Social media in the healthcare context: Ethical challenges and recommendations

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The popularity of social media has grown rapidly and healthcare practitioners and students commonly use sites such as Facebook. The ethical and professional implications and their benefits and hazards must be considered. Concerns include blurring of boundaries between an individual's public and professional lives, maintaining privacy and confidentiality of patient information, damaging the public image of the profession and inter-professional relationships. The same laws that apply to conduct in the real world also apply in cyberspace. Harmful or derogatory posts may result in a defamation lawsuit. The internet may also provide opportunities for patient education through peer-reviewed websites and to build professional networks. Institutions should have policies on the uses of social media. Emerging technology will continue to change the landscape of social media and social networking and the way patients and practitioners use websites will continue to evolve. Practitioners should proactively manage digital identity by reviewing publicly available material and maintaining strict privacy settings about their information.

The popularity of social media has grown rapidly and sites such as Facebook and Twitter are commonly used among healthcare practitioners and students.[1] As new technologies and practices, such as social networking, are embraced, the ethical and professional implications and their benefits and hazards must be considered.

'Social media' describes the online and mobile tools that people use to share opinions and experiences, information, images and video and audio clips, and includes websites and applications used for social networking.[2]

Examples of popular media tools include:
• Facebook – a networking site with over 1 billion users
• Twitter – a micro-blogging service that enables its users to send and read text-based posts of up to 140 characters, known as 'tweets'
• LinkedIn – a site with over 200 million users that offers features aimed at establishing professional networks
• YouTube – a free video-sharing website, a subsidiary of Google, on which users can upload, view and share videos
• Instagram – an online mobile photo-sharing, video-sharing and social networking service that enables its users to take pictures and videos, and share them on a variety of social networking platforms
• Tumblr – a micro-blogging platform and social networking website which allows users to post multimedia and other content to a short-form blog
• Flickr – an image- and video-hosting website where users share personal photographs
• Blogs – derived from the term web log, a blog is a regularly updated website, usually maintained by an identified individual or organisation, with regular entries of commentary, descriptions of events or other material.

In the USA, Facebook is the most commonly used social media platform by physicians up to the age of 60 years.[3] The South African (SA) Social Media Landscape reported in 2014 that Facebook had 9.4 million users and Twitter had 5.5 million users in SA.[4]

While many healthcare professionals use social media without encountering any difficulties, media interest and research into examples of unprofessional behaviour online have raised concerns that some practitioners and students may unknowingly expose themselves to risk because of the way they use these applications and upload personal material onto the internet.[5]

In a national survey on how doctors view and use social media in Australia in 2013, the following trends emerged:[6]
• There was a clear linear relationship between increasing age and decreasing social media use. All interns, junior medical officers and doctors undertaking specialty training used some form of social media, compared with 72% of specialist physicians and 69% of general practitioners.
• Facebook with 59% was the most commonly used platform (women 74%, men 52%).
• Most participants used social media at least once a week; 25% did not use social media websites.
• Doctors frequently informed their patients about online resources, with 70% discussing available online information sources for their particular illness. Rural doctors were more likely to discuss internet resources with their patients than their urban colleagues.
• The older the participants were, the less likely they were to know how to remove photos of themselves which they would not want patients to see; no participant over 65 years knew how to do this, compared with 7% aged 46 - 55 and 50% aged under 25 years. Females (48%) were more likely than males (26%) to control and curate their online profile including adjusting privacy settings.

The same professional ethics that are expected from healthcare professionals, are expected of health sciences students, yet in a

study in 2009 in the US, 60% of responding deans of medical schools reported that medical students had posted unprofessional content online including violations of patient confidentiality, discriminatory language, use of profanity in reference to specific persons or faculties and depictions of intoxication.[7]

Although healthcare practitioners and students should be free to take advantage of the many personal and professional benefits that social media can offer, they must be aware of the potential risks involved. Concerns include blurring of boundaries between an individual's public and professional lives, maintaining privacy and confidentiality of patient information, the public image of the profession and inter-professional relationships.

Risks associated with the use of social media

Blurring of boundaries

Social media can blur the boundary between a practitioner's private and professional life. Practitioners may choose to disclose personal information about themselves during face-to-face consultations with patients, but are able to control the extent and type of such self-disclosure.

Maintaining appropriate online boundaries may prove difficult if a practitioner performs a non-medical role in his or her community, e.g. member of a local religious group using social media to organise its activities. This may result in them getting friend requests from current patients. Doctors' surveys show that some accept selected requests on this basis, depending on the circumstances.[8]

Given the greater accessibility of personal information, entering into informal relationships with patients on sites like Facebook can increase the likelihood of inappropriate boundary transgressions. The initial decision about whether to extend the patient-practitioner relationship to the online setting must consider the following:
- the intended purpose of the exchange and the content of conversation
- the immediacy of electronic media and expectations
- how communication will take place while maintaining confidentiality
- the ease of use and immediacy of social media tools can lead to unintended outcomes.

While most practitioners would not consider entering into an informal relationship with a patient online, research suggests that some practitioners have accepted friend requests from patients and decide on an individual basis whether to accept the request or not.[9]

Online relationships between practitioners of varying levels of training also need consideration. Consultants may receive 'friend' requests from students, and vice versa. These digital 'relationships' can blur professional and personal boundaries, especially when the practitioner is in the role of evaluator. Therefore, the purpose of initiating online relationships must be considered as to whether this would be for mentorship, research work, or career advice. Regardless of intent, the traditional boundaries encouraged in trainee-teacher relationships should apply when these parties interact through social media. These boundaries should also apply to staff and other healthcare practitioners.[10]

Most social media sites have privacy settings that allow users to control and restrict access to their personal information. However, the default settings for both sites permit various types of content to be shared beyond an individual's network of friends. Research suggests that medical professionals may not be using these settings to limit access to their profile.[11]

Patients may misinterpret the professional concern of their practitioner for concern of a more personal nature and make their feelings known. The Medical Defence Union (MDU) reports on their website that, in the last 5 years, those cases notified to the MDU by members who have received romantic advances have increased. The MDU is notified of between 10 and 30 cases a year. Medical professionals most commonly approached by patients with romantic intentions are general practitioners (GPs), psychiatrists and gynaecologists. Of the 100 cases from the MDU's files, 72 were GPs and 28 hospital doctors, while 72 were men and 28 were women.[12]

Confidentiality

Confidentiality is a recurring issue featuring on the Medical Protection Society's (MPS) advice line.[13] Confidentiality respects patient privacy and rights, encouraging patients to seek medical care and openly discuss issues. Confidentiality may be hard to maintain given electronic health records, electronic data processing, email, the faxing of patient information, third-party payment for medical services, and the sharing of patient care and information among health professionals and institutions.

The National Health Act 2003[14] makes it an offence to disclose a patient's information without their consent. The Health Professions Council of South Africa (HPCSA)'s *Guidelines For Good Practice In The Health Care Professions* aimed at 'Confidentiality: protecting and providing information' states on 'Retaining confidentiality': 'Patients have a right to expect that information about them will be held in confidence by healthcare practitioners. Confidentiality is central to trust between practitioners and patients. Without assurances about confidentiality, patients may be reluctant to give practitioners the information they need in order to provide good care'.[15]

Numerous online breaches were found of patient confidentiality on social networking sites by medical students, including identifiable information about patients being discussed on Facebook.[7] Social media also crosses individual and organisational boundaries, enabling outsiders to piece together many bits of information from multiple sources (e.g. postings from several different team members) that, when put together, can result in a breach of patient confidentiality.[16]

Public image of the profession

Professionalism is the foundation of the social contract between practitioners and society. In exchange for the privilege of caring for patients and the accompanying status and respect, society expects physicians to practise professionally and empathetically.[17] The intimate nature of the relationship between physicians and patients results in the expectation of high ethical behaviour by physicians.[18]

Societal expectations often extend beyond professional practice and into the daily activities of the physician. Poor judgment reflects on the individual doctor and on the profession.[19] The HPCSA's *General Ethical Guidelines For The Health Care Professions* stresses the importance of practitioners honouring their patients' trust and are reminded that they must avoid abusing their position of power.[20]

Practitioners should realise that the media might routinely monitor online activity to research stories or look for potential stories. Information posted on a social networking site may be disseminated,

whether intended or not, to a larger audience, be taken out of context, and remain publicly available or permanently retrievable online.[13]

Online behaviour of an individual may also harm employability and recruitment and limit professional development and advancement. Globally, institutions have harnessed the power of digital media to attract patients, new faculty, or trainees, especially in allied health professional education.[21] Employers have turned away job applicants because of questionable digital behaviour, including inappropriate photographs or information and content that displays drinking or drug use.[22] Documented public missteps include physicians taking digital photographs during surgery,[23] posing with weapons and alcohol,[24] and unprofessional posts[25] that may ultimately harm the individual and the profession.

Inter-professional relationships

The internet is becoming the forum for debates on medical matters and medical practitioners should be able to engage in them fully. However, the individual freedom to voice opinions on internet forums is not absolute and can be restricted by the need to prevent harm to the rights and reputations of others. Sound judgement must be exercised when posting online, and unsubstantiated or negative comments about individuals or organisations must be avoided.[26]

The SA legal landscape

There is a general misconception that 'cyberspace' is a separate, imaginary jurisdiction with its own laws and rules. Cyberspace refers to the realm of electronic communication within the online world of computer networks and the internet. There is, however, no separate set of 'social media laws' or 'cyber laws' that only applies to the online world. The same laws that apply to conduct in the real world apply to conduct in cyberspace.[27]

SA's law of defamation protects a person's right to an unimpaired reputation. This also applies to everything said and done online and is therefore available to vindicate damages suffered as a result of harmful or derogatory posts. Defamation is the act of making an unjustified statement about a person or organisation through the publication of content that refers to that person and is considered to harm their reputation. An alleged defamatory statement could result in legal action against the individual and their organisation. Something may be considered defamatory if it damages their reputation or good name, lowers the esteem in which they are held in the minds of others or negatively affects what people think of them. Such content attacks a person's moral character, or exposes him or her to derision or ridicule.[27]

Benefits of social media for practitioners and the profession

The internet is a powerful tool for education; eight in ten internet users go online for health information.[28] Online decision aids are increasingly popular among patients seeking health information, and warrant familiarity by practitioners.[29] Patients should be guided to peer-reviewed media and websites with quality control of information.

Practitioners and medical students use social media tools in many innovative and creative ways, e.g. building social and professional networks, sharing health-related information and engaging with the public, patients and colleagues in shaping health policies and priorities.[30] In addition to the social media tools aimed at the general public,

some online providers offer closed online communities, forums and networks developed specifically for doctors. Many practitioners also publish their own blogs and websites.[6]

Recommendations for conduct of medical practitioners and students in the social media

Be aware of personal and professional boundaries and the potential of their blurring when using social media platforms:
- Maintain an appropriate balance between life as a private individual and responsibilities as a professional.
- Preferably do not accept current or former patients as friends or followers.
- Professional profiles should be constructed with an explicit purpose, e.g. networking or community outreach.
- Use the most secure privacy settings on social networking sites.
- If a patient persists in contacting the practitioner, keep a log of all contacts and seek advice from a medical defence organisation.
- Traditional boundaries apply regarding interaction between 'teacher and student' and should also apply to staff and allied health professionals.

Respect the privacy of patients:
- The health professional's duty of confidentiality applies online and offline.
- Patients or their medical conditions must not be discussed on public forums, except with their explicit and informed consent.
- Rarely, information may be encountered on social media sites resulting in a professional obligation to make a disclosure, e.g. information relating to child abuse and criminal acts. In these situations, appropriate professional guidance should be followed and advice sought.
- Informal or derogatory comments about patients must not be posted on public internet forums.

Manage proactively personal and professional online image and behaviour:
- Practitioners represent themselves but also the profession and must always act professionally and not bring the profession into disrepute.
- Regularly review the privacy settings for each social media profile and 'audit' personal profile pages and information retrieved by search engines and compare this with the desired professional image to portray to others. Take time to think about what to show the world.
- Be careful of personal photographs that are posted and adapt security settings to permit the posting of any photographs in which one is 'tagged'.
- Learn how to promptly delete posts but understand that even deleted material may be recovered or remain publicly available in some circumstances.
- Identify openly with one's professional name if posting in a professional capacity.
- The use of a pseudonym does not provide reliable anonymity and will not protect one from disciplinary action in the event of a complaint.
- Do not respond on the network if a patient makes defamatory comments on a social network about a practitioner, but rather request in a separate communication that the post and/or comment be removed.

- Express views openly but not in a way that will cause offence. Avoid comments that could be perceived as racist, sexist, homophobic or otherwise prejudiced, even if meant in jest or as satire.
- If posting, check that everything is up-to-date, evidence-based and factually accurate.
- If a colleague is seen to behave inappropriately online, bring this to their attention discreetly to enable them to reflect and take action. Healthcare professionals can also be patients and inappropriate online behaviour may be a symptom of an underlying stress-related problem.
- Consider the quality of online resources recommended and guide patients to peer-reviewed media and websites.
- The permission of the employer or educational supervisor should be obtained before setting up a blog.
- Avoid posting online or using social media sites when under the influence of alcohol or when stressed, tired or upset.
- Be aware that journalists looking for potential stories may monitor medical practitioners and students' online behaviour on social media sites.

Conclusion

Social media presents opportunities and challenges to healthcare professionals and students. Innovative ways for practitioners to inter-act with patients are presented which may improve the health of com-munities. The tenets of professionalism and the doctor-patient relationship should govern these interactions. Institutions should have policies on the uses of digital media. Education about the ethical and professional use of these tools is critical to maintaining a respectful and safe environment for patients, the public, and practitioners. As patients continue to turn to the web for healthcare advice, practitioners should maintain a professional presence and direct patients to reputable sources of information.[26]

Emerging technology and societal trends will continue to change the landscape of social media and social networking and how patients and practitioners use websites will continue to evolve. Practitioners should be proactive in managing digital identity by reviewing publicly available material and maintaining strict privacy settings about their information. Practitioners must be familiar with these technologies to guide themselves, and their patients, as they navigate the online terrain.[10]

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