

SOCIAL MEDIA, SOCIAL NETWORKING, AND MEDICAL PRACTICE: ETHICS AND GUIDELINES

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Identifying the importance of and challenges associated with social media and its growing influence in the healthcare industry, the Rhode Island Board of Medical Licensure and Discipline has propounded Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice (“Guidelines”).¹ The Board has identified that the growing awareness and concern about physician use of social media clearly emphasize the importance of a policy that sets forth guidelines and a proper framework for professional ethics in the realm of social media. Accordingly, the Board’s policy strives both to educate physicians and help them protect the privacy of their patients, avoid requests for online medical advice, act with professionalism, be forthcoming about credentialing, employment, and any conflicts of interest, and, finally, be aware that any information posted online may become available to anyone and could be misconstrued.

The Guidelines begin with a discussion of the Board’s expectations regarding an appropriate physician-patient relationship and provides examples demonstrating how the use of social media and social networking can undermine a proper physician-patient relationship and damage the public trust in the profession. The message is clear: physicians must not use their professional position—whether online or in person—to develop personal relationships with patients. Online interactions with patients, or former patients, for that matter, may lend themselves to the appearance of unprofessionalism. Proper boundaries must be maintained within the physician-patient relationship.

¹ The Board defines “social media” as “electronic communication through which users create online communities to share information, ideas, personal messages, and other content.” Meanwhile, “social networking” is defined as “networking using an online service, platform, or site that focuses on building social relations among people who share interests and/or activities.”

To establish the importance of the parity of professional and ethical standards, the Guidelines next outline the critical elements of a proper physician-patient relationship: candor, privacy, and integrity. Each of these elements, examined under a social-media lens, must be honored in online interactions through social media and social networking websites.

The Guidelines discourage physicians from interacting with patients—current and former—on personal social networking sites. Instead, physicians should have on-line interactions with patients only when discussing the patient’s medical treatment within the confines of the physician-patient relationship. The Board is careful to note, however, that such interactions should never occur on personal social media or social networking sites. The Board further cautions that physicians ought to be mindful that social media may serve as a “distracter” capable of diminishing the quality of physician-patient interactions.

The next topic on which the Board provides guidance falls under the heading of the online discussion of medicine online. Citing social and professional networking websites as useful places for physicians to share experiences, discuss medicine, and foster peer-to-peer education and dialogue, the Board advises that it is the responsibility of the physician to ensure, to the best of his or her ability, that professional networks for physicians are secure and that only verified and registered users have access to any posted information. Further, any websites used for these types of communications must be password-protected to prevent non-physicians from gaining access and using the discussions as if they constitute medical advice.

Privacy and confidentiality are the next subject. In this regard, the Board reminds

physicians that patient privacy and confidentiality must be protected at all times; on social media and social networking sites, where information is viewed by many people, any breaches in confidentiality not only could be harmful to the patient, but also could result in violations of federal privacy laws. Therefore, physicians should never provide any information that could be used to identify patients, including, but not limited to, patients' room numbers, code names, or pictures.

The Guidelines instruct that physicians, when writing online about their experiences as a health care professional, must reveal any existing conflicts of interest and must be honest about their credentials. The same rule of disclosure applies when a physician posts comments on a website as a physician.

Similarly, when posting content to the internet, physicians must remember that they are representing the medical community and should always act professionally. Specifically, the Board advises that physicians should take caution not to post information that could be misconstrued or taken out of context, especially because physician writers assume all risks related to the security, privacy, and confidentiality of what they post.

Finally, with regard to professionalism when using social media and social networking sites, the Board prompts physicians to strive to adhere to several general suggestions:

- Use separate personal and professional social networking sites;
- Report unprofessional behavior;
- Adhere to the same principles of professionalism online as they would offline;
- Bear in mind that cyber-bullying is inappropriate; and

- As appropriate, refer to employers' social media or social networking policy for direction and guidance.

The Guidelines culminate in the Board's pronouncement that it has the authority to discipline physicians for unprofessional behavior relating to the inappropriate use of social networking and social media. The Board provides a number of examples of unprofessional conduct:

- Inappropriate communication with patients online;
- Use of the internet for unprofessional behavior;
- Online misrepresentation of credentials;
- Online violations of patient confidentiality;
- Failure to reveal conflicts of interest online;
- Online derogatory remarks regarding a patient;
- Online depiction of intoxication; and
- Discriminatory language or practices online.

Observing that state medical boards have the option to discipline physicians for inappropriate and/or unprofessional conduct while using social media or social networking, the Board notes that actions taken to censure such behavior will range from a letter of reprimand to the revocation of a physician's license.

In sum, the Guidelines warn that physicians are responsible both personally and professionally for any content they post online, and that patient privacy always must be protected. The Board discourages doctors from interacting with current or past patients on social networking sites, and recommends maintaining separate personal and professional social media accounts. Clearly cognizant of the simple

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truth that, in the wake of technological change and the increasing popularity of social media, these guidelines necessarily will evolve in the coming years, the Board states that these newly-adopted guidelines are designed to provide a baseline for discussion of policies targeting proper communication using social media.

Going forward, it will be important for medical professionals to bear these cautionary guidelines in mind as they conduct themselves in cyberspace, whether in their personal capacity or professionally. While it is true that physicians and healthcare entities should continue to use social media and social networking as valuable tools for the exchange of information, to facilitate education, and to stimulate discussion, certain online conduct now has the potential to trigger severe repercussions, even to the most vigilant internet user.

While the Guidelines technically apply only to physicians, all healthcare provider administrators, should arm themselves with an understanding of these issues as social media and social networking continue to permeate professional industries and interactions, developing technology maintains its steady and impressive progression, and best practices are identified.