The Script Behind Physician Advice Videos

Why a health video is so easy to believe

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YouTube is full of physicians giving advice. I read the transcripts of fifty of these videos on twenty-one subjects and noted what happened and in what order. They all follow the same script. This paper describes the script and explains why you should approach the videos skeptically.

What I watched

I found the videos by searching YouTube for “doctor explains” and a subject. The subjects were statins, aspirin, vitamin D, magnesium, omega-3, creatine, probiotics, protein, coffee, alcohol, red meat, intermittent fasting, blood pressure, prediabetes, sleep, dementia, back pain, walking, colon cancer screening, PSA testing, and menopause hormone therapy. All fifty presenters are physicians. In thirty-four videos, one physician speaks to the camera. In five, two hosts have a guest. Eleven are interviews. Some presenters are NHS general practitioners or hospital physicians. Others run independent channels with titles that promise the “number one way.” I don't name the videos. The subject is the script, not the presenters.

What I found

There are twelve steps, and they appear in this order. Five of the steps appear in nearly every video. The other seven are optional, but when they appear, they do so in sequence. The number after each step indicates how many of the fifty videos include it.

1. **The hook (34).** The video opens with a scary premise, a reversal of what you believe, or the question you typed into the search box. *“Blood pressure isn't actually the problem. It's the alarm your body is screaming at you.”*

2. **The credential (40).** *“I'm a board-certified family physician.” “I'm a Harvard-trained gastroenterologist and I see patients every day.” “I have twenty-four years of clinical practice.”* In the two-host shows, the hosts introduce the guest's credentials.

3. **The story (22).** Usually, it is the presenter's own habit: what he takes, what he eats, and how he checks his blood pressure. About five of the fifty tell a patient's story. When the story comes early, it sets up the problem. The presenter has seen this before, and the usual approach failed. Margaret had been on three medications for six years, and her pressure was still 148.

4. **The promise (23).** *“I'm going to give you three things to help you decide.” “Fourteen evidence-based ways.”* Thirteen of the fifty are presented as a numbered list.

5. **The misconception (46).** *"If you ask most people what statins actually do, they'll tell you they clean out your arteries."* The presenter knows better than the public. On contrarian channels, he knows better than your doctor.

6. **The mechanism (46).** HMG-CoA reductase. Adenosine builds up while you are awake. The endothelium and nitric oxide. Sixteen videos add analogies: a garden hose, a warning light with tape over it, a rechargeable battery, and a bucket with holes.

7. **The evidence (44).** *"Studies have shown." "Research consistently shows."* Nineteen videos cite a source, such as a Lancet Commission, a Cochrane review, a guideline body, or a trial identified by its country.

8. **The prescription (50).** What to take, what to eat, what to do. Often, *"Here's what I do."*

9. **The caveat (23).** *"Talk to your own doctor."* Fewer than half the videos include it. In most of those, it appears after the advice. Five put it first.

10. **The testimonial (4).** Robert followed the plan, and *"within six weeks his blood pressure had dropped to 138 over 86."* This is rare. In three of the four, the presenter is reporting on himself.

11. **The empowerment line (18).** *"You are in charge of your own health." "Progress, not perfection."*

12. **The request (39).** Comment with a keyword. Like, subscribe, and watch the next one. Eight go further and offer a free PDF, a book, a membership, or a clinic.

Quotations are from the video transcripts.

Where the persuading happens

Forty-six of the fifty explain a mechanism. Nineteen name a source. Two provide a baseline. The mechanism does the persuading. Once you think you understand why something works, you stop asking whether it does.

The videos use four kinds of numbers. Prevalence: 80% of people will have back pain. Relative reductions: 20 to 30% fewer cardiovascular events, 50% fewer colon cancer deaths. Point drops: CoQ10 lowers systolic pressure by 10 to 15 points. Doses and thresholds: three to four cups, 150 minutes a week, 1.6 grams per kilogram. The baseline is missing. You are not told how many people out of a thousand had the event without the treatment and how many had it with the treatment. Two of the fifty provide that. One statin video worked through an example from 5 in 100 down to 3 in 100. One red-meat interview explained that an 18% relative increase takes colon cancer from 5 in 100 to 6 in 100. Two more came close. The other forty-six gave relative numbers, point drops, or doses with nothing to attach them to. A relative number with no baseline sounds precise and tells you nothing.

The science is often unsettled, and the sample shows it. One cardiologist says omega-3 supplements are useless after "hundreds of trials and millions of people." Another physician recommends 500 to 1,000 milligrams a day for everyone. One physician warns that a high-protein diet raised mortality by 74% in a cohort. Another prescribes twice the recommended allowance. One says no amount of alcohol is safe. Another explains that the moderate-drinking benefit was probably confounding. They all sound equally sure. The video that put CoQ10 at 10 to 15 points did not mention the Cochrane review, which found no

clinically significant effect in the two trials that qualified, with 50 participants between them. A mechanism can't tell you which of them is right.

Ho MJ, Li ECK, Wright JM. Blood pressure lowering efficacy of coenzyme Q10 for primary hypertension. Cochrane Database Syst Rev 2016;3:CD007435.

Who the advice is for

The fifty videos answer two kinds of questions. Twenty-eight address “should I take it, or get it”: statins, aspirin, vitamin D, magnesium, omega-3, creatine, probiotics, colon screening, PSA, hormone therapy. Twenty-five of those condition the answer on the viewer: over 60, a prior heart attack, a family history, kidney disease, within ten years of menopause. You can find yourself in the answer.

Twenty-two answer “how do I fix it, or do it right”: blood pressure, sleep, prediabetes, dementia, back pain, walking, protein, coffee, alcohol, red meat, fasting. Eighteen of those give one list for everybody. Take two readings a minute apart and record the lower. Pair every carbohydrate with protein or fat. No caffeine within thirteen hours of bed. Nothing depends on who is watching. If patients differ, the difference shows up at step 9 as “talk to your doctor,” after the numbers have been given. The caveat tells you the list might not apply to you. It doesn't tell you how to know.

What the script is for

Consider what each step does for the viewer's health. The hook does nothing. The credential, the promise, the empowerment line, and the closing request do nothing. Their job is to get the viewer past the first fifteen seconds, keep her to the end, and bring her back. YouTube pays for watch time and subscribers. The script is built for those two numbers. I don't hold this against the presenters. The NHS general practitioners use the same steps because a video without them is not watched. Eleven videos end without asking the viewer for anything. Three are hospital or podcast recordings, paid for in some other way. Two transcripts were cut off before the end. The other six simply stop.

The other findings follow from this. Each step pulls a lever that has been known for a long time. The credential is authority. The story is narrative, which people remember when they forget the numbers. The misconception flatters you: you were about to be wrong, and now you know better. The mechanism gives you the feeling of understanding, and it holds attention. A table of baselines does not. The numbers give you the feeling of precision, and a relative reduction sounds like news. The numbered list gives you something to do, and once you have done one item you tend to finish. A prescription for everybody can be followed by anyone and passed along. The free PDF is a gift, and it asks for your email address. Cialdini described these levers forty years ago.

The more the title promises, the more this holds. The “number one way” videos position themselves against ordinary care, recommend more supplements, and cite fewer studies. These videos are made for engagement first. The advice comes second. The script is the evidence.

Cialdini RB. Influence: The Psychology of Persuasion. William Morrow, 1984.

Takeaway

The physicians in these videos are credible, and most of what they say is probably right as far as it goes. The advice is also reductive. The video is designed for engagement, and the design shows. It rests on a mechanism, and where there is a story, on the story. It presents science that is far from settled as if it were, with numbers that have no baseline. And when the question is how to fix something, it ends in one list for everybody. A healthy skeptic does not take it at face value.

The transcripts were read and coded for the twelve steps in September 2026.