

## Summary of Public Comments Received to Inform the NAM Project on “Principles for Defining & Verifying the Authority of Online Providers of Health Information”

Between April 5 and April 9, 2021, the National Academy of Medicine (NAM) solicited public comments on a [preliminary discussion document](#) to inform its project on “[Principles for Defining & Verifying the Authority of Online Providers of Health Information](#).” The NAM received a total of 48 comments during this period. Five key themes emerged among these comments, which are summarized below.

### **Accounting for the Evolving Nature of Science and Knowledge**

Several commenters noted that science and medical care inherently involve experimentation and iteration, and thus are constantly evolving. One commenter voiced concern that guidance from the NAM project may “limit the sharing of new or varied approaches to care.” Another referenced a “replication crisis” in scientific and medical research (referring to the difficulty of reproducing primary experiments to achieve the same results), concluding that “primary research is not an appropriate source of trustworthy health information for the average consumer.”

### **Addressing Conflicts of Interest**

Commenters voiced concerns about people or organizations making statements or presenting information that may pose a conflict of interest. One commenter stated that those who “receive funds or profit from the creation or dissemination of health information” cannot be regarded as an objective authority. Another voiced a need for organizations, even those that have been “previously vetted or otherwise accredited,” to disclose conflicts, while another wrote this is the “most important” issue to consider. A related comment noted “unconscious bias in structures must be addressed.” The largest percentage of comments centered around this issue. One comment pointed out that there is no ethicist in the NAM project Advisory Group.

### **Importance of Parallel Strategies to Supplement the Elevation of Authoritative Sources**

Commenters noted that the NAM project Advisory Group should consider ways to address misinformation, as well as elevate authoritative sources of information. Furthermore, the group should consider ways to improve consumer education and health literacy so that members of the public are better equipped to assess information quality for themselves. Other commenters stressed the need to improve communication skills for credible sources of health information so that their content is more engaging and readily understood by consumers.

### **Protecting Free Speech**

Commenters also raised concerns that approaches to elevate sources deemed authoritative could place limits on free speech. One commenter noted “a serious First Amendment concern” if social media platforms were to remove information, and another stated that “this is very close to censorship and will limit the ability to share ideas and thoughts.”

### **Simplifying Information for the Consumer**

A straightforward system is needed to help consumers clearly and simply determine the authority of a source of health information, according to several commenters. One suggested a “‘seal’ of approval.” Another outlined a 1-to-5 “star method” that addresses bias and potential conflicts of interest when determining the authority of a source. A third commenter detailed the potential for categories that educate the online audience about the value and limitations of resources, such as outdated data or information that is not peer reviewed.

**DISCLAIMER:** This document was prepared by McCabe Message Partners, operating as an agent of the National Academy of Medicine (NAM). The statements made are those of individual commenters and do not necessarily represent the views of all commenters; the project Advisory Group; the NAM; or the National Academies of Sciences, Engineering, and Medicine. This document has not undergone scientific peer review.