



Of Doctors and Online Social Networks – Challenges and Strategies

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This is the second instalment of a series on doctors' usage of social media. The first instalment, "Navigating Social Media – Is the Profession Ready?", can be found in the July 2013 issue of SMA News (<http://goo.gl/BgbCYy>).

The exponential growth in popularity of online social networks (OSNs) has brought about unimaginable advances in interpersonal connectivity, but is also accompanied by unprecedented threats to confidentiality, especially in the medical profession. The maintenance of safe and healthy online networks is the shared responsibility of healthcare personnel, media, and members of the public. This essay aims to outline the current uptake of OSNs within our profession, doctors' interactions within these networks, and suggestions for effective self-regulation of these interactions.

A familiar scenario?

Arguably the worst nightmare for every doctor – facing disciplinary or legal action, appearing in the headlines of national newspapers, and being the target of scrutiny and discussions for weeks and even months, for a momentary lapse of judgement while using OSNs. The aftermath of various binding legal strictures and the possibility that it will prejudice an ongoing trial frequently prevent the individual from publicly discussing the case. As a result of the icy silence, there is little chance to alter the course of this runaway train, and media and public opinions are often formed even before the verdict is given. This usual story of alleged professional negligence or misconduct reoccurs regularly. Drama and attention, coupled with the inexorable fall from grace, make for a good read.

We all know this scenario can happen to anyone who uses OSNs. We are not alone – other professions are also struggling with similar issues.¹

Advent of OSNs

The advent of OSNs has seen exponential growth. Founded in 2004, Facebook has over one billion active users as of 2012,² and is the most popular social networking website.³ Twitter, created in 2006, has over 500 million registered users as of 2012, and is one of the top 15 visited websites.⁴ Usage of any nonprivate communication platform, coupled with the freedom of speech online, is a recipe for potential conflict. In a survey of US medical schools, 60% of respondents reported incidents where students had posted unprofessional content online.⁵ Internationally, some of these incidents have spilled over to the media. It was found that

the coverage of health in three British national newspapers (the *Daily Telegraph*, *Guardian*, and *Daily Mail*) had already more than tripled over the last 21 years, with twice as many negative articles as positive ones.⁶ The growth of OSNs has been a cause of, or further catalysed this process.

Rules of engagement

By now, as doctors, we are well aware of the obvious mistakes to avoid. For example, posting patients' names, diagnoses, and photos online without consent, and asking them out via OSNs. However, it is the indistinct and unfamiliar areas of OSNs that we should be careful about. These include befriending patients on Facebook, and revealing too many identifiable details of the patients' conditions even without mentioning their names and identification numbers. It is understandably tempting to share one's joys and frustrations at work on OSNs and receive sympathy, empathy, fascination, shock, and solidarity. What better way to vent and alleviate the daily grind than to share it on OSNs with the click of a button? I observe that comments about daily interactions with patients are usually mild and harmless, yet there are also the occasional rants and rare malicious remarks.

The rules of engagement between patients and doctors using OSNs run deeper than just the exposure of patients' identities. What if a physician finds pictures of a patient smoking cigarettes while awaiting lung transplant, or a patient imbibing alcohol while awaiting liver transplant – both of whom had claimed they did neither during their consultations? Similarly, what will a patient think and do, if he had an intraoperative complication and noticed that his surgeon was drinking at a pub late into the night before his operation? Will such freely accessible information on OSNs foster or undermine the doctor-patient relationship?

Is there a true Delete button?

Apparently not! Ubiquitous search capabilities and storage of information for indefinite periods of time allow potentially harmful online status updates and photos to be accessed years after they were originally posted. Privacy settings lull users into thinking disparaging comments will not travel beyond their circle of friends. A quick screen capture,

friends who forward the post to others beyond your circle, and changes to the privacy settings of the OSN can easily negate subsequent attempts to delete the online post.

Proposal of three laws

Taking a leaf out of Isaac Asimov's Three Laws of Robotics,⁷ I propose three simple laws to go by when using OSNs:

1. First Law: I may not breach the confidentiality of a patient, or through inaction, allow a patient's confidentiality to be compromised.
2. Second Law: I am comfortable with my online post appearing as the headline news the next day, except where such posts would conflict with the First Law.
3. Third Law: I may post discussions with the intent of improving the care of my patient, as long as such posts do not conflict with the First and Second Laws.

Fallout – it takes two

Beyond the profession's self-regulation, the debate on how the media reports these incidents has intensified. The media has been lambasted for their revelations of sensitive information and sensationalisation of healthcare incidents before formal inquiries were completed. Recent incidents have also highlighted the misgivings of our profession itself. Doctors and the media need to discuss how to handle such matters better. Ultimately, both sides need to understand and appropriate a share of responsibility for the impact of publishing doctors' online postings on each other and to society as a whole.

Suggestions

A number of suggestions come to mind to lessen the impact of exposing a doctor's inappropriate online postings on a public domain:

1. Support for doctors under media scrutiny

More support is needed from professional organisations for doctors who find themselves in the scenario outlined at the start of this article. There should be proper outlets for a doctor to explain the intricacies of his case, which can help clarify inaccuracies and assuage his fears that the public will have skewed opinions based on his online postings.

2. Whistle-blowing and investigation pathways

We are most exposed to the actions of our colleagues, and most of us know we should remind each other when we accidentally step out of line while using OSNs. Yet, given the possibility of severe consequences resulting from inappropriate use of OSNs, individual institutions could consider establishing official whistle-blowing channels against recalcitrants.

Most doctors do not know what the formal inquiry process encompasses. Familiarity with subsequent investigations will help the involved doctor understand his situation better.

3. Education

Doctors, medical students and healthcare personnel need to be educated and reminded on the safe use of OSNs. This should include a review of cases that had recently occurred and potential ones that may occur due to ignorance.

Proposal of guidelines

In the next part of this series, we will explore current online guidelines and attempt to propose an updated version for doctors. In addition, there may be value in creating suggested guidelines for media reporting of healthcare issues.

Conclusion

To conclude, the rapid uptake of OSNs has not only brought about countless benefits, but also raised threats. Usage of OSNs and management of subsequent problems is a shared responsibility, with specific roles for both the medical profession and media. This essay has outlined a few guidelines for the usage of OSNs, but it is up to us to reflect further and consider how best to use our knowledge and skills to further this cause.

Perhaps the most important Zeroth Law to remember...
The Internet never forgets. **SMA**

References

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