

Rachel O'Neill

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## Why Instagram doctors can't fix the problems associated with wellness influencing

*Wellness influencers are widely criticised as “unqualified” health advisors, so what difference does it make when those giving lifestyle advice online are medical doctors? Rachel O'Neill writes that doctor-influencers reproduce many of the problems associated with their lay counterparts, emphasising personal experience and adding to existing confusion about what it means to eat “well”.*

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Despite their popularity, or perhaps because of it, wellness influencers are widely criticised. Health professionals lament their undue authority, academics highlight the role they appear to play in the **spread of misinformation**, journalists write exposés on the “**cult**” of wellness, and **popular TV shows** catalogue the industry's worst excesses and most extreme elements.

Yet for all the attention paid to the mostly **young women** who have popularised green smoothies and kale salads over the past decade, little consideration has been given to the growing number of doctors entering this realm, offering health and well-being advice on platforms such as Instagram.

With this in mind, I set out to examine the content produced by doctors active in the wellness arena, extending my existing research on this topic. They were not hard to find, having become more and more central to these networks over recent years, especially since the COVID-19 pandemic.

Examining their content – spanning social media as well as books, podcasts, apps, and websites – I wanted to know: what difference do credentials make to the kind of content being produced? Put another way: does being medically qualified fundamentally change the nature of advice given under the wellness mantle?

My answer is largely “no”, or at least “not as much as we might expect”.

## Individual expertise

One way in which medically qualified wellness influencers reproduce patterns associated with their unaccredited counterparts is by privileging personal experience. To be sure, many doctors active in this space showcase their credentials: indexing **medical qualifications** via user handles, hashtags and bios, highlighting clinical experience by referencing **patient interactions** and wearing stethoscopes, scrubs or surgical face masks in online posts and media profiles, using scientific and medical terminology and **dotting their posts** with PMID (PubMed Identifier) numbers and links to academic studies.

Yet while showcasing their credentials, these same individuals often **recount stories** of healing themselves from various illnesses and ailments through food and diet, in ways that go beyond or even jettison aspects of their medical knowledge. In doing so, they deploy a familiar wellness narrative, recovery stories being the virtual stock-in-trade of conventional wellness influencers.



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So too are many of these doctors critical of the medical field, again in much the same way as their unaccredited counterparts, with one going so far as to title a book chapter **"Don't trust me, I'm a doctor"**. Some position themselves as uniquely qualified to offer health and well-being advice, disparaging other doctors and even medicine generally for failing to appreciate the significance of diet and lifestyle. In this way, they highlight what they regard as the profession's failings, while showcasing their own superior and individuated expertise.

The result is a kind of "plastic professionalism". Formal qualifications, institutional affiliations, scientific credentials and so forth are invoked selectively, foregrounded in some moments while backgrounded at others. These figures focus, above all, on the expertise they hold *as individuals*, expertise that encompasses but is in no way guaranteed by their credentials.

A possible outcome of this rhetorical manoeuvring is that medical doctors in the wellness arena may actually *undermine* public faith in medicine. This is rather ironic given that this is precisely the accusation levelled at lay wellness influencers, who are accused of stoking mistrust in the medical establishment, something that medical doctors active on social media are apparently posed to fix.

## Dietary cacophony

Another way in which doctors reproduce the logics and problematics associated with conventional wellness influencers is in the dietary advice they offer.

Here again, we see striking similarities. Within and across both groups, wellness advocates generally adhere to and seek to promote a whole food, plant-based diet, one that centres around home-cooking and minimises processed ingredients. Michael Pollan's edict, "**Don't eat anything your great-grandmother wouldn't recognise as food**", is a common touchstone.

However, as is also the case among conventional wellness influencers, this general consensus quickly breaks down.

To begin with, medical doctors tend to offer their own "spin" on healthy eating, whether that's eating in accordance with **your hormones**, enhancing **gut health**, or maximising **protein intake**. Followers are encouraged to self-select into what are in effect specific diets, even as the language of "dieting" is routinely disavowed.

More explicit differences and outright disagreements arise around the healthfulness of particular foodstuffs and even entire food categories. Meat and **dairy** are particular flashpoints, stoking frequent controversy. What's more, many leverage these differences in opinion by responding directly and indirectly to one another's posts to contest what has been said and offer contrasting viewpoints complete with contradictory evidence, effectively piggybacking on content that has already gained traction.

The ultimate result seems likely to amplify rather than ameliorate what sociologists term "dietary cacophony", whereby the sheer amount of nutritional advice available makes it difficult for anyone to discern how to eat "well". However precise the dietary prescriptions being provided by social medial doctors, and in fact because these are so exacting, they may well exacerbate existing confusion on matters of food and diet among the general public.

Irrespective of the veracity of the information shared – itself complicated by the fact that "the science" is not singular – it is up to individuals to sift through it all and make decisions for themselves.

## The wellness influencer script

While the above demonstrates how medically qualified wellness influencers reproduce dynamics associated with their unaccredited counterparts, it does not explain why this may be. To take on this question means looking more closely at the workings of wellness as a *genre* along with platforms as a *medium*.

No doubt, many of the doctors who become active and gain followings on social media want to provide sound advice to their followers and in most cases provide information to the best of their abilities. As such, it may well be that contradictory claims and divergent advice represent legitimate differences of opinion shaped by a shifting and inconsistent evidence base.



*Many of those who build big profiles have something to sell – whether that’s their apps, books, programs or the various products they create or endorse through brand partnerships and sponsored content.*



But we can’t ignore that commercial interests may play a role. Many of those who build big profiles have something to sell – whether that’s their **apps**, **books**, **programs** or the various **products** they create or endorse through brand partnerships and sponsored content. At present, the question of whether and how doctors registered with the General Medical Council can or should seek to profit from their social media activities seems to be something of a **grey zone**.

The decline in the social status as well as working conditions of doctors in many places today, and certainly in the UK’s beleaguered NHS, no doubt entices many doctors to increase their social media exposure. This is already apparent with **medical students**, growing numbers of whom actively seek to cultivate “side hustles” and even forge fully-fledged careers in social media.

Yet in assessing the issue, we must recognise that wellness is a well-established genre, pre-dating the digital era. Platforms further shape this by privileging specific kinds of content and delivery styles. The result is that, at present, wellness content is almost entirely centred on the individual lifestyles and consumer habits of its influencer-advocates, reifying an understanding of **health as a matter of personal responsibility and “good choices”**.

While some doctors who enter into this space may want to do things differently, those who gain the most traction are those who adhere to the existing formula, inserting themselves in existing

networks and exploiting algorithmic logics to maximise visibility, often in ways that convey that they have wholly unique insights and expertise unavailable elsewhere.

Doctors themselves must come to recognise how the wellness influencer script operates and the assumptions it reinforces. But their activities are also a matter for society to weigh in on. This is because medicine as a profession is defined by its **social contract**. As such, it's not enough for individual doctors to ask and answer questions about medical ethics, professionalism, and conflicts of interests. Instead, many groups must begin to take up these matters, including bodies like the General Medical Council and British Medical Association, alongside civil society groups, activist organisations, policymakers and politicians.

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*This post draws on **Rethinking the 'wellness influencer': Medical doctors, lifestyle expertise and the question of credentials**, International Journal of Cultural Studies.*

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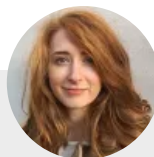
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### About the author



**Rachel O'Neill**

Rachel O'Neill (PhD) is an Assistant Professor in the Department of Media and Communications at LSE. Her work is concerned with questions of culture, power and inequality and spans a variety of empirical contexts, from the "seduction community" to the "wellness industry". She is currently at work on a book on the latter.

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