

Online postings and medical professionalism

The online age has brought a new challenge to medical professionalism. Medical students and trainee doctors who use social network sites may not be aware of the potential risks they could be exposing themselves as well as their professional careers to, as there is significant potential for the breach of medical professionalism from online postings. The bulk of medical teachers are older doctors who may use these sites less often and so lack the skills to teach the safe navigation of these sites.

Medical professionalism

Medical professionalism comprises a set of values, behaviours and relationships that underpin the trust the public have in doctors, and involves commitments to the patient, other health-care professionals and the health institution where the care is being delivered (Royal College of Physicians, 2005). The confidence and trust patients and indeed society have in the medical profession is predicated on the high standards of medical professionalism (Cruss and Cruss, 2008) and it underpins the contract the practice of medicine has with society. The traditional components of medical professionalism are well recognized, but medical professionalism continues to evolve and is influenced by political and cultural considerations, as well as technological advancement (Farnan et al, 2008). There is hence a need to continually review what is acceptable medical professionalism.

The advent of the online environment poses some new challenges to medical professionalism, the impact of which could have far-reaching consequences for the individual doctor and the medical profession at large. For the individual doctor online misbehaviour that portrays the doctor and hence the medical profession in bad light could be deemed unprofessional behaviour and could lead to disciplinary action by employers or regulatory bodies (de Bruxelles, 2009). Doctors, like other members of society, have sig-

nificant 'online lives' via social network sites such as Facebook, MySpace and Twitter. Through these sites it is possible to reach large numbers of people at short notice with text, pictures and video material. Sometimes many more people than the intended audience can access such material because access control mechanisms have not been activated or can easily be circumvented.

It is important that doctors keep a tight rein on their online lives and do not underestimate the impact their online lives can have on their professional careers and the profession. Medical students and younger doctors are particularly at risk of online breach of medical professionalism, as they are more likely than older doctors to use social network sites. However, the majority of medical teachers and trainers are older doctors who may not have the knowledge and skills for the safe navigation of these sites to be able to teach these to their trainees (Guseh et al, 2005). Young doctors and trainees also erroneously think that their online lives are separate and distinct from their professional lives, and assume that neither can influence the other (Thompson et al, 2008).

Person-identifiable data

From a doctor's viewpoint, posting personal data on these sites, for example, telephone number, photographs, e-mail address and date of birth, can open the doctor up to unsolicited contacts from a wide variety of people including patients. This could pave the way for contacts which might be deemed inappropriate. Inappropriate contacts with patients, including friendships, remain unprofessional, irrespective of the medium used. Such personal information could also be used by criminals to perpetuate fraud, including identity theft.

From a patient's standpoint, posting patient-identifiable data without consent would be a breach of patient confidentiality and could attract strong sanctions from the General Medical Council.

Unprofessional behaviour

Away from the hospital environment, doctors may engage in activities which they might consider to be private but which could be deemed unprofessional should such come to light. In this era of handheld multimedia devices, it is possible that such activity could be filmed, posted online and thus made available to large numbers of people. There is evidence that some medical students and trainees are posting pictures and videos of themselves in states of drunkenness, using illicit drugs or in sexually suggestive poses, as well as using bad and discriminatory language (Thompson et al, 2008; Chretien et al, 2009). Sometimes the doctors participating in such activities may not be aware that they have been filmed and the material posted on social network sites (BBC News, 2010). Googling one's self every now and then has been suggested as a way of finding out the 'state of health' of one's online life (Gorrindo and Groves, 2008; Jain, 2010).

Some employers now conduct online searches on potential employees, and findings from these searches may play a part in subsequent decisions to appoint or not to appoint candidates (Oregon Business Report, 2009). Research has shown that unprofessional behaviour in medical students is associated with disciplinary action by regulatory bodies in later medical practice (Papadakis et al, 2005). There is nothing to suggest that potential employers and other interested parties will not assume the same connection between online professional misbehaviour and fitness to practice.

It is therefore paramount that medical students and doctors take extreme care in protecting their online lives because of the increasing blurring of the boundaries between offline and online lives. Once established, digital footprints may be difficult to erase and misdemeanours of students and young doctors in early professional life, which find their way onto these online sites, may remain a blot on their professional profiles.

Conclusions

The online environment poses new and significant challenges to medical professionalism, which are currently underestimated, especially by medical students and trainee doctors. There is a lack of appreciation of the adverse impact that an unfettered approach to posting information on social network sites can have on professional practice. Doctors need to pay the same degree of care to their online lives as they do to their offline lives as, increasingly, there is no significant separation of the two. **BJHM**

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BBC News (2010) Oxford riot shield sledging police officers reprimanded. news.bbc.co.uk/1/hi/england/oxfordshire/8458822.stm (accessed 1 February 2010)

Chretien KC, Greysen SR, Chretien J, Kind T (2009) Online posting of unprofessional content by medical students. *JAMA* **302**(12): 1309–15

Cruess RL, Cruess SR (2008) Expectations and

obligations: professionalism and medicine's social contract with society. *Perspect Biol Med* **51**(4): 579–98

de Bruxelles S (2009) Seven NHS staff suspended over Facebook 'Lying Down Game' pictures. www.timesonline.co.uk/tol/life_and_style/health/article6827618.ece (accessed 1 February 2010)

Farnan JM, Paro JA, Higa J, Edelson J, Arora VM (2008) The YouTube generation: implications for medical professionalism. *Perspect Biol Med* **51**(4): 517–24

Gorrindo T, Groves JE (2008) Web searching for information about physicians. *JAMA* **300**(2): 213–15

Guseh JS, Brendel RW, Brendel DH (2009) Medical Professionalism in the age of online social networking. *J Med Ethics*: **35**: 584–6

Jain S (2010) Googling ourselves- what physicians

can learn from online rating sites. *N Engl J Med* **362**: 6–7

Oregon Business Report (2009) 45% Employers use Facebook-Twitter to screen job applicants. <http://oregonbusinessreport.com/2009/08/45-employers-use-facebook-twitter-to-screen-job-candidates/> (accessed 1 February 2010)

Papadakis MA, Teherani A, Banach MA et al (2005) Disciplinary action by medical boards and prior behaviour in medical school. *N Engl J Med* **353**(25): 2673–82

Royal College of Physicians (2005) *Doctors in Society. Medical professionalism in a changing world. Report of a Working Party.* Royal College of Physicians, London

Thompson LA, Dawson K, Ferdig R, Black EW, Coutts J, Black NP (2008) The intersection of online social networking with medical professionalism. *J Gen Intern Med* **23**(7): 954

KEY POINTS

- Online postings pose significant challenges to medical professionalism, which are currently unrecognized.
- Many medical students and younger doctors do not appreciate the potential risk of breach of medical professionalism on social networking sites.
- Once established digital footprints could be difficult to erase, and could adversely affect professional careers and job prospects.
- Medical students and doctors should afford their online lives the same protection they give their offline lives.