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COMMENTARY

Paging Dr. Google

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See related article on page 100.

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We all do it. With the click of a mouse, tap of a tablet screen or touch of a smart phone, we access information. We do it to shop, to learn of current events and to keep in contact with friends and colleagues. In the clinic and the operating room, teachers and learners access health information daily. Patients and families routinely arrive in clinic requesting a second opinion after they've already had a private consultation with Dr. Google.

How reliable is health information on the Internet? Six years ago we published on the veracity of online information available regarding cryptorchidism.¹ Of 124 websites, only 35% were endorsed by a non-profit accrediting body, 77% did not provide references for the information provided and 48% did not identify an author for the content. Multivariate analysis showed that only accreditation status was associated with high quality content.

At that time, a 35% accreditation rate was an improvement compared to previous assessments of the content validity of urological websites.^{2,3} We predicted that accreditation rates would continue to rise as the Internet and its users matured.

The accompanying manuscript by Wong and colleagues, now, 6 years later, would suggest that our prediction was wrong.⁴ Looking specifically at urological websites in the 10 largest cities in the United States, the authors found that although most sites provided health information, only 3 of 78 websites displayed the logo signifying endorsement by the Health on the Net Foundation code of conduct (HONcode). Although the sites consistently provided the qualifications of the urologists and their intended audience, on the other hand financial disclosures, a distinction between advertising and editorial content, and supporting references were rarely if ever provided. In general, these websites, hosted by urologists, scored poorly when two validated online tools for assessing site reliability were applied.

It is tempting to smugly dismiss these findings as evidence of crass commercialization of medicine south of the border – something irrelevant to our own health care system. However, it is our responsibility to educate our patients regardless of what type of system we work in. If we are to do so online, we should ensure that the website we host and the content we disseminate has been vetted by an accrediting body. In addition to HONcode, the Utilization Review Accreditation Commission (URAC) is an independent non-profit organization which can help with this process.⁵ Its stated mission is “To promote continuous improvement

in the quality and efficiency of health care management through processes of accreditation and education.” The presence of a URAC Health Website accreditation seal assures users that the site they are visiting is a reliable one. To be accredited by URAC, a health website must meet 50 quality standards. Benchmarks include issues, such as privacy, content, disclosure, links to other sites and the policies and procedures of the organization behind the site. (I know this because I searched it online, so it must be true!)

Wong and colleagues suggest that in addition to using third party tools to improve the quality of urological websites, we should rely on our provincial colleges to help us.⁴ It would seem that for Canadian urologists, our own national organization would be a natural partner for anyone of us wishing to host a website. For example, the CUA Office of Education in conjunction with our IT committee could provide guidance and endorsement (possibly for a fee) in a manner similar to that for which CME accreditation is provided for CUA members hosting a conference.

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