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Cite this as: *BMJ* 2021;375:n2473<http://dx.doi.org/10.1136/bmj.n2473>

Published: 13 October 2021

ACUTE PERSPECTIVE

David Oliver: When doctors are accused of faking covid experiences

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In the pandemic we've seen repeated instances in social media, radio phone-ins, and newspapers where some members of the public, with little healthcare experience or specialist knowledge, deny point blank and challenge the stories and professional expertise of clinical staff who have cared for patients with covid-19. It's part of a wider pattern described by leaders of the clinical royal colleges as a "sinister tide of abuse" towards NHS clinical staff,¹ compounded by violence.²

Among the people admitted to hospital with severe respiratory failure from covid-19 pneumonia who have subsequently died, some had previously held strong anti-vaccine beliefs. Once critically ill, some have changed their minds and shared their stories on social media as a warning. In some cases the doctors involved in treating them have received replies saying that photographs were staged or that the doctor was exaggerating.³

When clinical staff are told that everything we've lived through and experienced throughout the pandemic is a lie, or an illusion, it's almost a form of "gaslighting."⁴ For doctors who have witnessed distressing scenes and have come into work daily at personal risk of infection and serious illness, this is demoralising.^{5,6}

Other examples include repeated accusations that doctors are falsifying death certificates of people they looked after; that most of those patients died from other conditions and only "with" covid-19; or that most people with a covid diagnosis really just had a "false positive" test, despite the clinical features we could see.^{7,8}

We've been accused of withholding apparent "wonder treatments" such as ivermectin, vitamin D, or hydroxychloroquine, despite limited or null evidence for these from high quality randomised controlled trials.^{9,10} We've been accused of pushing "experimental" or "untested" vaccines with alleged high rates of harm and death—despite the tens of thousands of trial participants, the millions of people now vaccinated, and the clear reductions in mortality, illness severity, and hospital admissions from covid.^{11,12} The core motivation for all of this seems to be a disdain for public health protection measures, such as behavioural restrictions, lockdowns, or the vaccination programme.

But what to do? Research on approaches to anti-science denialism, disinformation, and conspiracy theorists suggests that trying to tackle accusations head on just entrenches positions and is seen as further proof of some kind of conspiracy. As the Frameworks Institute concluded in a 2019

report,¹³ "correcting misunderstandings does not correct misunderstandings."

In general I suspect that, to protect our own emotional and mental wellbeing, the best approach is to avoid reading the abuse altogether and not engage, as it won't solve the problem and will leave us more upset. Instead we should focus on putting out credible, measured information and evidence to the rest of the population—for whom, despite the pandemic, levels of trust in doctors and nurses, and support for the health service, remain fairly high.

Competing interests: See bmj.com/about-bmj/freelance-contributors.

Provenance and peer review: Commissioned; not externally peer reviewed.

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