DOCTOR CONTENT

Myth-busting content, planned responsibly

The most shared format a doctor can publish, and the easiest to get wrong without a process.

Swipe →

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THE RISKS

Why this format needs a process

- **Repetition makes the myth feel true**
  Title, thumbnail and first seconds all repeating it is what sticks
- **Mocking the source alienates the people you need to persuade**
  Grandparents, neighbourhood practitioners, cultural practice, influencers
- **A confident clinical statement that is wrong hits credibility**
  YouTube's policy is framed around local health authority guidance

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Score each candidate on four questions

1. Is it common among your patients, not just online?
2. Does believing it cause harm or delay care?
3. Is it squarely within your specialty?
4. Is the evidence settled, not a genuine debate?

Skip anything failing the last two. Never manufacture a myth to correct.

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EVIDENCE NOTE

Build one before anyone writes a script

- The myth in patients' exact words, regional versions included
- The correct position in one or two plain sentences
- Primary sources with dates: national guidance, society guidelines, reviews
- Nuance and exceptions so the script does not overstate
- What the viewer should do instead, plus a prompt to consult

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STRUCTURE

Make the fact stick, not the myth

- Title and thumbnail lead with the fact
- Say the myth once, clearly labelled, never in large on-screen text
- Explain why people believe it
- End on the fact, in the opening's words

Based on the structure in The Debunking Handbook 2020.

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REVIEW

Two reviews, neither optional

AUTHOR	Doctor checks evidence note against final script
PEER	Second clinician in the same specialty checks for overstatement
EDITORIAL	Marketing or compliance checks tone, claims, captions, regional versions
FINAL CUT	Watch with sound off: is the myth what sticks?

Record who reviewed each piece and when.

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TONE

Correct the belief, never the believer

- No mockery of patients, families, cultures or faiths
- No naming or criticising practitioners, influencers or hospitals
- No patient name, face or chat screenshot without documented consent
- No fear-based framing to push a consultation
- Match the myth's language: Marathi myth, Marathi correction

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AFTER PUBLISHING

Plan moderation and review dates first

1. Myth restated: reply once with the fact, then stop
2. Personal situation: never advise in public, route to consultation
3. Hostile or abusive: hide, restrict or report
4. Set a review date; corrections age into myths themselves

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READ THE FULL GUIDE

Responsible myth-busting, in full

- Why to plan myths as a series
- An illustrative fact-first script skeleton
- The ten-point pre-publication checklist
- gauravphogat.com/mythbusting-content-how-to-plan-it-responsibly

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