

Should Doctors Be More Careful with Social Media?

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The Internet provides an invaluable tool for medical professionals to both develop clinical skills, and obtain information.¹ In addition, according to a study put forward by Google, approximately 86% of patients utilize the Internet for educational purposes.² The introduction of social media (SM) interfaces (e.g. Facebook, MySpace, Twitter etc.) has radically altered interaction both within direct social circles, and the wider community. The speed and distance messages can reach is unprecedented, all with the archiving ability provided by Internet sites.³ With over 900 million individuals regularly using Facebook few are immune to the reach of SM.⁴ However, such interaction comes at a risk for a profession whose central tenants are based on trust and confidentiality.

One only has to look at examples such as Matthew Strausburg to realized the dangers of this situation.⁵ Interactions on SM websites are often thought of as private; however, this is far from the truth.³ Conversations can easily be seen by those not intended. This is combined with a disinhibition effect that comes from a feeling of anonymity and invisibility provided by the Internet.⁶ Given recent media outrage regarding posts by doctors in which 'black humour' and derogatory slang were used to refer to patients and other professionals,^{7,8} it has been argued by some that the Internet in general, and SM in particular, should not be considered as the private sphere many believe it to be.⁹

An often cited concern with doctors' use of SM is a resulting blur in the boundaries that constitute the physician-patient relationship.¹⁰ Patients are an inherently vulnerable and dependant group and respect must be given to this situation. It is clearly ethically inexcusable to violate this relationship for personal gain over the well-being of the patient; either in the real, or virtual worlds. However, at what point does interaction between a patient and doctor become ethically unacceptable over SM? Is 'friending' on Facebook a step too far? It has certainly been argued as such by other authors.¹⁰

The dangers of SM interactions are likely to be disproportionately experienced by those in the lower ranks of the medical hierarchy. They have the least experience of the doctor-patient interaction and yet make up the major demographic on SM websites. Over 60% of medical schools have reported students having posted unprofessional content online; 7% of schools have dismissed a student for such offenses.¹¹ This situation has led to feelings of personal risk from medical students when engaging with SM websites.¹²

SM provides an excellent mechanism for marketing to a targeted group of consumers. The recent sale of Facebook on the New York Stock Exchange indicates that this potential has been recognized by many.¹³ In the USA, where marketing of private medical providers is commonplace, SM platforms are well utilised in some specialties.^{14,15} In particular plastic surgery has been shown to have a high use of both Facebook and Twitter when marketing.¹⁶ However, use of such techniques is not without risk, Wong *et al.* have highlighted the need for ethical overview of such practices.¹⁶

The wealth of information now contained about individuals online provides a potentially lucrative source for employers. Directors for surgical resident programs in the USA were recently poled regarding the use of SM in assessing candidates suitability for obtaining positions.¹⁷ Of 227 respondents, 83.7% believed that the information portrayed on SM sites accurately reflected the individual as a physician, with 62.9% believing that it would be fair and reasonable to assess a candidate using their SM profiles.¹⁷ This position has been supported in other professions such as pharmacists.¹⁸

The role of SM in medicine is not without benefits. It provides new scope for targeting public health messages at a demographic often under-penetrated by current policies.¹⁹ It also provides an opportunity for interacting with peers and colleagues in a way not previously possible, and may potentially form a natural extension of tele-medicine.²⁰ In addition, a compelling ethical argument has been put forward against the move to control doctors' SM interactions.²¹ First, it limits free speech in a way that would be, and in reality should be, unacceptable to the general public. Secondly, it detracts from doctors' ability to informally raise concerns regarding aspects of the work environment with which they are discontented.

Professional bodies should not infringe upon the civil liberties of those they help to govern. However, advice, support, and education should be provided to the profession as a whole. Both the American Medical Association in the USA, and the General Medical Council in the UK have started to issue some guidance.^{22,23} However, this is far from clear and definitive. The world of social media is now a ubiquitous

aspect of modern life. As such, it needs to be treated with more consideration by all concerned so that an equipoise is developed between maintaining a professional appearance on the one hand, while also allowing doctors an aspect of their private lives on the other.

Ethical approval

No ethical approval required for this study.

Conflict of interest

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