

What happens if a nurse spreads fake COVID facts — and what counts as misinformation?

During the COVID-19 pandemic, many healthcare membership associations and organizations took a stance on the spread of misinformation by licensed clinical professionals. The National Council of State Boards of Nursing and 15 other nursing associations formed a policy statement, delivered as a [brief](#), addressing the risk for disciplinary action by state boards of nursing when a nurse disseminates misinformation. The act of sharing information that is contrary to current evidence could potentially threaten the welfare of the public and may be seen as a violation to the nurse practice act.

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It became evident that a line was drawn in the sand when it came to questioning and discussing vaccines, vaccine mandates, or treatment methods that were alternative to the “follow the science” mantra of the Centers for Disease Control and Prevention. The line of contention existed whether you were a consumer of healthcare, a patient, or a member of the healthcare team.

Clinical professionals and research scientists are conditioned to question the hypothesis, test, re-test, discuss, and debate until the best evidence rises to the surface. And when the evidence supports a recommendation, the evidence is disseminated, and the cycle continues testing the next hypothesis. Placing emphasis on “the” in the “follow the science” mantra suggests that there is only one path which goes against the scientific methodology.

[This is an excerpt. Read the original post here.](#)