

DANGER AT THE FRONTIER: SOCIAL MEDIA AND ETHICS

Sharon Kling

Department of Paediatrics and Child Health, Stellenbosch University and Tygerberg Children's Hospital

Correspondence:

Sharon Kling, email: sk@sun.ac.za

Ethics articles are accredited for ethics CPD points. Please see the questionnaire in this issue and log in to the ALLSA website www.allergysa.org and click on My CPD to submit your answers. Kindly send submissions or suggestions for topics to the section editor, Prof Sharon Kling at sk@sun.ac.za

INTRODUCTION

Recently a colleague telephoned to ask me for advice: interns had posted photographs of paediatric patients they had examined, together with the patients' diagnosis, on their Facebook pages, but they did not see anything wrong with this. Their comments related to how cute the children were, and were not demeaning in any way, and they were sharing with friends, so how could it be wrong? Since then I have seen examples of colleagues posting derogatory and profane comments regarding their on-call experiences on their Facebook pages. One example lamented the inability of the medical profession to keep the female cervix closed in the middle of the night (in language I cannot repeat). Another alluded to repeated Caesarean sections in a 3-hour period and then the birth of a tiny preterm baby in the early hours of the morning in a named suburb. Imagine if a patient or a patient's family member read these postings.

The popular and scientific press contains numerous examples of transgressions by physicians and nurses posting patient information and photographs on social media. One recent case is that of a trainee general practitioner in the United Kingdom (UK) who posted photographs of patients' injuries on Instagram, together with derogatory comments, and linked them to his Twitter account. His fitness to practise was found to be impaired by a Medical Practitioners Tribunal Service panel in the UK. He only escaped sanction because he expressed remorse and underwent remediation.¹

Other doctors have posted photographs of inebriated patients or attractive female patients online, or used their online pages to discuss patients' diagnoses. Even though patients' names were not disclosed, other identifying details were mentioned.²

Sixty percent of survey respondents representing 78 medical schools in the United States of America cited incidents

of online posting of unprofessional content by medical students, including infringement of patient confidentiality, profanity, discriminatory language, photographs of inebriation, and sexually suggestive content.³

Online photographs of doctors themselves in compromising situations, such as being intoxicated, are also potentially damaging, especially for future job prospects. Many prospective employers look at online social media when considering whether to offer interviews and positions to applicants.⁴

DOCTORS AND SOCIAL MEDIA: ETHICAL ISSUES

Facebook currently has more than 1 billion active users.⁵ According to George, "the culture of medicine (which tends to value privacy, confidentiality, one-on-one interactions, and professional conduct) and that of social media (which tends to value sharing and openness, connection, transparency, and informality) make integration of the two fields a distinct challenge."⁶

The major ethical issues related to the use of online social media by doctors involve respecting patients' confidentiality and privacy, and maintaining their own professionalism.

Confidentiality in medicine is "the practice of keeping harmful, shameful, or embarrassing patient information within proper bounds."⁷ It ensures respect for the patient's privacy, recognises the patient's feeling of vulnerability, and enables the patient to trust the doctor with very personal information.⁸ Any patient who consults a doctor has the right to expect that all information disclosed will remain private, and will not be shared with colleagues, except if requested by the doctor and sanctioned by the patient or parent, in the case of a child. Certainly, sharing information or photographs on social media would be deemed unacceptable.

Professionalism is the way in which doctors fulfil the medical profession's contract with society, to use their skills and knowledge in the best interests of their patients. Inherent in the concept of professionalism, too, is the idea of self-regulation and control. Professionals ought to espouse virtues such as good behaviour, integrity, honesty, and high standards of work.^{9,10} This is the basis of the trust placed in doctors and the medical profession.

According to Dr Herbert Swick, the principles listed in Table I are key to medical professionalism.¹¹ The themes described in these principles include the following: respect for patients' autonomy and privacy; the personification of the values of selflessness, empathy, compassion, honesty, and integrity; accountability to peers; and commitment to professional development and competence. The online boundaries of professional interactions are less clear than the traditional ones. Opinions also differ as to what is acceptable. I thought that the postings by my colleagues were unacceptable and unprofessional, but they did not agree with me. Mark Ryan believes that definitions of professionalism help us to understand what it means to be a doctor in any setting, including on the Internet and in social media. Ryan says, "This means that we should hold ourselves - and expect to be held - to a higher standard than others. Society expects this of us, and we should expect this of ourselves. Therefore, we must be very careful of ever discussing real patients online. Even if we think we have removed any possible identifying information from the post/tweet/update, I believe that patients' expectations ... should restrict us from discussing specific patients in public."¹²

DOCTORS "FRIENDING" PATIENTS ON FACEBOOK

Confusing messages may result from incorrect or vague

use of online social media. If this happens in the context of a doctor-patient relationship, unintended consequences may result. A recent study found that some patients send "friend" requests to their doctors, but that most doctors ignore these requests.¹³ "Friending" patients may cause blurring of the professional and personal boundaries. Patients may be able to see doctors' personal information and the material they have posted. This material may include information about their religious and political beliefs, and may compromise the doctor-patient relationship.¹⁴ Most professional medical organisations in fact discourage doctors from interacting with patients through any social networking site.^{15,16,17} Doctors must ensure that they understand and use the privacy settings available for the social media to which they subscribe.

ADVANTAGES OF SOCIAL MEDIA IN MEDICINE

There are definite advantages to using social media in medicine. These online networks have the ability to rapidly spread information and to rally large numbers of people behind a cause.¹⁸ Twitter is a useful platform for connecting medical professionals and for following experts in one's field. Facebook too can be useful to disseminate information to the community and educate patients in a targeted format. Instead of patients accessing generic information on websites, they may be able to obtain more directed and relevant information from their doctors' social media site.¹⁸ In smaller communities this may be an ideal way to improve interactions between healthcare providers and their patients. George and colleagues believe that medical professionals may be able to influence behaviour changes among large groups of people. They cite as an example, the decision by Facebook to allow users to state that they are organ donors on their Timelines, which resulted in a large increase in donor pledges in the United States of America.¹⁸

Table I: Characteristics of professionalism¹¹ (Quoted verbatim)

Physicians subordinate their own interests to the interests of others.
Physicians adhere to high ethical and moral standards.
Physicians respond to societal needs, and their behaviours reflect a social contract with the communities served.
Physicians evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness.
Physicians exercise accountability for themselves and for their colleagues.
Physicians demonstrate a continuing commitment to excellence.
Physicians exhibit a commitment to scholarship and to advancing their field.
Physicians deal with high levels of complexity and uncertainty.
Physicians reflect upon their actions and decisions.

Professionally orientated social media such as LinkedIn and ResearchGate help colleagues to establish connections that may prove useful for their careers as well as their practices.

GUIDELINES FOR DOCTORS USING SOCIAL MEDIA

Some universities and institutions have established policies on the use of social media by students and medical professionals, but many do not. Generally, guidelines emphasise the importance of preserving patients' privacy and confidentiality, avoiding "excessive self-disclosure by using adequate privacy settings", and regular checking of one's own online information. Professional and personal online contents should be separated, and the doctor-patient boundary must be maintained.¹⁹ Other guidelines discourage online relationships between doctors of different levels of training, such as consultants and registrars, and emphasise that these too can blur the boundaries.¹⁵ Recommendations for doctors using social media are listed in Table II.^{16,20}

Mark Ryan suggests the following guidelines: "be honest, forthright, helpful and compassionate" and "recognise that you represent your profession, and help others recognise that they do, too."²¹ Organisations, such as ALLSA, need to develop policies regarding social media and what is acceptable content for their Facebook pages, and appoint someone to oversee and vet the content. People who post personal information on the "wall" should realise that this content is visible to others who use the site, and refrain from posting confidential medical information.

From a legal point of view, derogatory or defamatory postings on Facebook may result in legal action and awarding of damages, as recently happened in Pretoria,

South Africa. Someone who "shares" or is "tagged" in such a posting may also be held liable.²²

CONCLUSION

Social media is the new mode of communication, particularly among the younger generation, and it has the potential to transform medical education and healthcare information. Doctors and other healthcare professionals have to be cognisant of the dangers and pitfalls of using social media, especially in breaching patient confidentiality and privacy, and in preserving personal privacy and professionalism. It is incumbent on universities and other institutions to develop policies for the use of social media, and to ensure that transgressors are appropriately punished.

DECLARATION OF CONFLICT OF INTEREST

The author has Facebook, LinkedIn and ResearchGate accounts, but has no other conflicts of interest with respect to the contents of the article.

REFERENCES

1. Dyer C. Trainee GP who posted photos of patients online is told his fitness to practise is impaired. *BMJ* 2014;348:g2454.
2. Kinsey MJ. What happens in the hospital doesn't stay in the hospital. *Future Tense* 10 January 2014. www.slate.com/authors/melissa_jayne_kinsey.html. Accessed 26 May 2014.
3. Chretien KC, Greysen SR, Chretien J-P, Kind T. Online posting of unprofessional content by medical students. *JAMA* 2009;302(12):1309-1315.
4. Du W. Job candidates getting tripped up by Facebook. 2007. <http://www.nbcnews.com/id/20202935/> Accessed 1 June 2014.
5. <https://www.facebook.com/facebook/info>. Accessed 1 June 2014.
6. George DR. "Friending Facebook?" A Minicourse on the Use of Social Media by Health Professionals. *J Contin Educ Health Prof* 2011;31(3):215-219.
7. Purlilo R. Ethical dimensions in the health professions. 3rd Ed Philadelphia: WB Saunders 1999.
8. Siegler M. Confidentiality in medicine - a decrepit concept? *New Engl J Med* 1982;307:1518-21. Reprinted in: Kuhse H, Singer P 2004. *Bioethics: An Anthology*. Blackwell, Oxford. pp 490-492.
9. Pellegrino ED. Professionalism, profession and the virtues of the good physician. *Mt Sinai J Med* 2002;69(6):378-384.
10. Benatar SR. The meaning of professionalism in medicine. *S Afr Med J* 1997;87:427-431.
11. Swick HM. Toward a normative definition of medical professionalism. *Acad Med* 2000;75(6):612-616.
12. Ryan M. How do we define professional physician behavior in social media? <http://network.socialmedia.mayoclinic.org/2011/08/01/how-do-we-define->

Table II: Recommendations for doctors who use social media^{16,20}

Context	Recommendations for ethical and professional conduct
Writing about patients	Do not write about specific patients.
Privacy settings	Use the highest privacy settings; regularly review the privacy settings for each of your social media profiles.
Social networking connections with patients	Do not post "friend requests" to patients. Do not accept "friend requests" from patients; rather direct them to professional social networking page.
Identification	Accurately state qualifications and credentials. State whether you are representing your employer or institution. Be aware that content that is loaded anonymously can be traced back to its point of origin.
Medical advice	Do not give specific medical advice to people who are not your patients.

- professional-physician-behavior-in-social-media-2/#comments Accessed 1 June 2014.
13. Moubarak G, Guiot A, Benhamou Y, Benhamou A, Hariri S. Facebook activity of residents and fellows and its impact on the doctor-patient relationship. *J Med Ethics* 2011;37:101-104.
 14. MacDonald J, Sohn S, Ellis P. Privacy, professionalism and Facebook: a dilemma for young doctors. *Med Educ* 2010;44:805-813.
 15. Farnan JM, Sulmasy LS, Worster BK, et al. Online Medical Professionalism: Patient and Public Relationships: Policy Statement from the American College of Physicians and the Federation of State Medical Boards. *Ann Intern Med* 2013;158:620-627.
 16. General Medical Council. Doctors' use of social media 2013. http://www.gmc-uk.org/guidance/ethical_guidance/21186.asp. Accessed 21 May 2014.
 17. Medical Protection Society Casebook. On deadly ground. 2013;21(3):7.
 18. George DR, Rovniak LS, Kraschnewski. Dangers and opportunities for social media in medicine. *Clin Obstet Gynecol* 2013;56(3):doi:10.1097/GRF.0b013e318297dc38.
 19. Gholami-Kordkheili F, Wild, V, Strech D. The impact of social media on medical professionalism: A systematic qualitative review of challenges and opportunities. *J Med Internet Res* 2013;15(8):e184.
 20. Chretien KC, Kind T. Social media and clinical care Ethical, professional and social implications. *Circulation* 2013;127:1413-1421.
 21. Ryan M. Guiding principles for physician use of social media. Mayo Clinic Center for Social Media. <http://network.socialmedia.mayoclinic.org/2012/03/13/guiding-principles-for-physician-use-of-social-media-2/> Accessed 1 June 2014.
 22. Venter Z. Facebook post costs couple R40 000. 5 September 2013. <http://www.iol.co.za/news/crime-courts/facebook-post-costs-couple-r40-000-1.1573165>. Accessed 28 January 2014.

60m² OF PRIME OFFICE SPACE TO RENT

ALLSA Building, Waverley Court,
7 Kotzee Road, Mowbray

***Excellent rates.
Ample parking.
Ideally situated in Mowbray.
Perfect for sales force 'hot desking'***



Contact - Professor Robin Green, email: Robin.Green@up.ac.za