The rise of internet derived information obstruction treatment (IDIOT) syndrome in Pakistan.

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Abstract:

Few decades ago, when there was no internet the management of the patient was entirely based upon the clinical examination, clinical investigation and diagnosis by the doctor. However, with the availability of internet and easy approach to smart phone has led to the introduction of a new element into the management of patient. This new element is information derived from internet by the patient or his/her family members.

Keywords: : IDIOT Syndrome, Internet derived information, Pakistan, Health care

Few decades ago, when there was no internet the management of the patient was entirely based upon the clinical examination, clinical investigation and diagnosis by the doctor. However, with the availability of internet and easy approach to smart phone has led to the introduction of a new element into the management of patient. This new element is information derived from internet by the patient or his/her family members.

In the modern digital landscape, where it is easy for anyone to own a smartphone, computer, laptop, or tablet, there has been a notable rise in the prevalence of internetderived information obstructing treatment (IDIOT) syn-drome.¹ This may be attributed to the rapid increase in internet usage and the adoption of information and communication technologies (ICTs) across all sectors, likely leading to a potential rise in anxiety; and/or when an individual either self-medicates or abruptly discontinues a previously prescribed medication for their medical condition. IDIOT syndrome arises when patients abandon their treatment due to a blind trust in online medical information. The World Health Organization (WHO) defines this infodemic as "too much information, including false or misleading information in digital and physical environments during a disease outbreak" .² It fosters doubts and behaviors that involve taking risks and jeopardizing health, which is a significant and escalating issue in healthcare: the impact of misinformation and unverified medical information sourced from the internet, particularly in developing countries, including Pakistan.^{3,4} A recent report indicates that Pakistan has over 130 million internet users, making it the 7th largest population of internet users globally. Overall, the country's internet penetration rate stands at 54%, with approximately 66% of internet users residing in urban areas, while 47% live in rural regions.⁵

The ever-increasing use of the internet in the country and the consequent rise of IDIOT syndrome can obstruct effective treatment and healthcare delivery in several ways. The internet offers a wealth of information about diseases,

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treatments, and vaccines, and this platform has, of course, proven useful for health promotion. However, studies have also indicated that false and/or misleading health information can spread more easily than scientific knowledge through the internet.^{6,7} Consequently, the internet is often considered rife with false health information, including myths about diseases, treatments, and vaccines. In developing countries such as Pakistan, where access to verified medical information may be limited, these myths can quickly proliferate and be accepted as truth.^{4,6} Individuals with less technical knowledge or awareness about misinformation (particularly in rural areas, especially women) may be even more susceptible to this menace. Many websites and social media platforms promote unverified and potentially harmful home remedies that can be used instead of or alongside prescribed treatments, leading to adverse health outcomes. This results in an erosion of trust in healthcare professionals, as patients may distrust or question the advice of healthcare providers if it conflicts with information they have found online, thereby undermining the doctor-patient relationship.⁸ Some individuals might prioritize information from internet sources over professional medical advice, leading to self-diagnosis and selftreatment, which can be dangerous or even fatal! There may be an unnecessary delay in seeking a medical professional's consultation because they believe they can manage their condition using information found online. This can result in worsening health conditions and lead to complications. Furthermore, the promotion of alternative medicine and treatments that lack scientific validation can divert patients from effective conventional therapies.⁹ In the Pakistani demographic landscape, where poverty is on the rise (the World Bank reports that the poverty rate in Pakistan is 39.3%, with 22% living below the poverty line¹⁰, the underprivileged can easily be attracted to substandard yet cheaper treatments.

Impact on Public Health Initiatives:

Misinformation about vaccines, including false claims linking them to autism or infertility, can result in vaccine hesitancy and decreased vaccination rates, undermining public health efforts to control infectious diseases. Incorrect information regarding public health measures, such as the effectiveness of mask-wearing or social distancing during pandemics, can lead to poor compliance and obstruct efforts to manage disease spread. Developing countries, in particular, have less robust healthcare infrastructures and fewer resources to disseminate accurate health infor-

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mation widely. Additionally, lower levels of education and health literacy make it even more challenging for individuals to critically evaluate the reliability of information found online.¹¹ It is not surprising that with the increasing reach of the internet and mobile technology, misinformation can spread rapidly even in remote areas; various social media platforms are major sources of health misinformation, and their influence is growing in Pakistan.^{4,6,12} The high costs of healthcare or the lack of availability of certain medicines in remote areas can also drive individuals to seek cheaper, unverified alternative treatments found online.

Improving Health Literacy Strengthening Healthcare Systems:

Governments and non-governmental organizations (NGOs) can launch campaigns to enhance health literacy and educate the public on how to locate and verify reliable health information. Utilizing community leaders and local healthcare workers to spread accurate health information can effectively counter misinformation.

Establishing and disseminating credible, culturally appropriate digital health resources can provide the public with dependable substitutes for false information. An efficient way to combat false information is to collaborate with internet and social media firms to find and remove it while promoting accurate health information.

It might be helpful to teach medical staff how to properly advise patients about the dangers of false information and the value of following competent medical advice. Reducing reliance on less expensive online self-diagnosis and treatment choices can be achieved by improving the accessibility and affordability of healthcare. Pakistani and other governments have the authority to impose laws to prevent the dissemination of harmful disinformation online and to punish those who do so.

To lessen the effects of IDIOT syndrome, vaccination programs should be strengthened and vaccine reluctance should be addressed through open communication and community involvement. In conclusion, Pakistan and other developing nations face serious challenges in providing healthcare due to the problem of IDIOT syndrome. A multifaceted approach is required to address this issue, including public education on the use of the internet to seek for diagnosis and cures, improved access to trustworthy information, reinforced healthcare institutions, and successful public health policies. It is possible to enhance health outcomes and guarantee that people receive precise and efficient medical treatment by addressing the underlying reasons and lessening the influence of disinformation.

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