Social Media: Professionalism

Allan F. Simpao, MD
Social Media-iTech in Anesthesia Workshop
March 8, 2014
No disclosures.
PROFESSIONALISM

That's not my job.
What is a profession?

- Body of knowledge and technical skills
- Shared commitment
- Self-regulation
- Code of ethics
- Contract with society
Charter on medical professionalism

- Professional competence
- Honesty with patients
- Patient confidentiality
- Maintaining appropriate relations with patients
- Improving quality of care
- Improving access to care
- Just distribution of finite resources
- Scientific knowledge
- Maintaining trust by managing conflicts of interest
- Professional responsibilities
ACGME Core Competency

- Commitment to professional responsibilities
- Adherence to ethical principles
- Compassion, integrity, and respect for others
- Responsiveness to patient needs
- Respect for patient privacy and autonomy
- Accountability to patients, society and the profession
- Sensitivity to a diverse patient population
Social Media Benefits

- Dr. Hau: Communication, networking, activism, education
- Dr. Galvez: Analytics, Big Data, patient care, privacy
Social Media Drawbacks

- Permanent
- Public
Justine Sacco and the tweet heard 'round the world

Justine Sacco
@JustineSacco

Going to Africa. Hope I don't get AIDS from the toilet seat.

Epicurious on the Boston tragedy

epicurious
In honor of Boston and may we suggest: who

J.P. Morgan
@inmorgan

Tomorrow's Q&A is cancelled. Bad idea. Back to the drawing board.
7:29 PM - 13 Nov 2013
1,704 RETWEETS 946 FAVORITES

AJC
@ajc

The AJC apologizes for & deeply regrets the posted earlier today. We are working to address the situation internally.
12:39 PM - 23 Oct 2013
217 RETWEETS 29 FAVORITES

Uh-oh, SpaghettiOs!

epicurious
@epicurious

Our food tweets this morning were, frankly, insensitive. Our deepest, sincere apologies.
1:19 PM - 16 Apr 2013
60 RETWEETS 20 FAVORITES
For doctors, social media a tricky case

By Chelsea Conaboy
Globe Staff / April 20, 2011

Facebook is a great place to unload after a long day at work. But what if you work in an emergency room, where privacy is paramount? And what if the thing you want to discuss is not the evening traffic or a grumpy colleague but your patients?

Don’t do it, experts caution — a lesson that a physician at ________ in Rhode Island just learned the hard way.

______, was fired from the hospital last year and reprimanded by the state medical board last week. The hospital took away her privileges to work in the emergency room for posting information online about a trauma patient.

posting did not include the patient’s name, but she wrote enough that others in the community could identify the patient, according to a board filing. who did not return calls for comment yesterday, also was fined $500.

The case was the first involving a physician’s use of social media that the Rhode Island board has heard. No such complaints have come before regulators in Massachusetts, said medical board spokesman Russell Aims.
For doctors, social media a tricky case

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Some want Mercy Hospital doctor fired because of Facebook post

by KMOV.com Staff

KMOV.com
Posted on February 3, 2013 at 9:29 PM
Updated Monday, Feb 4 at 8:56 PM

DES PERES (KMOV.com) – Some people are calling for a doctor at Mercy Hospital to be fired after claiming she violated a patient's confidentiality on Facebook.

An OB/GYN, wrote a post on Facebook about a patient who showed up late for an appointment. The post read “May I show up late for her delivery?” The words garnered a lot of angry comments from those who felt she violated the patient's privacy.
Surgery photo leads to privacy lawsuit against Torrance Memorial

A doctor put stickers on a patient who was under anesthesia, and a photo was taken. The lawsuit underscores how, despite hospitals' rules, the pervasiveness of cellphones raises concerns about privacy.

September 04, 2013 | By Chad Terhune

During surgery at Torrance Memorial Medical Center, an anesthesiologist decorated a patient's face with stickers while the patient was unconscious — giving her a black
DOUBLE FACEPALM
FOR WHEN ONE FACEPALM DOESN'T CUT IT
Online blurring of professional and private lives

Online activity may be seen as a proxy for the common sense and trustworthiness required for patient care

Many policies lack specific guidance for online behavior
Recall that virtually everything in social media is public.

- HIPAA Privacy Rule
- Well-publicized, often inadvertent HIPAA breaches
Patients may desire communication via social media

Postings on third-party sites likely belong to the site

Can be difficult to maintain privacy on third-party sites
### Social Media and Clinical Care

#### Table 1.

Recommendations if Directly Communicating With Patients Using Social Media

<table>
<thead>
<tr>
<th>Context</th>
<th>Recommendations for Ethical and Professional Conduct</th>
</tr>
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<tbody>
<tr>
<td>Platform</td>
<td>Use secure closed systems with data encryption</td>
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<tr>
<td></td>
<td>Avoid third-party open systems (eg, Facebook and Twitter)</td>
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<tr>
<td>Establish norms</td>
<td>Inform patients of privacy protections in place</td>
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<td></td>
<td>Establish expectations of message response time, how emergencies should be handled, and issues that should be handled online vs in-person</td>
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<tr>
<td></td>
<td>Have patients agree to terms before use</td>
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</tbody>
</table>
Posting about Patients on Social Media

- De-identify the patient
- Use a respectful tone
- Unlink the narrative to a specific institution

Looking up Patients on Social Media

• Most health care providers feel that social media info is fair game

• Significant variation in response to accessed information
“Friending” Patients on Social Media

- Never extend a friend request to a patient
- Avoid accepting invitations
- Explain with a face-to-face discussion
Many other aspects

• Legal implications
• Physician ratings sites
• Giving medical advice
• Commercial exploitation
• Does my institution have a professionalism in social media policy?

• If so, is anyone aware that the policy exists and do people adhere to it?

• If not, how does one make a policy on professionalism in social media?
Position Papers  |  16 April 2013

Online Medical Professionalism: Patient and Public Relationships: Policy Statement From the American College of Physicians and the Federation of State Medical Boards

Jeanne M. Farnan, MD, MHPE; Lois Snyder Sulmasy, JD; Brooke K. Worster, MD; Humayun J. Chaudhry, DO, MS, SM; Janelle A. Rhyne, MD, MA; Vineet M. Arora, MD, MAPP; for the American College of Physicians Ethics, Professionalism and Human Rights Committee; the American College of Physicians Council of Associates, the Federation of State Medical Boards Special Committee on Ethics and Professionalism*
<table>
<thead>
<tr>
<th>Activity</th>
<th>Potential Benefits</th>
<th>Potential Pitfalls</th>
<th>Recommended Safeguards</th>
</tr>
</thead>
</table>
| Communications with patients using e-mail,  | Greater accessibility  
| text, and instant messaging                 | Immediate answers to nonurgent issues  
|                                              |                                     | Confidentiality concerns  
|                                              |                                     | Replacement of face-to-face or telephone interaction  
|                                              |                                     | Ambiguity or misinterpretation of digital interactions  
|                                              |                                     | Establish guidelines for types of issues appropriate for digital communication  
|                                              |                                     | Reserve digital communication only for patients who maintain face-to-face follow-up |
| Use of social media sites to gather          | Observe and counsel patients on  
| information about patients                   | risk-taking or health-averse behaviors  
|                                              | Intervene in an emergency             | Sensitivity to source of information  
|                                              |                                     | Threaten trust in patient–physician relationship  
|                                              |                                     | Consider intent of search and application of findings  
|                                              |                                     | Consider implications for ongoing care  
| Use of online educational resources and      | Encourage patient empowerment  
| related information with patients             | through self-education  
|                                              | Supplement resource-poor environments | Non-peer-reviewed materials may provide inaccurate information  
|                                              |                                     | Scam “patient” sites that misrepresent  
|                                              |                                     | therapies and outcomes  
|                                              |                                     | Vet information to ensure accuracy of content  
|                                              |                                     | Refer patients only to reputable sites and sources  
| Physician-produced blogs,                    | Advocacy and public health  
| microblogs, and physician posting             | enhancement  
| of comments by others                         | Introduction of physician “voice” into such conversations | Negative online content, such as “venting” or ranting, that disparages patients and colleagues | “Pause before posting”  
| Physician posting of physician personal information on public social media sites | Networking and communications | Blurring of professional and personal boundaries  
|                                              |                                     | Impact on representation of the individual and the profession  
|                                              |                                     | Maintain separate personas, personal and professional, for online social behavior  
| Physician use of digital venues (e.g., text  | Ease of communication with colleagues | Confidentiality concerns  
| and Web) for communicating with colleagues    |                                     | Unsecured networks and accessibility of protected health information  
| about patient care                           |                                     | Implement health information technology solutions for secure messaging and information sharing  
|                                              |                                     | Follow institutional practice and policy for remote and mobile access of protected health information |
Avoid Social Media?

- Role model
- Trainees
- Patients
- Colleagues
• Parents
• Patients
• Peers
• Privacy Officer
• Plaintiff’s Attorneys
References
