Chapter 9
Revisiting the Issue of Trust in E-Health

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ABSTRACT

As people continue to go online for their health information needs we revisit the issue of trust in relation to e-health. This chapter begins by briefly presenting an overview of e-health and describing current ways in which people are using the Internet for health advice and information. Models of trust are revisited and we then explore two emerging areas within the e-health field: peer resources and mobile health applications. Finally, we revisit and update our guidelines and point to further sources of information in this field.

INTRODUCTION

Over the past few years the scope of e-health has continued to increase yet the concept remains stubbornly difficult to define. A systematic review of published definitions identified a wide range of themes but no clear consensus about the meaning of the term e-health, other than the presence of two universal themes (health and technology) (Oh et al., 2005). Over the last ten years the term e-health has been used to describe the provision of web-based information, technology delivered behaviour change

interventions, the use of social media within a health context (Sadah et al., 2015), and more recently health-related mobile applications (Krebs and Duncan, 2015). This evolving domain is further complicated by the fact that e-health continues to incorporate a range of health services and providers with a shifting and growing pattern of stakeholders.

For many conditions, the Internet provides a major source of health information (Fox, Duggan & Purcell, 2013, Harris, Sillence & Briggs, 2011). Over the last ten years, the number of people using the internet for health information and advice has increased. 72% of adult internet users say they looked online for health information (Fox et al., 2013) and the nature of those health resources has altered. Patients themselves now provide a crucial source of online health material and the number of people accessing patient-authored content, in particular those with chronic conditions, has greatly increased. 16% of people are looking for people that might share the same health concerns (Fox, 2011). A wide range of people are accessing online resources. 84% of teens have gone online for health information and 21% have used mobile apps (Wartella, Rideout, Montague et al., 2016). There has also been a rise in surrogate seekers, people looking online for someone else. Surrogate seekers are more likely to engage with user-generated content online in comparison to those who seek health information for only themselves. This might involve using social networking sites (SNSs) and emailing healthcare providers (Cutrona et al., 2015). Indeed, we know that carers are using the Internet to support their coping role (Fox et al, 2013). People caring for a friend or relative with a serious or long-term chronic condition have been shown to use the internet for information, support and communication (James et al., 2007; Coleman, et al., 2005; White & Dorman, 2000). Finally, there are interesting demographic differences in relation to health-related SNSs with the majority of users being older females (Sadah et al., 2015).

As user profiles become better understood we recognise that the e-health space is becoming more crowded with more providers, authors and more delivery modes. This in turn poses questions for health consumers about which information, providers and technologies to trust. Research over the last 15 -20 years has examined the issue of trust in relation to online services and e-health services in particular. In this chapter, we revisit the issue of trust within the context of e-health. The rest of this chapter is organized as follows. We begin by briefly discuss the role of technology in the context of health information and advice. We then re-examine the context of trust in relation to e-health and in particular online or web-based health advice and information and re-visit our model of trust in e-health. The next section highlights a number of emerging research areas, peer-to-peer resources and mobile health applications. Finally, we discuss guidelines for trust in e-health and point towards future research directions.

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