



## Ethico-Moral Responsibilities of Health Care Practitioners on Social Media

Edmond Ray A. Chua<sup>1\*</sup> and Pacifico Eric E. Calderon, M.D.<sup>1,2</sup>

*College of Medicine, San Beda College, 638 Mendiola Street, San Miguel, Manila, Philippines*

*Biology Department, College of Science, De La Salle University, 2401 Taft Avenue, Manila, Philippines*

*\*Corresponding Author: erachua.sbcm@gmail.com*

**Abstract:** Information dissemination on social media across multiple platforms has become a cornerstone in today's information boom. Consequently, it has become easier for health care practitioners, particularly physicians, to share medical information and clinical experiences online. With the increasing popularity of the use of social media in disseminating and obtaining information about health and illnesses, the risks of breaching personal-professional boundaries and patient privacy, disseminating poor-quality and/or false information, and tarnishing professional behavior have consequently increased. This article aims to discuss the benefits and risks of the use of social media in health care and to enumerate the ethical responsibilities of health care practitioners in utilizing this tool. When used prudently, social media can promote individual and public health in general, the professional development of practitioners, and the advancement of managing health care information. However, when used with little or without caution and skepticism, the risks to the patients, the health care providers, their fiduciary relationship, and to the public at large can be high. It is, therefore, recommended that ethical guidelines be drafted and implemented by governing and professional regulatory bodies.

**Key Words:** social media; health care practitioners; health care institutions; ethical guidelines; patient privacy

### 1. INTRODUCTION

Social media generally refers to Internet-based tools that allow individuals and communities to gather and communicate; to share information, ideas, personal messages, images, and other content; and to collaborate with other users in real time. As a tool, social media has provided ease for billions of

people worldwide to gain access to a multitude of information from different platforms; and its definition and scope is broad and constantly evolving (Ventola, 2014).

Social media has transformed communication and is on its way to transforming healthcare (Chretien and Kind, 2013; Muhlen and Ohno-Machado, 2012). The American Medical Association



(AMA) recognizes how the Internet has created the ability for physicians to communicate and share information quickly, and this participation in social networking and other similar internet opportunities can support physicians' personal expression, enable individual physicians to have a professional presence online, foster collegiality and camaraderie within the profession, provide opportunity to widely disseminate public health messages and other health communication (American Medical Association, 2011). On the other hand, patients have been active on social media to find health information and support through discussion groups and forums, and to chronicle their illness journeys (Table 1). Naturally, they are also interested in using social media to facilitate communication between themselves and their providers (Chretien and Kind, 2013).

Such social networks, blogs, and other forms of communication online thus pose new challenges to the physician-patient relationship. While social media may be regarded as a form of communication that facilitates physician-patient interactions, the behavior and comportsment expected of health care professionals on social media do not change (Muhlen and Ohno-Machado, 2012; American Medical Association, 2011).

Table 1. Differences in Online Activities Between 2000 and Today<sup>+</sup>

What Would I Do If	In 2000	Now
I need clinical answer	Try to find a colleague who knows it	Post a question on Twitter
I want to hear a patient's story about a specific condition	Try to find a patient in my town	Read blogs, watch YouTube
I want to be up-to-date	Go to the library once a week	Use RSS (Rich Site Summary) and follow hundreds of journals
I want to work on a manuscript with my team	We gather around the table	Use Google Docs without geographical limits

<sup>+</sup>Adapted from Mesko (2011)

Networking on social media is constantly evolving, with new platforms being invented and introduced to the public every so often. Empowering users to post content that is public, rapidly-indexed, and searchable to a global audience has had profound consequences for individual privacy, and the dangers these technologies pose to health professionals are formidable (George, *et al.*, 2013). When using social media for health care, great care must exercised to ensure that protected health information is safeguarded. Patient privacy breaches can cause much greater harm when occurring online than when face-to-face given the potential wide reach of social media and the permanency of digital information (Chretien and Kind, 2013).

This article aims to discuss the benefits and risks of the use of social media in health care and to enumerate the ethical responsibilities of health care practitioners in utilizing this tool. Specifically, an analysis of the risks and benefits of using social media in the setting of patient care, patient relationship, and patient's rights of privacy is presented.

## 2. SOCIAL MEDIA INFLUENCES ON THE HEALTH CARE SYSTEM

Independent physicians and small medical societies in the 19<sup>th</sup> and 20<sup>th</sup> centuries began to publish general medical journals containing case reports, ideas for new treatments, and the results of



medical experiments, with the end in view of making the best new medical knowledge available to physicians, scholars, and the public. These pioneers took advantage of the best available technology for disseminating information, printing journals like *The Lancet*, *The New England Journal of Medicine*, and *The Journal of the American Medical Association* on cheap paper and selling them to subscribers at a few pennies a copy. For more than a century, printed journals like these were the dominant means of conveying medical knowledge around the world (Eisen, *et. al.*, 2004).

Today, with the use of multiple social media platforms, the public has gained easier access to utilize or to share information (Muhlen and Ohno-Machado, 2012). There are a multitude of social media platforms available, including Facebook, Google Plus, and Twitter, among others. There are also professional networking site like LinkedIn, media sharing sites like YouTube or Flickr, content production sites like Tumblr or Blogger, and information aggregation sites like Wikipedia. All these sites are available free and are being used everyday by the majority. In the United States, the proportion of adults using social media has increased from 8% to 72% since 2005. The use of social media is prevalent across all ages and professions and is pervasive around the world. One social media platform, Facebook, has exceeded one billion users worldwide. In addition, 100 million active Twitter users send more than 65 million tweets and two billion videos are viewed on YouTube each day (Ventola, 2014).

Health care providers use social media to share information, to debate health care policy and practice issues, to promote health behaviors, to engage with the public, and to educate and interact with patients, caregivers, students, and colleagues. Health care practitioners can use social media to potentially improve health outcomes, develop a professional network, increase personal awareness

of news and discoveries, motivate patients, and provide health information to the community (Ventola, 2014). In the near future, the scope of social media would go beyond information sharing as it may be used in patient management by providing different areas in the health care setting to use social media as a tool to communicate with one another and formulate a comprehensive care plan to the patient. With today's technology, patients have more access to their records than ever before. They can access their laboratory findings using their smartphones, or monitor the progress of their illnesses with a click of a button. With the continuing progress of information technology, patients health care management is more organized and becomes easier to manage.

Technology was invented to make tasks easier and more achievable. With the continuing increase in technological advancement and pop culture, however, health care professions often overlook the purpose of these advancements. In a survey conducted by Healthxph in the Philippines, 96 percent of doctors have a Facebook account, and 96 percent of the remaining 4 percent plans to create an account. Only eight percent of doctors use Facebook for healthcare (PNA - The Manila Times, 2014).

Lack of quality and reliability has become the main limitation of health information found on social media and other online sources. These medical information may be unreferenced, incomplete, or informal (Ventola, 2014). Posting of unprofessional content that can reflect unfavorably on health care practitioners, students, and affiliated institutions are not spared on social media. Some of the major problems encountered were breaches of patient privacy; use of profanity or discriminatory language; images with sexual suggestiveness or intoxication; and negative comments about patients, an employer, or a school. These include physicians taking digital photographs during surgery, posing



with weapons or alcohol, and posting tweets that may pose harm to an individual or to the medical profession. Concerns regarding the use of social media by health care practitioners frequently center on the potential for negative repercussions resulting from the breach of patient confidentiality. Such infractions may expose health care practitioners and entities to liability. Moreover, interacting with patients on social media may perpetrate the health care practitioner-patient boundary even if patients themselves initiate the online communication (Muhlen and Ohno-Machado, 2012).

Well-established dangers of social media in medicine were identified by George, et al. (2013), which includes medical students, residents, and other healthcare providers publicly posting information or photos with distasteful content, violating the sanctity of the patient-physician relationship by facilitating online “friendships,” and reducing privacy. In response to these concerns, professional organizations such as the AMA have published guidelines for the ethical use of social media, emphasizing the need to maintain patient confidentiality, be cognizant of privacy settings, maintain appropriate patient-physician boundaries, provide accurate and truthful information, act with collegiality, avoid anonymity, declare conflicts of interest, and maintain separate personal and professional profiles (American Medical Association, 2011).

### 3. ETHICAL ISSUES RAISED

The major ethical issues that may arise from the use social media in health care include the following: (1) disseminating poor-quality and/or false health information, (2) breaching personal-professional boundaries and patient privacy, and (3) unprofessional behavior among practitioners.

The availability and circulation of poor-quality of information on social media is one of the biggest threats for health care information management. This leads to public misuse of such information which consequently leads to poor health choices. This endangers the readers health if they choose to apply the wrong information. For example, spreading news of a miracle cure or recent discovery that are being published by satire sites to social media sites like Facebook or Twitter can misinform the public, leading to inappropriate applications to their lifestyle. This violates the principle of non-maleficence because providing wrong information to the public is as grave as exposing them to harm.

Posts containing clinical information about and images of patients or their body parts are being published through Facebook, Twitter, Google Plus, and so many more are prevalent today. This violates one of the basic rights of the patient and that is his/her rights of privacy. Even if patients give their consent, it is not acceptable to post information that will compromise patient privacy. This practice is common among medical students and medical residents who share their experiences extensively and unnecessarily on social media. This can affect the physician-patient relationship, the image of the institution, and the medical profession as a whole.

Physicians are likewise expected to act accordingly and must protect their professional image. A good number of physicians, however, use social media as a “personal medium” rather than a professional one. Such actions may lead physicians to posting inappropriate social media content or images, or convey information about a person’s personality, values and priorities. This may lead to patients doubting the medical profession and would compromise compliance of health care management.

When using social media for health care, great care must be exercised to ensure that protected health information is safeguarded (Figure 1). Patient privacy breaches can cause much greater harm when occurring online than when face-to-face given the potential wide reach of social media and the permanency of digital information (Chretien and Kind, 2013).

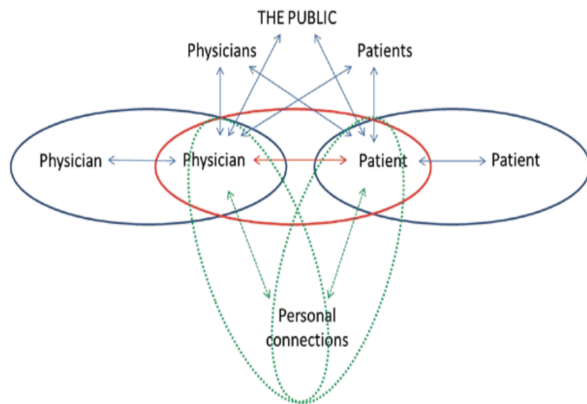


Figure 1. Key social media interactions among patients, physicians, and the public. Solid line circles denote secure interactions. Dotted line circles denote personal networking interactions. Adapted from Chretien and Kind (2013).

Medical professionals should not merely view social networks as a means of improving communication and outcomes with individual patients as described above, but also potentially engendering behavior changes across vast networks of people (George, et al., 2013). Some physicians also make the deliberate decision to “friend,” or connect, on social networks with their patients to engage patients and seem more approachable (Chretien and Kind, 2013). Accepting friend requests from patients on social media sites like Facebook is generally not advised, although there have been compelling arguments in favor of the value of online communication with patients via social media (Lamas, 2010).

With a greater amount of time spent interacting online, there is concern that the corresponding decrease in face-to-face interactions between physicians and patients may result in less ability to relate to others and a decline in empathy. An effort to maintain authentic communication will be important as social media is used more and more in clinical medicine (Chretien and Kind, 2013).

The risk of doing more harm than good is high when using social media if the health care provider is not conscious about his actions (Lambert, et al., 2012). It is important that proper steps should be done in assuring that both physician and patient are not compromised by the lack of security and privacy in using social media.

#### 4. RESOLUTION AND RECOMENDATIONS

Social media has transformed communication and is on its way to transforming healthcare. As its uses in clinical care grow, so must physician awareness of the implications this has on our ethics, professionalism, relationships, and profession. Abiding by our ethical and professional commitments to maintain the foundations of public trust in the medical profession will be absolutely necessary to successfully incorporate social media in clinical care. Those who share this vision will be poised to lead this social revolution in healthcare (Chretien and Kind, 2013; Muhlen and Ohno-Machado, 2012).

When used with prudence and fortitude, social media can promote positive individual and public health, as well as professional development and advancement. However, when used without caution, the risks to both patient privacy and health care provider’s professional conduct are high (Bernhardt, et al., 2014; Childs and Martin, 2012). It is the duty of the Department of Health, the Professional



Regulation Commission, and the Philippine Medical Association, and concerned institutions like medical centers and medical schools to generate guidelines on the proper use of social media by health care providers (Table 2).

Table 2. Recommendations for Physicians Who Use Social Networking<sup>++</sup>

Context	Recommendations for Ethical and Professional Conduct
Writing about patients	Avoid writing about specific patients
Privacy Settings	Opt for highest privacy settings.  Keep in mind that all content may be discoverable
Social Networking connections with patients	Avoid extending “friend requests” to patients  Respond to friend requests from patients to access physician’s personal social networking page by redirecting them to more secure means of communication or to a physician’s professional social networking page
Identifications	Avoid anonymity  Accurately state credentials  Specifically state whether you are or not representing your employer or institution
Giving medical advice	Avoid giving specific medical advice to nonpatients

<sup>++</sup>Adapted from Chretien and Kind (2013)

We, therefore, recommend that ethical guidelines for social media use among health care providers in the Philippines be drafted and implemented, as follows:

1. Do not share any information that is confidential about the patient, co-workers, students, or the institution.
2. Do not post any pictures of patients even if the patient or the patient’s family agreed or even when the patient is no longer on your unit.
3. Do not take a patient’s picture even if the patient or the patient’s family makes the request.
4. Do not post any pictures of the patient’s body parts, wounds, X-rays, CT scans, etc.
5. Do not post pictures of any information about research activities or subjects of your institution.
6. Do not discuss about patients on personal social media pages even if the patient cannot be identified.
7. Do not post any religious, political, or complaints about other institution, colleagues, or patients that can harm the image of your profession.
8. Do not provide personal details to your patient that can lead them to your personal Social Networking site.

Social media sites offer many features that can be used for professional development and advancement. When used prudently, social media can promote individual and public health in general, the professional development of practitioners, and



the advancement of managing health care information. However, when used with little or without caution and skepticism, the risks to the patients, the health care providers, their fiduciary relationship, and to the public at large can be high.

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