

Use of Internet for health issues: Potential for Cyberchondria

Nida Yazdani¹, Atta Abbas^{1, 2, 3,*}

1. Faculty of Pharmacy, Ziauddin University, Karachi, Sindh, Pakistan

2. Department of Pharmacy, Health and Well Being, University of Sunderland, England, United Kingdom

3. Department of Pharmacy, Clifton Hospital, Karachi, Sindh, Pakistan

***Corresponding Author:** Nida Yazdani, Faculty of Pharmacy, Ziauddin University, Karachi, Pakistan, Email: yazdani.nida@gmail.com

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ABSTRACT

The opinion is geared towards reminding that people are limited by their own biases as well as the chaotic environment of the web when they try to gain medical help through internet while it urges the doctors and nurses needs to get over labeling patients as cybercondriac and eye rolling as that is only going to make patient care that much harder. The idea is to guide the patient with their net browsing to sites that are peer-reviewed and contain evidence-based information.

Keywords: Cyberchondria, Public Health.

1. INTRODUCTION

Cyberchondria is fast becoming a ubiquitous threat; it is described as a condition in which individuals browse through web to gain knowledge of their illness or in many cases believed to be illness. Convinced of their illness, they get obsessed with solving the medical problem themselves with further browsing leading to escalation of concerns which are more often than not tenuous as one can never be sure of the reliability of those sites. Either web browsing is helpful or precarious for searching about one's health is not a novel issue but arguing about it seems to be a moot point, it's a popular exercise practice in all parts of the world, rich or poor, black or fair and according to the present trend will continue to pursue as the increasing internet technology becomes more omnipresent.

2. DISCUSSION

The internet is principally tricky since it consists of flood of information and that only at just a click of mouse, so individuals habitually go to different sites instead of a doctor for a cheap and speedy diagnosis. It sounds superfluous, but it was a revolution in medical practice and is here to stay.

There is no doubt that people regularly profit from some sites. The internet is full of first-rate health content where people can not just seek information about their health but also share their experiences, gain counsel, encouragement and at times shoulder to cry on. It is also vital for doctors and health professionals to understand that people in genuineness are doing the utterer best thing for them or at least what they assume to be the best for them and that it is highly de-motivating to label all a nuisance and totally disregard their brought-in information. The ideal way to manage this would be that when one walks in the exam room with various confused, improperly organized data the health professionals provide them with their own perceptions and redirects them as opposed to discrediting it entirely, this will go a long way in building doctor-patient relationship and ensuring patient compliance.

A study by UK law firm Irwin Mitchell® found that, even when it came to their children's health, mothers were more likely to use Google® as their first port of call for medical advice, reasons for favoring online internet over visit are many such as it has no location boundaries, everything is available 24/7 and is just a click away (Susannah Guthrie, 2014).

Scientists have warned that individuals do a particularly poor job when asked to work out their own chances of having any particular ailment. This misdiagnosis is either due to self-positivity, where they overestimate oneself or self-negativity, where it is the reverse case. (Mail Online health, 2012) People being more prone to either negative or positive information proves that psychology is just as much at play as technology and hence they need to learn the use of proper net and creditable sites to weed out the best information and then visit their doctor for conformation because no matter how much one reads on the net, he or she is not ultimately a doctor. Moreover, medical diagnosis is a very sophisticated task that takes into account several factors such as; co-morbid conditions, drug-interaction, food-interactions, disease-interactions, sets of symptoms, their own suspicions and probabilities and of course and interactive dialogue with their patients which by the way a machine is not so good at weighing and customizing.

It is now a recognized fact that more knowledge does not necessarily means better care however a better question to ask here is what health professionals from various fields can do to transform this happening to better public health. The challenge here is to exploit this technology to society's advantage to have healthier society as oppose to an anxious hysterical one.

3. CONCLUSION

The situation is exasperating: having more knowledge on one's side does not necessarily lead to best of decisions especially if its creditability is also in question. All the overwhelming information is drowning one into a tsunami of kilo and zeta bytes of data before one is able to make sense of it all. Patients too have a responsibility to be smart in their searches only then will the browsing be recognized as productive and not counterproductive.

CONFLICT OF INTERESTS

The authors declare no conflict of interests exists.

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