Navigating Social Media – Is the Profession Ready?

By Dr Ng Chew Lip, Member, SMA Doctors in Training Committee

This is the first instalment of a series on doctors' usage of social media.

The Internet is probably the most transformative technological advancement of our generation. It has made information readily accessible to anyone plugged into the World Wide Web and bridged the communication gaps between people. If the Internet triggered the Information Revolution, social media took it a step further by allowing anyone to make this information available to the public.

The advent of social media over the past decade has changed the way individuals, and society as a whole, communicate and exchange information. One's thoughts, emotions, experiences, occupation, educational history, marital status and other intimate information, which would only be privy to close contacts in the past, are now readily and easily broadcast virtually to the entire online world. In fact, biographies are no longer the sole privilege (or curse) of the rich and famous. Websites like Facebook offer "timelines" that allow users to profile their entire life online. Exciting times, isn't it? Social media has, in effect, made its subscribers public figures. Anyone can be a celebrity, if they so desire!

As with most new technologies, social media has implications for the individual and society, both good and ill. I am reminded of a verse spoken by Friar Laurence in the Shakespearean play, *Romeo and Juliet*:

Virtue itself turns vice, being misapplied,
And vice sometime by action dignified.
Within the infant rind of this weak flower
Poison hath residence and medicine power.

The Internet, being a medium of knowledge transmission, has been well utilised by the medical profession. However, for doctors, in particular the younger members of the profession, social media is a force that we might not have fully comprehended or mastered.

The recent spate of media furore over inappropriate posts by medical students and junior doctors on social media platforms deserves our attention. These usually involved comments or photographs taken by doctors or medical students posted on their own Facebook or Twitter pages, often as a means of venting their frustration, communicating their experiences to friends, colleagues or classmates, or simply to kick-start a conversation.

These posts can be outright inappropriate or taken out of context, as they are often abbreviated one-liners that are not contextualised or substantiated. Someone reading one of these posts can take a screenshot and send it to citizen journalism websites or even mainstream newspapers. When it appears on the front page the next day, corporate communications departments scramble, inquiries are made, apologies are issued, social commentaries are written, the decline in medical professionalism is lamented...

This series of events has repeated itself on numerous occasions. What are the root causes? How can we prevent this?

Blurring of the line between private and public life

One key reason for this indiscretion could be our failure to realise that social media greys the lines between private and public life. The current generation of junior doctors, from medical students to registrars, have grown up in an environment in which online communication is an integral part of their social lives. From the early IRC, ICQ and MSN, to the more recent blogs, Facebook and Twitter, we have been uploading and sharing our daily lives with an online community since we learnt how to use a computer. This is the generation of "txt-spk", aka – LOL, ROFL, GG, Brb, Ttyl & b4 I 4get, :) :P :(-_-!!! If you do not understand half of the above abbreviations, you probably do not belong to the at-risk group.

Our generation has a less distinct notion of private life. We can rant about the quarrels we just had with our boyfriends, girlfriends or spouses on Facebook, and expose someone as a heartless two-timer. We can announce where we just had lunch by "checking in" on Facebook or Foursquare (sites which announce users' exact location to their list of friends). In the same vein, we may potentially rant online about a colleague who made a decision that we may not feel is right, or blog about our thoughts on a patient who, as a result of sexual indiscretion, infected his wife with HIV, or take a picture of the first sebaceous cyst or appendix we have excised and post it triumphantly on Facebook.

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But why are we doing this? Why are we putting ourselves out in a moral minefield that can potentially destroy our fledgling careers, for seemingly nothing more than to satisfy the need to share details of our daily lives or to vent our frustrations? Sometimes, we do not realise that such seemingly benign actions taken in our "private" lives constitute a breach in medical professionalism. We could be thinking, "I'm not using the hospital computer", "I'm not making this statement in the capacity of a medical professional", "There are no patient identifiers on the appendix", or "This is my private after-work life".

It is true that doctors deserve, and should have, a private personal life. However, a wise professor recently said this to me, "Being a professional implies accepting a sacrifice of personal space. We have to watch our behaviour and our tongues. In return, we gain the respect and trust that the public and our patients confer upon us." In a sense, we are all public figures. When we took the Hippocratic Oath, we accepted that heavy responsibility to our patients, our society and our fellow professionals. There are vocations or professions on which society confers authority and respect – teachers, doctors, political leaders, policemen and religious leaders, to name a few. You will not expect a priest to post your confessions online without your permission, nor will you condone teachers who utter profanities or political leaders who indulge in sexual indiscretions. Why is that so?

This is a social contract, a cultural norm, an unspoken agreement or a code of conduct established between society at large and persons who have been conferred these positions of respect by virtue of their professions. Some may enter these professions with scant comprehension of these unspoken rules, but once they are in these professions, they have to abide by the guidelines. If this contract is breached, it will either invite social reprimand or bring disrepute to the image of the profession, or both.

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A more open, free-speaking macro-environment

Another factor contributing to the culture of posting inappropriate online material is the more open culture fostered by the apparent anonymity that the Internet offers, and the more liberal approach towards open speech by the political leadership. My generation was raised in schools that encouraged debate and free speech. We were taught in school that political apathy was undesirable. Speakers' Corners sprouted in many schools during that period. In recent years, the Speakers' Corner at Hong Lim Park has evolved into a colourful platform for political groups, lobby groups, artists and charities to vocalise their causes and visions in public. The emergence of political blogs and websites (that post commentaries that would have been branded as defamation or even outright treason 20 years ago, but are generally tolerated by the authorities today) have further augmented the overall culture of free speech.

Who can resist commenting on the Internet when there is seemingly no consequences? Hidden behind nicknames on forums and aliases on blogs, anyone can write or post just about anything without getting into trouble! Or so we think...

Unfortunately, there is no real anonymity online. Every one of us leaves our electronic fingerprints on cyberspace the moment we log onto the Internet. Even if we clear our cache, delete our blogs, close our Facebook accounts, nothing is ever blotted out completely. The unfolding scandal over PRISM, the top-secret data collection system managed by the United States National Security Agency (NSA), proves this point. The NSA had collected information on individuals from technological behemoths like Google, Yahoo and Microsoft in a clandestine manner, all in the name of national security, and shared them with American allies. What we do, what sites we visit, our transactions, what we post online, and even the emails we send, can still be traced back to us many years later.

The Elevator Test – discerning what can be posted online

For a generation so attuned to posting information online, we sometimes do not stop to think about what we can or cannot post online. With the ubiquitous ten-megapixel camera-enabled smartphones in hand, one can easily snap a picture of a perplexing rash and post it on Facebook for other doctors to suggest differential diagnoses, or tweet something in a fit of anger about an unreasonable patient. Grumbling about problems at work online is a channel for discharging pent-up emotions. Who among us has never grumbled about unreasonable patients or colleagues on social media platforms? But would you grumble aloud in a hospital elevator?

Posters have appeared in hospital elevators to remind us that we should never discuss patients or colleagues in an elevator or in public. While we may occasionally breach that code of conduct, we are usually cognisant and aware that what we whisper or utter aloud in the lift is being heard by everyone else inside and that information can spread like a plague once these vectors emerge from that enclosed space. You can unleash an information epidemic from within an elevator.

While most institutions have social media guidelines, not everyone reads them. They may also be official-sounding, difficult to interpret or contextualise, and often serve to protect the interests of the institution more than the individual, which can put some people off. Until recently, social media was not featured as a major ethics teaching point in medical schools. However, traditional professionalism and ethics teaching are catching up with these changing times, although these may take time.

I propose a simple test to gauge the appropriateness of our online posting – **the Elevator Test**. It involves a simple question: **would you read aloud what you are about to tweet or post online in the hospital elevator?** If you do not find it appropriate to read it out loud in the elevator, it is highly likely that it is not appropriate for Twitter or Facebook. What we need is a simple litmus test that comes instantly to mind before we post anything, and the Elevator Test can represent that test.

What about pictures? In general, any picture that depicts patients or their body parts should not be posted on social media. Although this test is neither all-encompassing nor the absolute arbiter of appropriateness, what it does is to serve as a reminder: "Hey, wait a minute, think before you post." It stops one from acting on impulse and allows common sense to step in. Sometimes, a few seconds is all that is required for common sense to sink in, and that is the value of this test.

The issue of social media and Medicine is not confined to medical professionals posting inappropriate materials online. There are many possible professional and ethical conundrums that can confuse and confound doctors. Here, we discuss a few scenarios to illustrate these issues.

Scenario 1

You receive a "friend request" on Facebook, and realise that it is a patient you saw earlier this week in your clinic. Should you accept his friend request? If you do not, will he think you are stuck-up or unfriendly?

Repercussion 1

If you accept the patient as a friend on Facebook, he will have access to everything about you, your family, your background and other personal information. You will also have access to information about him, which you will not usually be privy to in a normal doctor-patient relationship.

Accepting this request completely blurs the professional line. What if the patient "likes" or comments on a picture of you in swimwear, or posts on your Facebook profile page a picture of a rash he developed and asks for your advice?

Scenario 2

As an Associate Programme Director (APD) of a residency programme, a resident in your programme is your Facebook friend.

Repercussion 2

She sends you messages almost daily, which may or may not be related to work. She regularly "likes" the pictures you post. She sends you a private message on Facebook about a fellow resident she does not like and reports something this person should not have done today.

Interprofessional relations can be difficult to manage on social media platforms, particularly between doctors at different levels of training, especially if one is an evaluator of the other. Can this APD resist being swayed into giving this "friendly" resident better evaluations or forming a poorer impression of the other resident whom she complained about? Would this frequent "friendly" contact develop into a nonprofessional relationship? What would the other residents or faculty think if they are aware of this?

Scenario 3

A frustrated house officer (HO) tweets: "Got a scolding just now over the phone from the endocrine registrar for a silly blue letter that my consultant wanted! You mean surg con, reg and MO can't manage hypocount? Where did they get their MBBS from?!! Argh!" The HO did not realise that his registrar was following him on Twitter.

Repercussion 3

The HO has provided the exact identities of his senior colleagues, even if they were not named, and questioned their clinical decisions openly in a public domain. He may not realise that this can amount to defamation.

In today's context, cyberspace is a public domain. Posts about bad seniors, colleagues, nurses and lecturers are not uncommon on Facebook, but disciplinary action can be taken for such acts. There are proper channels for whistle-blowing or raising one's concerns about clinical decisions, and Twitter and Facebook are not the appropriate avenues. If we apply the Elevator Test, the HO in question would certainly not have uttered something like that in a hospital elevator. This post has failed the Elevator Test and thus should not have appeared online.

There are innumerable moral pitfalls for medical professionals in social media platforms. Without proper education and guidance, doctors, in particular the younger ones, can unwittingly fall into one of these ethical potholes and find themselves in trouble. As a result, the image of the medical profession suffers as well. Doctors have to be taught what is right and appropriate on social media platforms, in order to be made aware of what is wrong and inappropriate. The crux of the problem is that many doctors are unaware of what constitutes inappropriate online behaviour, where to draw the line between professional and personal life online, and what to do when professional dilemmas arise on social media platforms.

Are the existing social media guidelines of our institutions clear enough to guide doctors and medical students through these scenarios? Are the existing professionalism and ethics curriculum in the medical schools and residency programmes adequate in equipping doctors and medical students to demonstrate responsible and professional behaviour on cyberspace? Perhaps more comprehensive guidelines that illustrate these scenarios and offer practical guidance should be put in place. Educators, both in medical schools and residency programmes, should make professional behaviour on social media platforms and the Internet a key teaching point. With adequate attention from the profession on this issue, I am certain that we can navigate these new professional and ethical minefields, and safely harness the benefits brought about by social media. SMA

Dr Ng Chew Lip is a third year Otolaryngology resident at National University Health System. He finds ENT endlessly fascinating and is spending most of his time learning his craft.