

Social media etiquette in medicine

ABSTRACT

Social media and medical practice have become intertwined in the last few years. Photography and other user-generated content can increase the spread of good health practices and medical information. Different guidelines have been written but the ease of going online and publishing content can have implications for good medical practice. This article gives physicians and students a synthesis of current guidelines and pointers on online behaviour.

Within the world wide web, it becomes harder to distinguish the boundaries between personal life and professional profile. This pertains to anything published online, such as a comment or location which can say so much about an individual and more so about a medical doctor. Thus, an issue for physicians is how to maintain one's professionalism and at the same time enjoy freedom of expression in the digital world. This article provides pointers on how doctors can manage their social media accounts.

Social media encompasses websites and applications that allow one to generate and share online content, as well as to engage in social networking. The term social media is used in this article to refer to blogs, microblogs such as Twitter, internet forums such as doctors.net and Medscape, content-sharing websites such as YouTube and Flickr, and social networking sites such as LinkedIn and Facebook (General Medical Council, 2013a).

Privacy and security settings of social media accounts

Personal privacy of doctors is an important issue because data such as personal contact details are easily obtained in social media profiles, especially if privacy settings are set default to public viewing. Photographs may also give away information about an individual's home, family, and even preference of coffee shop or leisure centre. Thus, looking up one's physician on a platform could instantly provide a means for anyone to approach the doctor or his/her family outside the clinic setting. For this reason, reviewing privacy and location settings is advised. Creating an online 'professional biography', curriculum vitae or professional account where public searches can primarily be directed to is a pragmatic solution (Mostaghimi and Crotty, 2011).

In line with this, passwords must not be shared with others as incriminating content may be publicly posted or shared through personal messaging in the account owner's name. Account security is of utmost importance because having an account hacked poses threats to linked accounts such as e-mail or even banking sites. An account can also be used to spread scams or malware. Prudence in reviewing account security settings is therefore advised. Generating a strong password not used in other accounts and activating the multistep authentication login can also improve security.

Posting digital content from the workplace

Doctors, just like anyone else, want the freedom to share their life as it is, but it is important to be clear about the extent

to which their clinic or hospital lives could be shared digitally. If taking shots of spaces within the workplace is allowed in the hospital guidelines, the physician must be vigilant that no one who has not given explicit consent is included in any photos and that anything showing patient information is excluded. In all instances, anything posted that involves the workplace must be professional and be in accordance with current laws, medical guidance, and hospital social media guidelines as stated by the General Medical Council (2013a).

Digital media involving patients

Explicit consent is required for obtaining any digital data from patients which will be stored; this includes photographs. As with any consent, the patient must be well informed. Thus, it is good practice to specifically explain to the subject which platform, audience and purpose the publication will be used for (in this context a publication is anything published online, such as a picture, a video, a blog or any other material). Written consent should be obtained before making a recording and oral consent should be considered if the former is not possible (General Medical Council, 2011). This must then be included with the recording. Ensuring all recordings are in line with General Medical Council (2011, 2013a, c, 2017) guidance and in accordance with General Data Protection Regulations (Data Protection Act 2018) will prevent any violation regarding patient information.

Doctor-patient confidentiality

Online platforms, forums and messaging applications have made it easy to consult colleagues regarding patients, but doctors must protect patient confidentiality by anonymising patient information. It is important to be aware that excluding a patient's name, age, address and any personal identifiers may not be sufficient to be considered the information anonymised in line with the Information Commissioner's Office (2012) code of practice. Any piece

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of patient demographic, diagnostic information, photograph, location or a combination of such can still result in a patient being identifiable (General Medical Council, 2017). Notably, security is not guaranteed on any online platform as screenshots could be taken and then made public and this would breach doctor–patient confidentiality.

Professionalism in social media

Physicians are expected to act with the virtues of trustworthiness, benevolence, honesty, courage and compassion as stated by the British Medical Association (2014). A doctor's online presence must then demonstrate these core values. If in doubt about whether certain content is safe to post, it is recommended not to post the content at all. Another suggestion to prevent uploading inappropriate online content is to avoid posting when emotionally vulnerable or under the influence of alcohol (British Medical Association, 2018a). Careful thought must be put into one's personal comments before these are published online because these can easily be misunderstood and thus perceived to reflect the views of the profession as a whole. It is best to set up a professional account where boundaries are clear and all posts are properly flagged as being from a professional account. Meanwhile, one's personal account must still reflect the core values of the profession.

It should then be a habit to conduct regular reviews of the posts in each online account to safeguard one's professionalism, ensuring the contents are in accordance with the physician's core values (British Medical Association, 2018b). On looking back at posts, some incriminating content (uploaded intentionally or by mistake) may be noted. Although all material published on the internet should be considered permanent, any inappropriate content posted should be deleted immediately to prevent it from resurfacing, being duplicated or distributed (Royal College of General Practitioners, 2013).

Respect between colleagues should be maintained on social media. It goes against good medical practice to bully, harass or make gratuitous comments online. Comments about organizations or individuals online are still subject to copyright and defamation laws. Defamation is making a statement which harms an individual or organization's

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reputation. Legal action may follow suit. Online platforms are avenues to demonstrate freedom of expression but limits are set to protect patient trust and professional integrity.

Patients as the subject of posts

There are many factors that doctors should consider before writing an account of a patient on a blog or on social networking sites. Chretien and Kind (2013) suggest 'deidentifying' the patient by not disclosing any piece of information (i.e. a rare condition, location, institution or time frame), fictionalizing the encounter, and stating this explicitly. Any account must be written with respect and with the intent to inform, and incite empathy and understanding. In contrast, publicly sharing frustrations or humour about a clinical incident is unethical. As with any post, the principles of proper consent, professionalism, confidentiality, conflict of interest and adherence to current laws and regulations should be practised when writing about patients.

Patients as friends or followers on social media

As social media can easily blur the boundaries between one's personal and professional life, this places the doctor–patient relationship at risk (General Medical Council, 2013d). On some occasions, patients who are mostly encountered in the clinic setting may send friend requests as they feel a personal connection has been made. Most guidance recommends that the physician politely declines these requests as boundaries must be set to promote healthy professional relationships. British Medical Association (2018a) guidance on professionalism states that if the patient is a friend from a close-knit community, it may be left to the discretion of the doctor as to whether accepting the friend request is appropriate. The General Medical Council (2013a) recommends that redirecting patients' requests or professional enquiries to the professional social media account, e-mail or website would be the proper alternative.

The doctor is (ONLINE): promoting health and clinical practice

Social media platforms are effective tools in promoting health and one's clinic practice. Doctors should publish health information and photographs in their professional name as these posts will be taken by the public as factual. Care must be taken as well to post in accordance with intellectual property rights, wherein permission must be obtained for any copyrighted material. Answering general medical questions and citing references about medical facts is often helpful for the public. On the contrary, giving personal medical advice in a public space such as a forum or as a comment reply to a public clinical enquiry is against General Medical Council (2013a) guidance and must be avoided.

If individuals who are not patients send personal online messages regarding medical concerns (Chretien and Kind, 2013), the physician is advised to respond with a standard form reply without including any personal details from the sender to preserve confidentiality. Besides explaining in the standard reply that he/she does not respond to online enquiries through this platform, the physician must provide his/her clinic details for booking appointments, and emergency centre contact details if the concern is urgent.

If a physician wishes to promote his/her clinic, this should be done via the professional account or website as posting one's clinic details is deemed unprofessional if done in a casual context. According to the General Medical Council (2013c), the content of any advertisement must be truthful and based on facts and reliable sources.

Endorsing products through social media

Some doctors may promote services and products inside and outside the health-care industry by sharing promotional material through social media. These are seen as potential interests to the doctor. A conflict of interest also exists if a person close to him/her, or an employer, has a financial or personal interest in a certain organization which could potentially sway his/her clinical judgement.

KEY POINTS

- Tight security on physicians' social media accounts is a must.
- Regular review of privacy settings and posts in all online accounts is a professional responsibility.
- Confidentiality cannot be guaranteed by any privacy setting on social media.
- The whole digital footprint should reflect the values of a physician, as the conduct expected of doctors remain the same, regardless of the form of communication.
- Anything published online can be disseminated further.
- A professional account is the appropriate avenue to maintain healthy doctor–patient relationships.
- Any doctor publicly posting on social media should identify him-/herself by name.
- Social media which is accessible to the public must not be used to discuss any patient or their care.
- Clinic or hospital social media guidelines should be sought out and adhered to.
- Diligent use of social media can help physicians.

To preserve public trust, there must be a formal declaration of this interest even if it is not clear whether there is any interest at all. Content must not be posted if adequate disclosure of interest cannot be made certain (McCarthy et al, 2018). In addition to this, any clinical decisions such as prescribing, advising or referring should not be affected by this interest. In some instances, the physician may have to exclude him-/herself from making a professional decision because of an existing point of interest. With regard to promoting services or products from organizations outside health care to patients,

such as businesses that provide compensation according to the number of people referred, the physician must not receive any form of referral fee for this (General Medical Council, 2013b).

Conclusions

Social media has its own value in a physician's practice. Disseminating information to a desired audience is made simple and efficient. Behind the keyboard and screen, physicians are still expected to follow the code of ethics. Observing patients' confidentiality, and behaving with a proper demeanour towards colleagues and laymen, upholds these virtues. Professionalism will maintain patients' trust. A professional page or account may help in being discerning on what content to share. Adherence to General Medical Council guidance, laws and company policies can prevent faux pas and liabilities on the internet. **BJHM**

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CURRICULUM CHECKLIST

This article addresses the following requirements from the general internal medicine training curriculum:

- Able to deal with ethical and legal issues related to clinical practice.
- Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement.

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