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)

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

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

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

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

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

Policy D-478.969 directs CEJA to examine how physicians may ethically use social media for educational and advocacy purposes. Education and advocacy can be viewed as activities separate from a physician’s personal life. While not directly related to patient care (e.g., telemedicine),
education and advocacy content posted online would still not fall under the scope of Opinion E-2.3.2 as it is currently written. Examples include tweets or blogs about healthcare policy reforms, patient care advocacy, or discussing clinical case studies with other colleagues. Physicians who use social media for advocacy purposes can find guidance under Opinion E-1.2.12, “Ethical Practice in Telemedicine.” However, expanding the scope of the Opinion E-2.3.2 can serve to capture other scenarios that the Directive seeks to address.

USES OF SOCIAL MEDIA FOR EDUCATION OR ADVOCACY

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

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

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

RECOMMENDATION

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

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

Physicians should weigh a number of considerations when maintaining a presence online:

(a) Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
(b) When using social media for educational purposes or to exchange information professionally with other physicians, follow ethics guidance regarding confidentiality, privacy and informed consent.

(c) When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.

(d) If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just as they would in any other context.

(e) To maintain appropriate professional boundaries physicians should consider separating personal and professional content online.

(f) When physicians see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.

(g) Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students), and can undermine public trust in the medical profession. (I, II, IV)

(Modify HOD/CEJA Policy)

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