

Do we need guidelines on maintaining professionalism on social media?

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In a world increasingly interconnected by the internet, the physical boundaries that previously enabled physicians to separate their personal and professional worlds are no longer as rigid. A patient may ask for a medical opinion using online messaging platforms. Personal consumption of a product or service may be misconstrued as professional endorsement. An opinion posted on Facebook two months prior may be read and taken out of context by a patient two years hence. All this makes it imperative for physicians to be more mindful of how they behave online.

Medical professionalism in social media was one of the key topics during the 2015 Healthcare Social Media Summit held earlier this year in Cebu City.

“Medical professionalism is the heart of being a good doctor,” said Dr Noel Pingoy, the main speaker of the forum. As a practicing hematology and medical oncology specialist with the General Santos Doctors Hospital in General Santos City, he interacts with his cancer survivor patients online but draws the line when it comes to diagnosis and management. He quoted the “Charter on Medical Professionalism” that was jointly formulated by American and European medical foundations: “Professionalism is the basis of medicine’s contract with society. It demands placing the interests of patients above



those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health.”

Dr Anthony Leachon, president of the Philippine College of Physicians, summed it up this way: “Medical professionalism is about respect, and respect begets respect.”

Social media guidelines

In “Professionalism in the Use of Social Media,” the American Medical Association (AMA) provides recommendations and instructions for physicians who maintain an online presence. These include:

- (a) “Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- (b) When using the Internet for social networking, physicians... should realize that privacy

settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.

- (c) If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines, just as they would in any other context.
- (d) To maintain appropriate professional boundaries physicians should consider separating personal and professional content online.
- (e) When physicians see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.”

Although the Philippine Medical Association (PMA) does not have an equivalent social media guideline, Pingoy cited relevant portions of the PMA Code of Ethics that can serve as a framework for Filipino physicians’ online behavior:

“Section 1. The primary objective of the practice of medicine is service to mankind irrespective of race, age, disease, disability, gender, sexual orientation, social standing, creed or

political affiliation. In medical practice, reward or financial gain should be a subordinate consideration.

Section 2. On entering the profession, a physician assumes the obligation of maintaining the honorable tradition that confers the well deserved title of a ‘friend of mankind’. The physician should cherish a proper pride in the calling and conduct himself/herself in accordance with this Code and in the generally accepted principles of the International Code of Medical Ethics.”

Opportunities, risks and recommended safeguards

The connectivity brought about by the prevalence of the internet and social media actually provides physicians with additional opportunities to take better care of their patients. However, this benefit is not without risks. In 2013, the American College of Physicians (ACP) and the Federation of State Medical Boards (FSMB) issued a policy statement that addressed the potential benefits, potential pitfalls, and recommended safeguards for various online physician activities.

- Communicating through e-mail, text, and instant messaging makes physicians more accessible to their patients and allows them to give immediate responses to nonurgent issues. However, the confidentiality of these communications may not be assured. Patients may resort to instant messages instead of seeking face-to-face consultations or talking to the doctor over the telephone. Digital interactions are also more prone to

ambiguity or misinterpretation. It is therefore recommended that physicians:

- “Establish guidelines for types of issues appropriate for digital communication
- Reserve digital communication only for patients who maintain face-to-face follow-up”
- Physicians can use social media sites to observe and gather information about their patients, enabling them to counsel the latter regarding risk-taking or health-averse behaviors when necessary and to make timely interventions during an emergency. However, this type of monitoring is sensitive to the source of information and may threaten the trust essential to the patient–physician relationship. Thus, physicians are advised to:
 - “Consider intent of search and application of findings
 - Consider implications for ongoing care”
- Online educational resources may be utilized by physicians to encourage patient empowerment through self-education, especially those patients who otherwise do not have access to health resources. The danger lies in non–peer-reviewed materials that may provide inaccurate information and in scam “patient” sites that misrepresent therapies and outcomes. Physicians should:
 - “Vet information to ensure accuracy of content
 - Refer patients only to reputable sites and sources”
- Blogs and microblogs written by physicians can be helpful in pushing for the enhancement of public health services and other advocacies. They can also be instrumental

in introducing a physician “voice” into such conversations. However, these venues for personal expression can easily lead to ranting, “venting” and other negative online content that may disparage patients and colleagues. Physicians are urged to:

- “‘Pause before posting’
- Consider the content and the message it sends about a physician as an individual and the profession”
- Physicians may post their own personal information on social media sites for networking and communication purposes. Public access to this information, however, may lead to the blurring of professional and personal boundaries. Both the individual and the profession of medicine as a whole may be represented in an undesirable manner by physicians’ posts on social media. To prevent this, the ACP and FSMB recommend that physicians:
 - “Maintain separate personas, personal and professional, for online social behavior
 - Scrutinize material available for public consumption”
- Finally, physicians might find it easier to use digital channels for communicating with colleagues about patient care, but unsecured networks may lead to a breach of patient confidentiality and unauthorized access to protected health information. Physicians and healthcare facilities are therefore encouraged to:
 - “Implement health information technology solutions for secure messaging and information sharing

–Follow institutional practice and policy for remote and mobile access of protected health information”

That said, Pingoy encouraged physicians to “be authentic, have fun, and do not be afraid.” He urged physicians to use social media in order to draw attention to worthwhile causes, engage the community, and take action – keeping

in mind, however, to maintain professionalism at all times.



Additional resources:

1. ABIM Foundation, ACP-ASIM Foundation, European Federation of Internal Medicine. Medical Professionalism in the New Millennium: A Physician Charter. *Ann Intern Med.* 2002 Feb 5;136(3):243-6. Available online at <http://annals.org/article.aspx?articleid=474090> (accessed May 11, 2015).
2. American Medical Association. Opinion 9.124 - Professionalism in the Use of Social Media. Available online at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion9124.page> (accessed May 11, 2015).
3. Farnan JM, Snyder Sulmasy L, 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 Apr 16;158(8):620-7. Available online at <http://annals.org/article.aspx?articleid=1675927> (accessed May 11, 2015).