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Communicating With Young Adults About Their Health in the Modern Information Age

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Effective communication with adults in their 20s to mid 40s (henceforth referred to as young adults) is critical to the success of practicing clinicians and health care systems. Such communication enhances quality of care and can lay the foundation for young patients to be active health participants. Yet, today's clinicians face new challenges in working with young adults that stem from the confluence of 2 trends amid the modern information age.

First, young adults regularly access a sea of health information from social media, artificial intelligence (AI) chatbots, and other online sources. In the United States, 74% of young adults use social media to find health information.¹ They are twice as likely as older adults (45% vs 23%) to believe that if an average person has done their own research, they can know as much as a doctor, and 38% report having disregarded their clinician's medical guidance in favor of advice from social media.²

Second, young adults have higher rates of anxiety than others. In 2024, 30.2% of US adults aged 18–29 reported symptoms of anxiety on most or almost all days, compared with 16.3% of those aged 50–59.³ When anxiety about health leads young adults to conduct extensive online

research, they may enter clinical encounters and relationships with incomplete, and sometimes inaccurate, information and strong concern about an alarming potential diagnosis.

The Permanente Medical Group, which has more than 10,000 physicians serving 4.6 million patients in northern California, recently studied this topic. The Permanente Medical Group's Care Experience team analyzed 2024 data from the organization's patient care experience survey (the CareXM survey), which is routinely sent to each patient after every encounter, up to 3 surveys per month. Young adults were less likely than older adults to give high scores in response to the question, "Based on your most recent experience, on a scale of 0–10, how likely are you to recommend the [x Department] to a friend or relative?" The Permanente Medical Group's Care Experience team analyzed both quantitative data and free-text comments from CareXM surveys with young and older adults. The team also conducted key informant interviews on experiences with or by young adults in adult and family medicine and obstetrics-gynecology with 34 patients, 21 clinicians, 6 communication consultants, 7 chiefs or assistant chiefs, and 4 directors or managers.

Findings from these analyses and interviews confirmed long-standing approaches to clinician-patient communication from the Four Habits Model^{4,5} and other sources, and they suggested ways of tailoring these approaches for young adults in the modern information age. Clinicians can enhance their interactions in visits with young adults by rebalancing priorities and refining existing skills. Strategies based on findings from the aforementioned studies from The Permanente Medical Group, existing literature, and additional key informant interviews with physicians who regularly earn top ratings from young adults have been suggested as follows.

Reevaluate Expectations

In approaching young adults, clinicians may find it helpful to reevaluate their own expectations of the goals of a visit. For example, when a young person presents with knee pain without trauma, the clinician may view it as a simple case and move quickly to provide reassurance about the physical prognosis, while the patient may instead be seeking recognition and emotional support. Clinicians can reevaluate by reflecting broadly on the roles of the doctor

and patient, how their image of a successful visit may align or differ from a young adult's, and their conceptions of how much time a given visit ought to take. One physician observed, "[Young adults are] very perceptive – they know if I'm rushed, or judge them, or am not listening to them."

Invest Extra in Personal Connection

Compared with older adults, young adults tend to present with less trust in clinicians, sometimes grounded in general distrust of authority. Initiating a clinical encounter can pose the risk that their sense of agency (the capacity to intervene to support their own goals and interests) will be undermined.⁶ When a young adult enters an encounter with initial skepticism, it can require substantially more time for the clinician to earn their trust.

Physicians who are highly rated by young adults have reported they prioritize establishing trust by devoting extra time to understanding their patients' personal interests (Table). For a patient they do not know well, the physician may ask a broad question

Goal	Strategy	Examples
Reevaluate expectations for the visit		- Forming a connection with the patient and offering emotional support may be key goals for a visit. - Authenticity and genuine empathy are more important than specific or scripted language.
Invest extra in personal connection	Get to know them personally	"What is going on in your life right now?" "How is college?"
	Elicit their key concerns	"What's on your mind?" "What worries you the most?" "Is there anything else?"
	Summarize what you heard	"This is what I've heard you say: _____. Did I get it correctly?"
	Offer empathy	"It sounds like your change in health is affecting you a great deal (pause)."
Respect their information	Invite their information	"What have you learned, heard, or seen about this issue?" "I hear that you are in pain, and a cortisol test was suggested on social media to help with the diagnosis. I'd love to learn more about what you've heard."
	Affirm their initiative	"Thank you for doing this research." "It's great that you've done a thoughtful job of tracking your symptoms closely."
	Offer high-quality resources	"Would recommendations on the websites I use and recommend for health information be helpful to you?"
Partner on the plan	Ask permission	"Is it okay if I give you my point of view on that?" "Would you be open to hearing other options?"
	Offer "I wish" alignment along with options	"I wish that a cortisol test would give us the information that would help me take care of you. I would like to discuss other options."
	Explain your thought process	"Is it okay if I tell you about our care strategy and our rationale?"

Table: Goals and strategies for and examples of effective communication with young adults

such as, “What is going on in your life right now?” Furthermore, they may use an item they have observed about the patient, the weather, or the traffic to make a small social connection. One physician who consciously avoided interrupting patients as they replied to an initial broad question reported that their responses usually took less than 2 minutes and noted that they often disclosed a useful nugget of information related to their key concern. Another observed, “I always try to learn something about their life – about their dog, a new relationship, a financial issue, or how college is going. If they’re talking about something that really interests them, I listen. It’s an opportunity to gain their trust.” Another said, “Once they know you care, they’re more open to your recommendations as a medical professional. . . . I want them to know that I care about them as individuals first.”

Given that young adults are likely similar to other patients in highly valuing connection with their clinicians, the key steps described in the Four Habits Model and other guidance on effective communication apply.^{4,5,7} Eliciting the patient’s concerns and offering empathy are fundamental steps. One physician observed that the young adults he sees fall into 2 general types, noting, “With some of the younger patients, you get a sense if they’ve looked at social media or talked to peers, and they’re very forthcoming about what they want.” By contrast, others have been more reserved about their concerns. The physician said, “I ask, ‘What’s on your mind?’ then ‘Is there anything else?’ and I ask it a good 5 times, and then I’ll say, ‘This is what I’ve heard you say.’” Helping a young adult surface all of their concerns and repeating them back early in the visit helps build confidence that their goals will be addressed.

Respect Their Information

Clinicians may find it challenging to work with young adults who present with information about their symptoms from online sources such as videos, social media discussions, or AI chatbots. Young patients have access to more information than any previous generation, and some worry that their doctors do not have the most up-to-date information. This can engender an undesirable dynamic of patient mistrust, specific requests for tests or treatments, and clinician resistance.

Clinicians can reframe such interactions by imagining how they would approach their own health concerns if they were a young adult today. Their

seeking information from readily available sources shows initiative regarding their health. Some physicians have observed that AI chatbots available to consumers can provide useful information and empathy with immediate and continuous availability.⁸ One study suggested that general-purpose AI chatbots may outperform specialized clinical AI tools on specific tasks.⁹ One physician noted, “[Young adults are] now more engaged in their health, having grown up in a digital world. They come to appointments with more questions from friends, family, and Google [searches]. . . . [But] they are confused about their health after getting so much information.”

Clinicians can build a positive dynamic by offering the patient respect for the information they have gathered. Affirming young adults’ initiative in seeking clinical care and inviting them to share their personal experiences and information from other sources supports their sense of agency and facilitates effective dialogue.¹⁰ “I always ask, ‘What have you learned, heard, or seen about this issue?’ and thank them for doing the research,” one physician said. Physicians highly rated by young adults related that they work hard to avoid being condescending or judgmental, even when a patient seems to have misinformation. One said, “Their bringing all this information doesn’t make me nervous. . . . I don’t judge; I say, ‘Let me help figure it out.’ Most times, they trust me as soon as I show I value what they’ve brought me.”

Physicians also described sometimes offering to go online with patients to view what they are seeing electronically. One physician noted that this is not always possible due to time constraints, but when appropriate, “I go to what they know, and I become part of their world and see what they’re seeing online.”

After receiving information from a young adult, the clinician can request permission to share their advice (eg, “Is it okay if I give you my point of view on that?”). This signals respect and supports patient engagement. If a patient has accurate information, the clinician can use it to partner with them. A physician observed, “Their information may be mostly accurate, but they [sometimes] get partial information. . . . [When] I take the time to see what they’re seeing, I [can] inform them how it’s partially right or partially wrong.” When the clinician needs to counter misinformation, embedding facts in the patient’s personal values and telling stories can be useful approaches.⁷ Clinicians can also be prepared

with trustworthy sources to suggest, including online articles or websites from highly credible institutions.

Partner on the Plan

Today's clinicians have experienced a shift in power dynamic as young adults come prepared with more information and questions. They are more likely than older adults to have strong ideas about what they need for health care² and to wish to be treated as equals and partners in forming their care plan. Young adults also desire evidence that backs up clinicians' recommendations, rather than simply accepting them as knowledge-based, and information to enable self-management.¹¹ Clinicians can address this need by explaining the rationale for each recommendation, providing specific information to support its validity, and inviting them to reflect back their understanding.

When developing plans, the clinician can elicit the young adult's preferences and provide time for their experiences and beliefs to be recognized.¹² One physician said, "When you focus on the connection, the difference in power structure takes a backseat. When you're being challenged, it's super hard . . . so maybe [it helps] viewing it not so much as a challenge, but as an opportunity to educate." Another noted, "My goal is for my patients to say Dr [X] listened to me, respected me, and treated me as a person."

Young adults tend to have higher expectations than older adults for rapid, convenient access to services.¹³ Offering follow-up care via virtual modalities including video, telephone, and electronic messaging can help clinicians stay connected with young adults both technologically and culturally. Physicians can develop specific skills for video and other virtual modalities, which benefit from tailored preparation.¹⁴

Conclusion

Clinicians can hone communication strategies to effectively support and guide young adults in the modern information age. They can invite and reframe, rather than reject, young patients' use of social media and other online sources for health concerns. By reconsidering their own expectations, investing extra in personal connection, respecting the patient's information, and partnering on the plan, clinicians can transform the health care experience of young adults, and, in doing so, improve their health.

Artificial Intelligence Disclosure

Google Gemini version 3 was used to help identify references.

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