

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS\*

CEJA Report 1-A-17

Subject: Amendment to E-2.3.2, “Professionalism in Social Media”

Presented by: Ronald J. Clearfield, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws  
(Michael Hoover, MD, Chair)

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1 At the 2016 Annual Meeting, Policy D-478.969, “Social Media Trends and the Medical  
2 Profession,” was adopted, calling on the Council on Ethical and Judicial Affairs (CEJA) to  
3 reconsider Ethical Opinion E-2.3.2, “Professionalism in the Use of Social Media.” (This Opinion  
4 was previously E-9.124.)

5  
6 The social media landscape has evolved since the Opinion’s writing in 2010 and that there is now  
7 potential for improving patient education and supporting professional advocacy with ethically  
8 appropriate social media uses.

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10 Opinion E-2.3.2 addresses ethical issues surrounding physician uses of social media and other  
11 online tools. The Opinion stresses the importance of patient privacy and confidentiality when  
12 posting content online, separating personal and professional accounts, maintaining appropriate  
13 physician-patient boundaries online, and calling attention to or reporting unprofessional online  
14 content or behavior of other colleagues.

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16 At close examination, D-478.969 and the Opinion address two different issues. Opinion E-2.3.2  
17 generally speaks to the ethical behavior that a physician should adhere to when engaging in non-  
18 clinical, personal uses of social media. This includes maintaining adequate privacy settings on  
19 social media profiles, separating personal and professional accounts, using caution when  
20 “befriending” patients on personal networks, and reporting colleagues’ unprofessional postings. In  
21 this way, the Opinion addresses situations where a physician uses social media for personal  
22 purposes and how to ensure appropriate physician-patient boundaries are maintained in that  
23 dimension.

24  
25 There are other uses of social media that have also appeared over the years since the Opinion’s  
26 writing. These include encrypted messaging services that allow patients and physicians to  
27 communicate about clinical care such as WhatsApp™, Telegram™, and TigerText™. While these  
28 applications and their ethical concerns are certainly emerging technologies, they are best covered  
29 by Opinion E-2.3.1, “Electronic Communication with Patients.”

30  
31 Policy D-478.969 directs CEJA to examine how physicians may ethically use social media for  
32 educational and advocacy purposes. Education and advocacy can be viewed as activities separate  
33 from a physician’s personal life. While not directly related to patient care (e.g., telemedicine),

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1 education and advocacy content posted online would still not fall under the scope of Opinion  
2 E-2.3.2 as it is currently written. Examples include tweets or blogs about healthcare policy reforms,  
3 patient care advocacy, or discussing clinical case studies with other colleagues. Physicians who use  
4 social media for advocacy purposes can find guidance under Opinion E-1.2.12, “Ethical Practice in  
5 Telemedicine.” However, expanding the scope of the Opinion E-2.3.2 can serve to capture other  
6 scenarios that the Directive seeks to address.

## 7 8 USES OF SOCIAL MEDIA FOR EDUCATION OR ADVOCACY

9  
10 It is important to note that while there has been an expansion of the various ways in which social  
11 media is used, the same ethical considerations continue to apply. Photo-sharing applications (such  
12 as Figure 1™), 1 discussion boards (such as the medicine subreddit or meddit) and other various  
13 platforms have become popular among physicians looking to engage other physicians in shop-talk.  
14 Through these platforms, physician users can upload photos of rare or complex cases they  
15 encounter to help educate other physicians or to gather additional information that may be helpful  
16 in the diagnosis or treatment of that patient.

17  
18 Some applications, such as Figure 1™, only allow deidentified photos to be posted. Users must  
19 remove identifying information before posting (faces, tattoos, etc.) and all photos undergo  
20 additional verification before being posted. Patients must also consent to their photo being shared.  
21 Additionally, users of the application are asked for their occupational information and only  
22 healthcare professionals can comment or upload photos. Forums like Reddit or Twitter have no  
23 such safeguards. It is solely up to the physician to comply with ethical guidelines and not post  
24 identifying information or other inappropriate information online.

25  
26 The benefits for education and patient treatment are apparent with these applications. The  
27 collective knowledge of thousands of physicians is at one’s fingertips, and anecdotal evidence  
28 shows that physicians do benefit from using these platforms. The net benefit of using these  
29 platforms does not temper any responsibility to abide by the ethical guidance already outlined in  
30 Opinion E-2.3.2.

## 31 32 RECOMMENDATION

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34 The Council on Ethical and Judicial Affairs recommends that Opinion E-2.3.2, “Professionalism in  
35 the Use of Social Media,” be amended by addition as follows and that the remainder of this report  
36 be filed:

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38 The Internet has created the ability for medical students and physicians to communicate and  
39 share information quickly and to reach millions of people easily. Participating in social  
40 networking and other similar opportunities can support physicians' personal expression, enable  
41 individual physicians to have a professional presence online, foster collegiality and  
42 camaraderie within the profession, provide opportunities to widely disseminate public health  
43 messages and other health communication. Social networks, blogs, and other forms of  
44 communication online also create new challenges to the patient-physician relationship.  
45 Physicians should weigh a number of considerations when maintaining a presence online:

- 46  
47 (a) Physicians should be cognizant of standards of patient privacy and confidentiality that  
48 must be maintained in all environments, including online, and must refrain from posting  
49 identifiable patient information online.

- 1       **(b) When using social media for educational purposes or to exchange information**  
2       **professionally with other physicians, follow ethics guidance regarding confidentiality,**  
3       **privacy and informed consent.**  
4
- 5       (c) When using the Internet for social networking, physicians should use privacy settings to  
6       safeguard personal information and content to the extent possible, but should realize that  
7       privacy settings are not absolute and that once on the Internet, content is likely there  
8       permanently. Thus, physicians should routinely monitor their own Internet presence to  
9       ensure that the personal and professional information on their own sites and, to the extent  
10      possible, content posted about them by others, is accurate and appropriate.  
11
- 12      (d) If they interact with patients on the Internet, physicians must maintain appropriate  
13      boundaries of the patient-physician relationship in accordance with professional ethical  
14      guidelines just as they would in any other context.  
15
- 16      (e) To maintain appropriate professional boundaries physicians should consider separating  
17      personal and professional content online.  
18
- 19      (f) When physicians see content posted by colleagues that appears unprofessional they have a  
20      responsibility to bring that content to the attention of the individual, so that he or she can  
21      remove it and/or take other appropriate actions. If the behavior significantly violates  
22      professional norms and the individual does not take appropriate action to resolve the  
23      situation, the physician should report the matter to appropriate authorities.  
24
- 25      (g) Physicians must recognize that actions online and content posted may negatively affect  
26      their reputations among patients and colleagues, may have consequences for their medical  
27      careers (particularly for physicians-in-training and medical students), and can undermine  
28      public trust in the medical profession. (I, II, IV)  
29
- 30      (Modify HOD/CEJA Policy)

Fiscal Note: Less than \$500