



## A serious side to social media

Scientists and clinicians are increasingly using social media in a professional capacity. More guidance is needed to provide a framework for the professional use of social media in academic and clinical settings.

We now live in the Information Age, an era in which the internet and social media are a mainstay. As more scientists and clinicians start to use social media in a professional capacity, it is becoming increasingly clear that more guidance and even training is needed for responsible social media use in academic and clinical settings. There are pros and cons to social media use in a professional capacity — how should scientists and clinicians navigate the promise and pitfalls?

During the COVID-19 pandemic, Twitter has been a major platform for researchers and clinicians to share information in real-time, which has been critical during a public health crisis. Social media in general can be used in many ways, including promotion of your research, for medical education and to network and engage with your communities (such as #LiverTwitter and #GITwitter, among others). Twitter in particular can be a powerful tool for research dissemination, and a means to increase engagement with published research and increase full-text downloads of published articles<sup>1</sup>. For transparency, as a journal, we use our own Twitter profile @NatRevGastroHep to promote our content, but also to share news and research highlights, including #GastroEdPick selections, and to live-tweet from conferences. A mix of marketing and outreach.

For some, social media is becoming a scholarly endeavour. In their Comment, Bilal et al.<sup>2</sup> make a case for formally recognizing gastroenterology-focused social media scholarship as an academic endeavour, such as leadership roles in Twitter educational accounts or moderating journal clubs, and present a standardized method for reporting such efforts in one's curriculum vitae. A poll we conducted on Twitter (open for 5 days, 206 votes total) asked whether people agreed that social media is an emerging tool for scholarship. 54.9% of votes were in favour, but 31.1% disagreed and 14.1% were unsure. There remains uncertainty as to how these digital endeavours compare to more traditional academic ventures (such as an invited talk at a conference) and whether they can be considered equivalent, and as this type of social media scholarship evolves so too will the need and means of recognition, and regulation.

As lines blur between public, private and professional lives on social media, there is a need to set clear

boundaries: professional, scientific and personal integrity must be maintained<sup>3</sup>. This issue is most pressing in relation to social media and medicine<sup>4</sup>, in which patients must be factored in — social media is public, and therefore patient-facing, and their needs must be considered. In their Comment, Segal & Hansen<sup>5</sup> explore the topic of medical images, social media and consent, and their concerns about sharing patient imagery and clinical images on such public platforms. They highlight a need for caution with respect to patient confidentiality and the issue of patient consent that specifically addresses social media sharing.

Healthy debate and discussion are a mainstay of science and medicine, but the 280-character limit does not necessarily allow for nuance, and misinterpretation and misinformation is a concern. The [General Medical Council guidance on doctors' use of social media](#) recommends that “you must treat colleagues fairly and with respect”, the professional equivalent of ‘be kind’. They also recommend that doctors should be open about any conflicts of interest or financial or commercial interests. Our own [editorial policies](#) ask for similar declarations within the text of articles, but do all scientists and clinicians declare such interests in every relevant tweet, or even on their user profile?

The next generation of scientists and clinicians have grown up with the internet and social media as the norm. We must adapt to the changing use of social media in scientific and medical communities and whilst some will prefer to keep it social, there are many for whom social media is an extension of their professional and academic output. Whatever side of the debate you stand, it is time to take social media seriously in science and medicine.

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2. Bilal, M. et al. Standardized reporting of gastroenterology-related social media scholarship for career advancement. *Nat. Rev. Gastroenterol. Hepatol.* <https://doi.org/10.1038/s41575-021-00474-w> (2021).
3. Chiang, A. L. Social media and medicine. *Nat. Rev. Gastroenterol. Hepatol.* **17**, 256–257 (2020).
4. Bloom, P. P. et al. Professional use of social media by hepatology providers. *Hepatology* <https://doi.org/10.1002/hep.31824> (2021).
5. Segal, J. P. & Hansen, R. Medical images, social media and consent. *Nat. Rev. Gastroenterol. Hepatol.* <https://doi.org/10.1038/s41575-021-00453-1> (2021).

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