Quality of Health Websites – Time for a Rethink.

Carol S Bond

Jaqui Hewitt-Taylor

Articles discussing the quality of health websites started to appear in the late 1990's. A systematic review into the 'Reliability of health information for the public on the world wide web' in 1997 concluded there was an 'urgent need' to check this web information for accuracy, completeness and consistency.

Fast forward nearly 20 years, and reviews of health websites are now concluding that the quality of the information is poor, incomplete and written at a level patients will not be able to understand. The description of the problem has developed in the intervening years, but the conclusions remain the same.

Rather than reviewing more and more websites and continuing to reach the same conclusion perhaps it's time to consider if the evaluations are wrong.

A review of the literature shows that commonly used tools to help evaluate the quality of websites are HONcode, DISCERN, LIDA and readability tools, with many people also creating their own tools.

As internet health information has evolved so have evaluation tools. The earliest was HONcode, which went live in 1996 and DISCERN was developed from a project that started in 1996. A common feature of all of these tools is an emphasis in the qualifications of the authors and their ability to provide evidence based, impartial, best practice information.

The majority of studies reviewing websites are carried out by researchers and healthcare professionals. There is a pattern of medical specialists reviewing websites in their area of expertise. The patient's voice is however often missing. Where this is

present on the websites being reviewed it is often overlooked as a distinct type of information within the context of the website, or worse dismissed as not being 'information' in the medical sense of the word, for example one review looked at information pages 'attached to discussion groups' but not at the discussion group elements of the website.

At the same time that quality evaluation tools were starting to be developed Tom Ferguson was starting to write about the emergence of lay health care consumers as active participants in online health networks, through the connectivity offered at that time e.g. bulletin boards and USENET. He concluded that lay care could offer higher quality care than professional care.

The debate over quality of information begs the question of who the information is for, and what they consider to be good quality. If, for instance, the criticisms leveled at websites include a concern over these being written at a level patients will not be able to understand, the best person to judge this is presumably the patient who can then chose to not use that website

More recent research has shown that people looking for health information online carry out their own quality checks, comparing information from a variety of sources, and valuing peer information as well as 'expert' information.

We can solve the problem of the quality of health information on the Internet by revisiting how reviews are carried out, by whom, and who's voice needs to be heard.