

# The 'Death panel' myth hard to correct: Researchers examine the effectiveness of fact checking

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(Medical Xpress)—More than three years after she coined the phrase "death panel," Sarah Palin's remark continues to inflame the debate over health care.

Her claim was that President Obama's plan would allow [bureaucrats](#) to determine whether seniors are "worthy of [health care](#)."

Three researchers—Peter Ubel of Duke University's Fuqua School of Business, Brendan Nyhan of Dartmouth College and Jason Reifler of Georgia State University—set out to discover whether media fact-checking could debunk the myth of death panels. What they found is that while there is nothing in the plan resembling a death panel, the myth is unlikely to go away any time soon.

Their study, "The Hazards of Correcting Myths About [Health Care Reform](#)," will be in the February issue of the journal [Medical Care](#) and is already available online.

The researchers set up an experiment in which people were given a news article about health care reform. For one of the groups, a correction was included in the article, which explained that nonpartisan health care experts found no evidence to support Palin's claim about death panels.

As expected, people who felt warmly toward Palin were more likely to believe in death panels.

When people were exposed to information refuting the death panel claim, however, the results were more surprising. People who like Palin but didn't know much about the political process believed less strongly in death panels when confronted with this information. Such a finding suggests the act of fact-checking such claims can improve people's understanding of policy controversies.

However, fact-checking didn't have the same effect on everyone. Respondents who liked Palin and were more knowledgeable about the political process actually came to believe in death panels more strongly after being presented with the correction.

"This 'backfire effect' complicates any efforts to overcome [misinformation](#) about health care reform," Nyhan said. "This quirk represents a fundamental problem of human nature—we are more apt to believe those things that we want to be true and disbelieve those things that we don't want to be true. When evidence and beliefs collide, it is easier to change how we view evidence than it is to change our beliefs."

Now, more than two years after the enactment of the Affordable Care Act, the longevity of the death panel argument helps explain why

implementing the law may be just as difficult as passing it in the first place. Ubel said one provision likely to receive special scrutiny is the Independent Payment Advisory Board (IPAB). Opponents are claiming the 15-person committee will have too much power over important medical decisions.

"The IPAB will consist of independent health care experts who are forbidden by law from proposing changes that will affect Medicare coverage or benefits or to 'ration' health care," Ubel said. Instead, the group will look at ways to cut unnecessary costs and will not be making any decisions about care for specific patients, he said.

Reifler said the persistence of the death panel myth could mean measures designed to cut costs will have a tough time being implemented. "The 'death panel' myth is problematic," he said. "It makes things like IPAB or comparative effectiveness research seem like the intent is to deny care, when in fact they are meant to use evidence to deliver better care at a lower cost."

**More information:** [www.ncbi.nlm.nih.gov/pubmed/23211778](http://www.ncbi.nlm.nih.gov/pubmed/23211778)

Provided by Duke University

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