



# **DENVER MEDICAL BULLETIN**

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## **FSMB Issues Model Guidelines for the Use of Social Media and Social Networking in Medical Practice**

In 2011, the Special Committee on Ethics and Professionalism of the Federation of State Medical Boards (FSMB) was charged with providing ethical and professional guidance to the FSMB membership with regard to the use of electronic and digital media by physicians (and physician assistants, where appropriate) that may be used to facilitate patient care and nonprofessional interactions. Such electronic and digital media include, but are not limited to, email, texting, blogs and social networks. The Committee's proposed model guidelines were published in a report this April. The report also focuses on ways that physicians can protect the privacy and confidentiality of their patients as well as maintain a standard of professionalism in all social media and social networking interactions.

Social media use presents several challenging questions for administrators and physicians, such as where the boundary of professionalism lies, and whether work experiences can be shared without violating the privacy and confidentiality of patients. One meta-analysis of physician blogs found that nearly 17% included enough information about patients for them to be identified.

In a 2010 survey of Executive Directors at state medical boards in the United States, 92% indicated that violations of online professionalism were reported in their jurisdiction. These violations included Internet use for inappropriate contact with patients (69%), inappropriate prescribing (63%), and misrepresentation of credentials or clinical outcomes (60%). In response to these violations, 71% of boards held formal disciplinary proceedings and 40% issued informal warnings. Outcomes from the disciplinary proceedings included serious actions such as license limitation (44%), suspension (29%), or revocation (21%) of licensure.

These growing concerns about physician use of social media underscore the need for social media policies. Many hospitals and health care organizations, such as the American Medical Association, American College of Physicians, Cleveland Clinic, and Mayo Clinic, have developed social media policies.

The FSMB has developed its policy to encourage physicians who use social media and social networking to protect themselves from unintended consequences of such practices and to maintain the public trust by:

- Protecting the privacy and confidentiality of their patients
- Avoiding requests for online medical advice
- Acting with professionalism
- Being forthcoming about their employment, credentials and conflicts of interest
- Being aware that information they post online may be available to anyone, and could be misconstrued

### **An Appropriate Physician-Patient Relationship**

The physician-patient relationship can begin without a personal encounter, which allows for online interactions to constitute the beginning of the relationship. Physicians should remember that when using electronic communications they may be unable to verify that the person on the other end of the electronic medium is truly the patient; likewise, the patient may not be able to verify that a physician is on the other end of the communication. For that reason, the standards of medical care do not change by virtue of the medium in which physicians and their patients choose to interact.

The following narratives demonstrate examples

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where unintended consequences of physicians' use of social media and social networking may undermine a proper physician-patient relationship and the public trust.

1. A urologist who is an astute clinician and well respected by his colleagues recently began posting his comments, views and observations on Twitter. The same day that the United States Preventive Services Task Force came out with a recommendation, in October 2011, against routine Prostate-Specific Antigen (PSA) screening in healthy men for prostate cancer, he posted a tweet with writing that used disrespectful language to disagree with the recommendation. The tweet has now gone viral and has been read by many of his patients, colleagues, fellow researchers, family and friends.
2. A patient noted disrespectful language on a physician's blog when the physician expressed frustration towards another patient who had to visit the emergency department multiple times for failing to monitor her sugar levels. The physician referred to the patient as "lazy" and "ignorant" on their blog.
3. A concerned patient notes that her physician frequently describes "partying" on his Facebook page, which is accompanied by images of himself intoxicated. The patient begins to question whether her physician is sober and prepared to treat her when she has early morning doctor's appointments.
4. A first-year resident films another doctor inserting a chest tube into a patient. The patient's face is clearly visible. The resident posts the film on YouTube for other first-year residents to see how to properly do the procedure.

These examples highlight the importance of proper boundaries within the physician-patient relationship. Even seemingly innocuous online interactions with patients and former patients may violate the boundaries of a proper physician-patient relationship.

### Parity of Professional and Ethical Standards

To ensure a proper physician-patient relationship, there should be parity of ethical and professional standards applied to all aspects of a physician's practice, in-

cluding online interactions through social media and social networking sites. Physicians using social media and social networking sites are expected to observe the following ethical standards:

#### Candor

Physicians have an obligation to disclose clearly any information (e.g., financial, professional or personal) that could influence patients' understanding or use of the information, products or services offered on any website offering health care services or information.

#### Privacy

Physicians have an obligation to prevent unauthorized access to, or use of, patient and personal data and to assure that "de-identified" data cannot be linked back to the user or patient.

#### Integrity

Information contained on websites should be truthful and not misleading or deceptive. It should be accurate and concise, up-to-date, and easy for patients to understand. Physicians using medical websites should strive to ensure that information provided is, whenever possible, supported by current medical peer-reviewed literature, emanates from a recognized body of scientific and clinical knowledge and conforms to minimal standards of care. It should clearly indicate whether it is based upon scientific studies, expert consensus, professional experience or personal opinion.

### Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice

The following guidelines are recommended for physicians who use social media and social networking in their personal and professional lives.

#### Interacting with Patients

Physicians are discouraged from interacting with current or past patients on personal social networking sites such as Facebook. Physicians should only have online

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### Social Media Guidelines

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interaction with patients when discussing the patient's medical treatment within the physician-patient relationship, and these interactions should never occur on personal social networking or social media websites. In addition, physicians need to be mindful that while advanced technologies may facilitate the physician-patient relationship, they can also be a distracter which may lessen the quality of the interactions they have with patients. Such distractions should be minimized whenever possible.

### Discussion of Medicine Online

Social networking websites may be useful places for physicians to gather and share their experiences, as well as to discuss areas of medicine and particular treatments. These types of professional interactions with other physicians represent an ancillary and convenient means for peer-to-peer education and dialogue. One current example is Doximity, a professional network with more than

567,000 U.S. physician members in 87 specialties. Using Doximity, physicians are able to exchange HIPAA compliant messages and images by text or fax and discuss the latest treatment guidelines and medical news in their specialty. While such networks may be useful, 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 the information. These websites should be password protected so that non-physicians do not gain access and view discussions as implying medical advice, which may be counter to the physicians' intent in such discussions. Physicians should also confirm that any medical information from an online discussion that they plan to incorporate into their medical practice is corroborated and supported by current medical research.

### Privacy/Confidentiality

Just as in the hospital or ambulatory setting, patient privacy and confidentiality must be protected at all times, especially on social media and social networking websites. These sites have the potential to be viewed by

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many people, and any breaches in confidentiality could be harmful to the patient and in violation of federal privacy laws, such as HIPAA. While physicians may discuss their experiences in nonclinical settings, they should never provide any information that could be used to identify patients. Physicians should never mention patients' room numbers, refer to them by code names, or post their picture. If pictures of patients were to be viewed by others, such an occurrence may constitute a serious HIPAA violation.

**Disclosure**

At times, physicians may be asked or may choose to write online about their experiences as a health professional, or they may post comments on a website as a physician. When doing so, physicians must reveal any existing conflicts of interest, and they should be honest about their credentials as a physician.

**Posting Content**

Physicians should be aware that any information they

post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the medical community. Physicians should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. Physician employees of health care institutions should be aware that employers may reserve the right to edit, modify, delete, or review Internet communications. Physician writers assume all risks related to the security, privacy and confidentiality of their posts. When moderating any website, physicians should delete inaccurate information or other's posts that violate the privacy and confidentiality of patients or that are of an unprofessional nature.

**Professionalism**

To use social media and social networking sites professionally, physicians should also strive to adhere to the following general suggestions:

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## Social Media Guidelines

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- Use separate personal and professional social networking sites. For example, use a personal rather than professional email address for logging on to social networking websites for personal use. Others who view a professional email attached to an online profile may misinterpret the physician's actions as representing the medical profession or a particular institution.
- Report any unprofessional behavior that is witnessed to supervisory and/or regulatory authorities.
- Always adhere to the same principles of professionalism online as they would offline.
- Cyber-bullying by a physician towards any individual is inappropriate and unprofessional.
- Refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.

## Medical Board Sanctions and Disciplinary Findings

State medical boards have the authority to discipline physicians for unprofessional behavior relating to the inappropriate use of social networking media, such as:

- 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
- Discriminatory language or practices online

State medical boards have the option to discipline physicians for inappropriate or unprofessional conduct while using social media or social networking websites with actions that range from a letter of reprimand to the revocation of a license.

## Future Changes

The Federation of State Medical Boards recognizes that emerging technology and societal trends will continue to change the landscape of social media and social networking, and how these websites are used by patients and physicians will evolve overtime. These guidelines are meant to be a starting point for the discussion of how physicians should properly communicate with their patients using social media. These guidelines will need to be modified and adapted in future years as technology advances, best practices emerge, and opportunities for additional policy guidance are identified.

The full text of this policy statement can be found at <http://www.fsmb.org/pdf/pub-social-media-guidelines.pdf>.

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