

Physicians and Social Media: Separating the Tweet From the Chaff

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Social media surrounds us—both personally and professionally. A study published by Pew Internet and the American Life Project in August 2011 reported that 65% of the general public uses social media.¹ QuantiaMD survey results published that same month reported nearly 90% of physicians use at least 1 social media website for personal use and over 65% use at least 1 social media website for professional purposes.²

It is not surprising that physicians are among the leaders when it comes to social media use. Simply browse the web and you are sure to stumble across a physician blogging or engaging in some level of social media, whether it be participating in online physician communities (eg, Ozmosis and Sermo), posting updates via Twitter, Facebook or Google+, sharing photos via Instagram or Tumblr, watching, posting, or commenting on videos on YouTube or Vimeo, or posting reviews online.

Social media continues to present many great opportunities for physicians and health care in general, as it can be used to disseminate information and forge professional relationships. For example, many medical journals and medical societies have Twitter and Facebook accounts that provide regular updates on issues important to the profession. The sharing of information with

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followers or visitors to these accounts can be an effective mode of communication, as it not only conveys information to followers and visitors but also has the potential for further distribution by those followers and visitors.

Keeping up-to-date on this issue is critical because the way physicians engage in social media and interact with patients via social media will continue to develop and change.

Like many professionals, physicians face challenges unique to their profession when using social media. Separating what social media activity is personal and what activity is meant to or has the potential to represent the views of a physician's business or employer or the profession of medicine as a whole is complex and not always possible. Patients or other health care professionals often can impede even the best attempts by a physician to keep their social media accounts purely personal through friendly attempts to engage the physician in interaction (eg, sending a message or friend request, tagging the physician in a picture or post, checking in the physician's office and tagging the physician as part of check-in).

Physicians' use of social media also can have unintended consequences, such as

accidental privacy breaches. Even subtle information sharing carries the risk of unauthorized disclosure. While it is clear that it is inappropriate to post a video of a patient without consent, discussing an interesting case sans names or photos can land phy-

sicians in a much grayer zone. A Rhode Island physician learned this the hard way after being fired from her job and reprimanded for unprofessional conduct by the state medical board after posting what she considered to be de-identified information about a patient. According to the state medical board, even though neither the patient's name nor photograph was posted, there was enough information in the posting that other people could have identified the person.³

One may think such situations are rare, but surveys have shown otherwise. Of the deans surveyed at 130 US medical schools, 60% of the respondents reported incidents of students posting unprofessional online content, and 13% reported violations of patient confidentiality.⁴ A national survey of state medical boards reported that over

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Social Media Resources for Physicians

- AMA Professionalism in the Use of Social Media policy: <http://www.ama-assn.org/ama/pub/meeting/professionalism-social-media.shtml>
- FSMB Guidelines: <http://www.fsmb.org/pdf/pub-social-media-guidelines.pdf>
- The Health Communicator's Social Media Toolkit: http://www.cdc.gov/socialmedia/tools/guidelines/pdf/socialmediatoolkit_bm.pdf
- Ohio State Medical Association's Social Networking and Medical Practice—Guidelines for Physicians, Office Staff and Patients Social Media Guide: <http://www.osma.org/files/documents/tools-and-resources/running-a-practice/social-media-policy.pdf>
- Presentation by Arthur R. Derse, MD, JD, director of the Center for Bioethics and Medical Humanities at the Medical College of Wisconsin: <http://www.youtube.com/watch?v=UoBrx4sVfts>

90% of the respondents indicated that at least one of several online professionalism violations had been reported to their board. Serious disciplinary outcomes (ie, license restrictions, suspension, and revocations) occurred related to social media use at 50% of the 48 responding medical boards.⁵

A survey published in 2009 by the *Journal of the American Medical Association (JAMA)* reiterated many of these challenges and suggested that physicians using social media need clearer guidelines to define the parameters of professional conduct online.⁶ In 2010, the American Medical Association (AMA) adopted the "Professionalism in the Use of Social Media" policy, which aims to help physicians maintain a positive online presence and preserve the integrity of the patient-physician relationship. Health care facilities and medical colleges have used this policy as a resource for developing and updating social media-related policies and procedures.

A new study published in 2012 by *JAMA* focused on online professionalism violations by physicians and the role of medical licensing boards.⁵ Survey results illustrated that medical boards consider social media issues within their responsibility to regulate, with approximately 71% of the 48 medical and osteopathic board executive directors

participating in the survey saying unprofessional conduct related to social media use by licensed physicians has led to disciplinary proceedings. Survey authors expressed surprise at the number of medical boards that had taken serious disciplinary action (ie, restriction, suspension, and revocation) against a physician for social media-related activities⁶ and commented that while the actions are relatively small now in comparison to other actions taken by medical boards, this is likely to change as the use of social media continues to grow. The authors also noted the need for regulators and physicians to address emerging online practices and to create consensus-driven, broadly disseminated principles to guide physicians toward high-integrity interactions online.⁵

The Federation of State Medical Boards (FSMB), which assisted in the development of the study published by *JAMA* in 2012, adopted "Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice" (Guidelines) in April 2012. The FSMB developed the Guidelines to assist medical boards in providing guidance and education on issues related to social media-related issues. The Guidelines encompass many of the same tenets as the AMA's Professionalism in the Use of Social Media policy, though the

Guidelines are more comprehensive. They were meant to be an educational resource and starting point for discussion, not a definitive source of action. The Guidelines acknowledge this, stating that the FSMB “recognizes that emerging technology and societal trends will continue to change the landscape of social media and social networking, and how these websites are used by patients will evolve over time” and that the Guidelines “will need to be modified and adapted in future years” to be remain consistent with these changes.⁷

The Wisconsin Medical Examining Board (MEB), like many medical examining boards across the country, has started looking more closely at social media as part of its efforts to revamp Med 10 of the Administrative Code, the section in the Code related to unprofessional conduct by physicians. The direction and level of regulation the MEB could propose remains to be seen, as the discussion on this issue has just begun. The Wisconsin Medical Society’s government relations and legal staff continue to monitor this issue and will provide updates in *Medigram*, the Wisconsin Medical Society’s e-newsletter.

With all the recommendations, risks, and uncertainty, physicians may wonder if they should jump off the social media train. By doing so, they could miss out personally and professionally. Opportunities to participate in social media expand daily. In light of advancements in health information technology physicians may not be able to completely avoid these interactions. One day patients may have the option to link their Facebook or Twitter account to their personal health care record, use established social media channels to exchange health information with their physician, or participate in interactive group appointments. The possibilities are limitless.

As an alternative, physicians can stay educated about and aware of potential issues that may arise based on their profession and monitor their social media use accordingly. There are an abundance of

resources that physicians can use to educate themselves on this topic. The above-mentioned AMA policy and FSMB Guidelines are good places to start. Physicians also can review organizational social media policies, the tips shared in the 2011 *WMJ* article “When to ‘friend’ a patient: Social media tips for health care professionals”⁸ or many of the tips available from other online resources. Links to a few of these resources are provided in the sidebar. Keeping up-to-date on this issue is critical because the way physicians engage in social media and interact with patients via social media will continue to develop and change. Guidance for physicians will therefore need to evolve accordingly.

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