

Current literature

An annotated bibliography of articles relevant to the study and use of the Internet in the healthcare environment.

BMJ theme issue: Evaluating the quality of health information on the Internet

(*BMJ*, 9 March 2002

<<http://bmj.com/content/vol324/issue7337/>>)

The articles in this issue present a number of challenges to the orthodox view.

Information on the Web should not be treated as exceptional, and its quality is improving

The editorial by Shepperd and Charnock (p 556-557), proposes that information on the Internet does not require an exceptional response. Concerns such as readability and accuracy of content affect all types of information and solutions are also similar across types of media.

Pandolfini and Bonati (p 582-583) looked at the reliability of information on the Web for managing fever in children at home. They compared sites from a previous study in 1997 with current sites. They concluded that the 'quality of health information on the Internet has improved over the past few years'.

How health consumers really use the Web and how characteristics of a site really correlate to quality

Eysenbach and K hler (p 573-577) studied how health consumers actually use the Web and assess its content, via

Access all areas? Licensing and authentication on the NeLH

(cont'd from previous page)

Athens has an extensive development programme—major developments to watch out for are the acceptance of certificates as a means of user identification and integration with local authentication systems, such as a Lightweight Directory Access Protocol (LDAP) Directory Service which is being proposed across the NHS. More information on the use of the Athens AMS in the NHS can be found on the Web

<<http://www.athens.nhs.uk>>.

focus groups, observation, and interviews. Participants were successful in finding information. However they did not appear to check sections such as 'about us' and did not remember afterwards which Web sites and organisations they had found information from.

Meric and colleagues (p 577-581) identified Web sites on breast cancer. They assessed their popularity via rankings in search engines and a cancer expert checked the quality of information they contained. Many of the sites did not comply with *JAMA* benchmarks. The type rather than the quality of the content determines a site's popularity.

Kunst and colleagues (p 581-582) identified sites on five common health topics. They then compared three credibility features (source, currency, and evidence hierarchy) with the accuracy of the contents. They found that credibility and accuracy were only slightly or moderately correlated. They concluded that 'apparently credible websites may not necessarily provide higher levels of accurate health information'.

Kitemarking schemes are ineffective

Gagliardi and Jadad (p 569-573) reviewed 'award-like' Internet rating systems (an update of their 1998 study). Instruments were eligible for review if they described their rating criteria. They looked at the original instruments to see if they were still operating and used the same search strategies and selection criteria to identify any new instruments. Of the original eligible instruments, less than half were still functioning. Only a small proportion of the newly identified sites were eligible. None of these eligible sites were validated. The authors queried whether such schemes were 'needed or sustainable and whether they make a difference'.

Wilson and Risk (p 598-602) looked at a range of tools for rating the quality of health information on the Internet. They classified these tools into five broad categories: codes of conduct, quality labels, user guides, filters, and

third party certification. Examples of each category were described and the pros and cons summarised. They concluded that 'The greatest challenge is not to develop yet more rating tools, but to encourage consumers to seek out information critically, and to encourage them to see time invested in critical searching as beneficial'.

Terry and Stanberry (p 602-606) discussed aspects of the legal regulation of health on the Internet from a US and a European perspective. The agenda broadly covers: quality of information; cross-border medical and pharmacy practice; and privacy of medical records. Regulation of inaccurate, fraudulent, or dangerous information on the Web is extremely difficult. The real challenge is to develop new approaches for supervising online medical and pharmaceutical practice which will ensure the highest standards, but will not stifle innovation.

Bland and Altman (p 606-607) summarise how to establish whether a measurement, e.g. a Web site quality index, measures what it is supposed to measure, and how well it does so. Methods of validation comprise criterion validity, face validity, content validity, construct validity, internal consistency and test-retest reliability.

Education for Web site producers and users seems to be the way forward

The editorial by Ferguson (p 555-556) describes the 'net empowered medical end user'; the patient who is experienced in using the Web, very capable of assessing the information they find and creates online and offline networks for help and support.

The editorial by Purcell, Wilson and Delamothe (p 557-558) concludes that: 'Regulation does not seem like the right strategy for improving the quality of health information on the Internet. Other approaches, such as educating the producers of this content, look like a better long-term bet.'

Compiled by: Sue Childs, Editor
sue.childs@northumbria.ac.uk