

CHALLENGING BELIEFS: SOCIAL MEDIA AND PROFESSIONALISM

Sharon Kling

Associate Professor, Department of Paediatrics and Child Health, Stellenbosch University and Tygerberg Hospital

Email | sk@sun.ac.za

ABSTRACT

Guidelines for medical professionals' use of social media should encourage the maintenance of appropriate boundaries with patients and their families. This article discusses these guidelines and potentially acceptable exceptions.

INTRODUCTION

In 2014 I wrote that the main ethical concerns for doctors using social media are respecting the confidentiality and privacy of their patients, and preserving professionalism in their online presence.¹ Recommendations for doctors using social media included that they should not accept 'friend' requests from patients, or from junior doctors or students. Other advice was: 'Do not give specific medical advice to people who are not your patients.'^{1,2} Some people have posted tweets on Twitter that have landed them in hot water, such as the comments on consulting specialists posted by the Dean of the Faculty of Medicine and Health Sciences at Stellenbosch University: 'Bottom line: when feeling sick you're better off consulting a competent generalist health practitioner, not a specialist.'³ Another infamous tweet that resulted in a charge of unprofessional conduct against Professor Tim Noakes was his reply to a mother who asked for advice about the effect of the low-carb-high-fat (LCHF) diet while breastfeeding her baby: 'Baby doesn't eat the dairy and cauliflower. Just very healthy high-fat breast milk. Key is to ween (sic) baby onto LCHF.'⁴

Until now I have not accepted Facebook friend requests from patients' parents, nor have I accepted requests from under- or postgraduate students. I do, however, use WhatsApp to communicate with students and parents, and have accepted LinkedIn invitations from students. I have learned that, provided one is circumspect in what one posts and which posts from friends one 'likes', there is actual little danger for professionals in using social media.

Recently, I came across a wonderful piece written by Annie Janvier for the 'On my mind' column of *JAMA Pediatrics*.⁵ In it she describes the relationship that developed between herself and the parents of a tiny, critically ill 26-week preterm baby, Émile, during his long stay in the Neonatal Intensive Care Unit (NICU). She writes:

The 'professionalism' movement has had both a positive and a negative effect on the practice of medicine and physicians' relationships with patients. Maybe health care professional-patient relationships are safer, now, but only because they have been cleverly sterilised and placed in grids with strict rules of behaviour. I am not sure that this helps patients.

I tend to agree with her – we are sometimes so afraid of connecting with patients and their families that it does not help them or us.

PROFESSIONALISM IN HEALTHCARE

Historically, the term 'professional' denoted doctors who had trained at a university, and differentiated them from surgeons and apothecaries, considered 'lower-order practitioners'.⁶ One of the definitions of 'profession' is 'a calling requiring specialised knowledge and often long and intensive academic preparation'.⁷ An important aspect of a profession is that the members are required to adhere to certain behaviours, and the professional group has to control and discipline them appropriately.⁸ This talks to the inherent power differential between ill, vulnerable patients and the medical professional, which is significant. Patients put their full trust in the doctor and, in turn, the doctor is required to maintain an appropriate relationship with the patients.^{9,10}

The Royal College of Physicians defines professionalism as follows:

Medical professionalism signifies a set of values, behaviours and relationships that underpins the trust the public has in doctors.¹¹

Unfortunately, the behaviour of medical professionals often violates this trust, despite our professional vows and regulatory organisations.

BOUNDARIES AND THE DOCTOR–PATIENT RELATIONSHIP

Essentially, the admonition that the doctor has to maintain an appropriate relationship with the patient is a reflection of a

professional boundary. Boundaries are violated when there is resultant harm to the patient, although this is not an essential requirement of a boundary violation.¹² Nadelson and Notman define professional boundaries as

the conditions that describe the limits of a fiduciary relationship. That is, a relationship in which one person (a patient) entrusts his or her welfare to another (a physician), who receives a fee for the delivery of a service.^{12,13}

Examples of boundary violations are receiving gifts from patients, inappropriate fees and inappropriate physical contact. The authors differentiate boundary 'crossings', such as holding the hand of a bereaved family member, from the more extreme violations, of which sexual contact would be a prime example.¹²

Social media constitute an example of what the authors term 'self-disclosure'.¹² Many health professionals share personal anecdotes and interests with their patients. This is done usually in an attempt to establish a relationship with the patient, but the doctor has to beware of sharing personal problems that could cause a 'role reversal'.¹²

Training and education of health professionals are essential to prevent boundary violations. This should include sensitising health professionals to the diversity of the patient population, cultural sensitivities and gender issues.

SOCIAL MEDIA AND PROFESSIONAL BOUNDARIES

Doctors' personal information posted on social networking sites is available to the general public, and may threaten professional boundaries. This is particularly important if the doctor discloses personal, religious or political beliefs that may influence the doctor–patient relationship.¹⁴ In addition, posting photographs showing the health professional in compromising circumstances, such as in an intoxicated or a disreputable state, may compromise the doctor–patient relationship. I have previously taken issue with colleagues posting photographs of patients, even with their own or their parents' permission. I believe this violates patient confidentiality. And then there are colleagues who post offensive comments or use offensive language about patients, colleagues, politicians or news items – this is totally unacceptable.

The World Medical Association (WMA) issued a statement adopted by the General Assembly in October 2011.¹⁵ The areas that they identified as requiring special attention are:

- Sensitive content, photographs, other personal materials posted on online social forums often exists in the public domain and have the capacity to remain on the internet permanently. Individuals may not have control over the ultimate distribution of material they post online.
- Patient portal, blogs and tweets are not a substitute for one on one consultation with physicians but may widen engagement with health services amongst certain groups. Online 'friendships' with patients may also alter the patient–

physician relationship, and may result in unnecessary, possibly problematic physician and patient self-disclosure.

- Each party's privacy may be compromised in the absence of adequate and conservative privacy settings or by their inappropriate use. Privacy settings are not absolute; social media sites may change default privacy settings unilaterally, without the user's knowledge. Social media sites may also make communications available to third parties.

The WMA recommendations comprise ten points, from which I include the following four:¹⁵

1. To maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just as they would in any other context.
2. To adopt a conservative approach when disclosing personal information as patients can access the profile. The professional boundaries that should exist between the physician and the patient can thereby be blurred. Physicians should acknowledge the potential associated risks of social media and accept them, and carefully select the recipients and privacy settings.
3. To ensure that no identifiable patient information be posted in any social media by their physician. Breaching confidentiality undermines the public's trust in the medical profession, impairing the ability to treat patients effectively.
4. To draw the attention of medical students and physicians to the fact that online posting may contribute also to the public perception of the profession.

The recommendations also include one about monitoring colleagues' online behaviour and to report them if appropriate action is not taken by the individual to change the situation.¹⁵ I do not believe this is feasible or appropriate.

CONCLUSION

Annie Janvier writes that she and Émile's parents are Facebook friends, and concludes her article:

Patients and families express grief in different ways. It is important to get messy and have real conversations in these circumstances, follow a trail, let them decide where to take us. To care for families and practice humane medicine, we must sometimes take some risks. ... Not crossing these boundaries may lead to unfinished stories and health professional emptiness. Breaking boundaries breaks barriers.⁵

Do I agree with her that there are limits to medical professionalism and that we sometimes need to cross these professional boundaries, in our own and our patients' interests? Yes I do. Some of my colleagues have large groups of patient followers of their Facebook pages, and the posts are almost always positive and deeply respectful. We have to be cautious, however, in what we post, realising at all times our responsibility to ourselves, our patients and our profession.

DECLARATIONS OF CONFLICT OF INTEREST

The author declares no conflict of interest.

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