## **Pervasive misconception**

A pervasive misconception refers to a widespread and commonly held belief or idea that is not accurate or is based on misinformation. Such misconceptions often persist within a community, society, or across various groups of people. These misconceptions can arise for various reasons, including cultural influences, incomplete information, cognitive biases, or the spread of misinformation through various channels.

Examples of pervasive misconceptions can be found in various domains, including science, health, history, and social issues. Here are a few examples:

Vaccines and Autism: One pervasive misconception in the past was the belief that vaccines, particularly the MMR (measles, mumps, rubella) vaccine, could cause autism in children. Numerous scientific studies have debunked this idea, and there is a consensus in the scientific community that vaccines do not cause autism. However, this misconception led to a decrease in vaccination rates and increased the risk of preventable diseases.

Flat Earth Theory: Despite overwhelming evidence from astronomy, physics, and satellite imagery confirming the Earth's spherical shape, some individuals still hold onto the misconception that the Earth is flat. This belief persists, in part, due to misinformation spread through online communities and social media.

Chemtrails Conspiracy: Some people believe in a conspiracy theory suggesting that the contrails left by airplanes in the sky (often called chemtrails) contain harmful chemicals deliberately released for various purposes. In reality, contrails are composed of water vapor and ice crystals and are a normal byproduct of jet engines.

Blood Type and Personality: In some cultures, there is a misconception that a person's blood type is linked to specific personality traits. This belief has no scientific basis, but it has influenced aspects of popular culture, especially in certain East Asian countries.

Sugar Causes Hyperactivity in Children: It was once commonly believed that consuming sugar could cause hyperactivity in children. However, numerous studies have found no consistent evidence to support this claim. Despite this, the misconception persists, influencing dietary choices and parenting practices.

The Great Wall of China Visible from Space: Another widely held misconception is that the Great Wall of China is the only human-made structure visible from space. In reality, many other structures and features are visible from space, and the visibility of the Great Wall depends on specific conditions.

Addressing pervasive misconceptions often requires education, clear communication of accurate information, and an understanding of the psychological factors that contribute to the persistence of such beliefs. Critical thinking, scientific literacy, and media literacy play crucial roles in dispelling misconceptions and promoting a more accurate understanding of the world.

Disparities have been found in the utilization of palliative care (PC). However, a limitation of existing research is that it co-mingles factors affecting whether a patient is offered PC with factors affecting whether a patient accepts/refuses PC. Our objective is to identify the determinants and disparities of

neurosurgery patients accepting/refusing inpatient PC after a provider recommends an inpatient PC consult. Methodology In this single-center retrospective cohort study, the last 750 consecutive neurosurgery patients medical records were screened. Inclusion criteria were as follows: (1) the patient was seen by the neurosurgery service during their hospitalization and (2) the patient had a documented inpatient PC consult ordered or the patient had at least one progress note documenting PC in the plan of care. Excluded were patients not seen by the neurosurgery service during the hospitalization in which the PC consult order or plan was documented. Analysis was performed using multivariate logistic regression with backward stepwise variable selection. Candidate variables included age, gender, race, ethnicity, language, marital status, insurance type, surrogate decisionmaker (SDM) relationship to patient, advanced directive, Charlson Comorbidity Index (CCI), ambulation, activities of daily living (ADL) dependence, primary diagnosis category, Glasgow Coma Scale (GCS) at the time of admission, GCS at the time of PC consult, GCS at the time of discharge, duration of hospitalization, and hospitalization mortality. Results Of the last 750 neurosurgery patients, this study included 144 patients (33.3% female; mean age 57.53±19.89 years). Among these patients, 109 patients (75.7%) accepted PC and 35 patients (24.3%) refused PC. Univariate analysis showed that patients refusing PC tended to be older (p=0.003) and have a shorter duration of hospitalization (p=0.023). The chi-squared analysis found associations between PC acceptance/refusal and preferred language (p=0.026), religion (p<0.001), and SDM relationship to patient (p=0.004). Multivariate logistic regression found that predictors of PC refusal were older age (OR=0.965, p=0.049), non-English (OR=0.219, p=0.004), adult child SDM (OR=0.246, p=0.023), and other relative/friend SDM (OR=0.208, p=0.011). Religious patients were more likely to accept PC (OR=7.132, p<0.001). Race and ethnicity factors were not found to be significant predictors of PC refusal: Black (p=0.649), other race (p=0.189), and Hispanic (p=0.525). Conclusion Nearly onequarter of neurosurgery patients offered PC refused this care. Predictors of PC refusal were older age, non-English, adult child SDM, and other relative/friend SDM. Religious patients were more likely to accept PC. Race and ethnicity were not found to be significant predictors of accepting/refusing PC, which may suggest these previously identified disparities stem from minority patients being offered less PC. Additional research is needed to replicate these findings among different patient populations. Because PC is compatible with life-prolonging therapies and aims to provide additional emotional and spiritual support to the patient and family, the finding that nearly one-guarter of patients refused PC may demonstrate a pervasive misconception and need for patient education <sup>1</sup>.

## 1)

Rei KM, Reddy V, Brazdzionis J, Siddiqi J. Determinants and Disparities of Neurosurgery Patients Refusing Inpatient Palliative Care After Provider Recommendation. Cureus. 2023 Dec 4;15(12):e49925. doi: 10.7759/cureus.49925. PMID: 38179361; PMCID: PMC10765216.

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