpToDate (www.uptodate.com) and the National Institute for Health and Care Excellence (NICE; www.nice.org.uk). Equally, specialist associations, such as the Tissue Viability Society (TVS; www. tvs.org.uk) or the European Wound Management Association (EWMA; www.ewma.org), also offer a range of easily accessible evidence. Journals such as Wounds UK also play an important role in disseminating evidence via literature reviews, original research, clinical audits, practice development articles and case studies. These are all expert/peerreviewed sources of information. Social media can also be a great source of information if sources are chosen carefully, so consider who you should follow.

Finally, think about becoming a 'fact sharer' to disseminate best practice information and, where needed, challenge misinformation.

Bosanquet D (2021) 25 January. https://twitter.com/davebosanquet/ status/1353626441238392834?s=09(accessed 29January 2021)

Guyatt G, Cook D, Haynes B (2004) Evidence based medicine has come a long way. *BMJ* 329:990 doi:10.1136/bmj.329.7473.990

Sackett DL, Rosenberg WM, Gray JA et al (1996) Evidence based medicine: what it is and what it isn't. *BMJ* 312:71 DOI: 10.1136/bmj.312.7023.71

World Health Organization (2020) Let's flatten the infodemic curve. WHO, Geneva, Switzerland. https://www.who.int/news-room/spotlight/lets-flatten-the-infodemic-curve (accessed 29 January 2021)