



Why doctors should convey the medical consensus on vaccine safety

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Public confidence in vaccination is crucial to the success of immunisation programmes worldwide. Yet, growing vaccine hesitancy and refusal poses serious risks to public health. For example, a recent study found that although outright refusal is still relatively uncommon, in a typical month, over 90% of surveyed US physicians receive requests to delay childhood vaccines.¹

What is troubling is that most parental concerns about vaccine safety are based on influential misperceptions. Indeed, numerous studies have found that continued belief in the long discredited link between vaccines and autism significantly undermines public confidence in childhood vaccines.²⁻³ Unfortunately, many vaccine campaigns have proven ineffective and studies suggest that 'information alone may not be the answer'.⁴

So how can doctors effectively communicate with their patients about vaccine safety?

Recent research points toward a different type of information. Surveys of physicians and medical scientists have repeatedly indicated that over 90% of doctors agree that adults and children should receive all recommended vaccines.⁵ In other words, there is a strong medical consensus about vaccine safety that many patients may not be aware of.

This is important because people use consensus-cues to form judgments about health issues, especially when consensus emerges among a group of trusted experts, such as doctors. In fact, public perception of the level of agreement among experts acts as a so-called 'gateway cognition'.³ In other words, debiasing (ie, narrowing) the gap between people's subjective perception of the safety norm and the actual level of consensus on vaccine safety can boost vaccine confidence. For example, when participants in a recent randomised trial³ were told that 90% of medical scientists agree that childhood vaccines are safe, this not only increased people's intention to vaccinate their children, it also lowered perceptions of vaccine risk, and helped to correct 'sticky' misperceptions, such as the belief that vaccines cause autism.

One of the reasons why misinformation myths are so 'sticky' is because traditional corrections often repeat the misinformation in the first place, which typically

has the unintended consequence of reactivating and strengthening prior beliefs associated with the myth.⁶

Describing consensus, on the other hand, circumvents this problem altogether. On the downside, people's perception of expert consensus is easily undermined by anecdotal evidence. Indeed, the so-called 'false media balance' frequently distorts the weight of evidence on vaccine safety.²

Doctors have a unique responsibility to protect their patients from harmful misinformation. While the individual risks and benefits of vaccines should be openly discussed with patients, doctors should also administer an evidence-based attitudinal vaccine: that is, emphasizing to patients that there is a strong consensus in the medical community that vaccinations are safe, and that most doctors agree that adults and children alike should receive all recommended vaccines.

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