

# Let the User Beware

William A. Grana, MD, MPH

A few weeks ago I was at a meeting at which the subject of social and professional networking on the Internet was one of the topics of discussion. Almost without exception, everyone present (some 20 orthopedists and staff) noted an enormous proliferation in Web sites containing orthopedic content. Many of these are sites presented by industry or other commercial for-profit ventures by orthopedists and private investors to make money. Many of these sites are informational, and many also provide immediate feedback and interactive discussions of multimedia content with other users and authors. In the eyes of a number of orthopedic surgeons and residents, many of these sites have become the primary source of information on standard of care for clinical problems. Users view surgical procedures online and then perform them the next day without really knowing whether the procedures have undergone any peer review. Often the user thinks first of finding an answer and not of the credibility of the resource. These users want rapidly available information (3 clicks of the mouse or fewer) and are not concerned with whether the information has gone through a rigorous peer-review process such as the one this journal uses. The give and take of a freewheeling discussion has become more important than whether the technique or content has stood the test of time and is backed by careful evidence-based analysis.



The American Academy of Orthopaedic Surgeons (AAOS) and the American Board of Orthopaedic Surgery (ABOS) have devoted enormous resources, including volunteer time, to convince members, the practicing orthopedic surgeon, and residents to consider the source, the level of evidence, and the methods used to come to the conclusions presented before acting on the information. Unfortunately, many of these Web sites ignore these important parts of the learning process in order to sell a product or make a profit. Evidence-based approaches are the key to the reliability of content, not a slick video presentation with Facebook-style discussion. OMG!!

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Dr. Grana, this journal's Associate Editor for Sports Medicine, is Professor, Department of Orthopaedic Surgery, University of Arizona Health Sciences Center, Tucson, Arizona. He was President, American Orthopaedic Society for Sports Medicine, 2005–2006, and is Editor-in-Chief, Orthopaedic Knowledge Online (<http://www.aaos.org/oko>).

Address correspondence to: William A. Grana, MD, MPH, Department of Orthopaedic Surgery, PO Box 245064, Tucson, AZ 85724 (tel, 520-626-4024).

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In distinction, resources such as journal articles or the content provided by the AAOS have been scrutinized by a well-established peer-review process that includes 2 or more reviewers and editorial evaluation before they are allowed to see the light of day. The same cannot be said for a Web site that allows material to be uploaded with immediate viewing and response. The Wiki concept is seductive in its simplicity and requires little thought. It is disturbing to me to find medical students using Wikipedia as a reliable source and searching Google instead of PubMed.

Furthermore, many of these Web sites' publishers put a disclaimer up denying any responsibility for the credibility of the content or responsibility for the ownership of the intellectual content on the site. I could put up someone else's content as my own and be at risk while the profit-takers would have no obligation or liability in this process. I say let the user and the content producer beware of participating in such a process. It is just one more example of someone trying to take advantage of the doctor's need to get the right answer but without any care for assuring the reliability or credibility of that content.

The natural result of the current information process is what one of the participants in the meeting I attended described: operative notes in which the surgeon notes that the technique used was described by X on the Y Web site, citing this description as his authority for standard of care. Beware of making this fatal mistake for yourself and your patient. Please consider the source. Yes, these sites are fun and engaging but look for information about peer review and data on outcomes before you cite them in your operative notes. Better yet, take the time to perform a PubMed search and get some peer-reviewed studies to sustain your choice of care. ■