



**David Kerr**  
Editor

## ***Googled yourself lately? Your patients probably have***

**“The internet is an open sewer, it’s untreated, unfiltered information. But because it comes with this technological package ... you know, it’s science.” – Thomas Friedman**

The pharmaceutical industry suffers frequently from a metaphorism – the application of unsuitable and unsavoury metaphors to describe its approach to marketing. Furthermore, the recent non-problem of a lethal H1N1 influenza epidemic has raised concerns about the impact of vested interests in the arena of medical therapies for common conditions (Watson, 2010). Fortunately in Europe, we have not adopted the US policy of allowing direct-to-consumer advertising of pharmacological therapies.

Over many years diabetes therapies have historically been influenced by fashion, charlatans and quacks as well as occasional good science (Tattersall, 2009). Unfortunately, quack therapies are now having something of a renaissance fuelled, in part, by the internet.

For example, living with painful diabetic neuropathy can be especially difficult. Anecdotally, a clinic specifically for this dreadful diabetic complication appears to have the lowest failure-to-attend rate of any, although most people seen are rarely completely relieved of their unpleasant and perplexing symptoms. We are not helped by the published research as nearly every study uses end-points of a reduction in pain of 50% or average daily pain, and almost never the abolition of pain (Gilron et al, 2009). Nowadays, the most commonly uttered phrase in my neuropathy clinic is “I saw this on the internet”.

In the near future, part of the appraisal process for healthcare professionals is likely to include feedback from patients, even though this lacks a robust evidence base (Kerr, 1999). However, there is now a new form of assessment: “Googling” ourselves to find out what patients are saying about us on physician-rating or social networking sites (Jain, 2010). I, for one, am no longer surprised to see my recent consultations described for the world to see on someone’s internet blog. I have also found some comments ascribed to me in relation to the US healthcare system on the site *Sarah Palin Truth Squad* (remember her? [sarahpalintruthsquad.wordpress.com](http://sarahpalintruthsquad.wordpress.com)).

The advantage of patient-reported assessment is that people will describe their perceptions of the consultation and their take-home messages. It may change the way we practice. The difficulty will be what to do with the clinician who provides excellent evidence-based care, but this is not recognised (or appreciated) by the recipient. At an extreme level, could such reviews encourage some people to develop an unhealthy interest in named individuals?

As with most things on the internet, the lack of regulation can be problematic. Rather than allowing this to develop unchecked, perhaps Diabetes UK or another august body may end up promoting online discussions of doctors and nurses delivering diabetes care, but with an element of censorship?

A greater anxiety will be if patients are directly schmoozed by the charms of the snake oil salesman and “demand” treatments that are unproven or expensive but which feature early in a Google search. Rather more worryingly will be when the patient has heard (and believes) the marketing of a new drug, and the clinician fails to (or cannot, because of local rationing) prescribe the miracle cure and venom is released on the worldwide web. On a flip side, could rave online reviews from patients one day deliver clinical excellence awards?

On a different note, on behalf of *Diabetes Digest* I would like to welcome Professor Naveed Sattar as the new Section Editor for type 2 diabetes alongside Roger Gadsby. Professor Sattar is a well-respected figure in the world of diabetes care and I am sure his experience and expertise will prove invaluable to the journal.

Gilron I, Bailey J, Dongsheng T et al (2009) Nortriptyline and gabapentin, alone and in combination for neuropathic pain: a double-blind, randomised controlled crossover trial. *Lancet* **374**: 1252–61

Jain S (2010) Googling ourselves – what physicians can learn from online rating sites. *N Eng J Med* **362**: 6–7

Kerr D (1999) Is appraisal the answer to ‘dodgy docs’? *Employing Medical and Dental Staff* **15**: 10–11

Tattersall R (2009) *Diabetes: The Biography*. Oxford University Press, Oxford

Watson R (2010) Politician accuses drug companies of overplaying dangers of H1N1. *BMJ* **340**: c198

**David Kerr** is Consultant Physician and Visiting Professor, Bournemouth Diabetes and Endocrine Centre, Royal Bournemouth Hospital, Dorset.