

Why Can't We Be Friends? Legal and Ethical Dimensions of Social Media in Health Care

KAYHAN PARSI, JD, PHD

NANETTE ELSTER, JD, MPH

NEISWANGER INSTITUTE FOR BIOETHICS

LOYOLA UNIVERSITY CHICAGO STRITCH
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Outline of Presentation

- Defining Social Media
- Good, Bad and (not so) Ugly
- Professional and Ethical Issues
- Benefits and Burdens
- Case Studies
- Policies

Defining Social Media



Social Media Landscape



A Definition of Social Media

“web-based services that allow individuals to

- ▶ (1) construct a public or semi-public profile within a bounded system,
- ▶ (2) articulate a list of other users with whom they share a connection, and
- ▶ (3) view and traverse their list of connections and those made by others within the system. The nature and nomenclature of these connections may vary from site to site.”

Boyd, d. m., & Ellison, N. B. (2007).

<http://jcmc.indiana.edu/vol13/issue1/boyd.ellison.html>

SOCIAL MEDIA EXPLAINED

TWITTER I'M EATING A #DONUT

FACEBOOK I LIKE DONUTS

FOURSQUARE THIS IS WHERE
I EAT DONUTS

INSTAGRAM HERE'S A VINTAGE
PHOTO OF MY DONUT

YOU TUBE HERE I AM EATING A DONUT

LINKED IN MY SKILLS INCLUDE DONUT EATING

PINTEREST HERE'S A DONUT RECIPE

LAST FM NOW LISTENING TO "DONUTS"

G+ I'M A GOOGLE EMPLOYEE
WHO EATS DONUTS.



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75 YEARS



CALENDAR
38 YEARS



CALENDAR
13 YEARS



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4 YEARS



CALENDAR
3.5 YEARS



CALENDAR
3 YEARS



CALENDAR
2.5 YEARS



CALENDAR
50 DAYS



CALENDAR
35 DAYS

Reaching 50 Million users

It took about 75 years for the telephone to connect 50 million people. Today a simple iPhone app like Draw Something can reach that milestone in a matter of days. In the past 10 years the rate of adoption of new technologies has accelerated at a dizzying speed. Can we keep up with it all?

by G. Kofi Annan / @gkofiannan / gkofiannan.com

The Good, Bad and (not so) Ugly

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Hurricane Sandy: How Government Uses Social Media for Disaster Response

By Gadi Ben-Yehuda | IBM Center for the Business of Government | October 26, 2012 | 1 Comment



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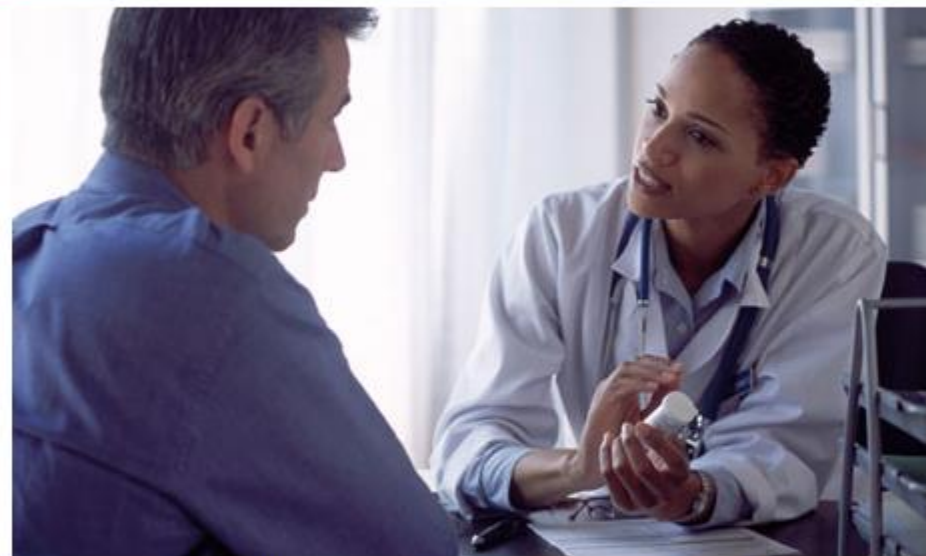
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Newsletter

Infatuated patients use Facebook to stalk doctors

Medical Defence Union says patients are using Facebook, Twitter and texts to make romantic advances

Denis Campbell, health correspondent
The Observer, Saturday 27 October 2012



In 2007-11, there were 100 cases reported of unwanted advances to medics, 28 of them involving female doctors. Photograph: Stephen Welstead

Increasing numbers of patients are making amorous advances to doctors

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Social network aims to keep baby boomers healthy, prevent unnecessary costs

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October 09, 2012 | Kelsey Brimmer, Associate Editor

SALT LAKE CITY – A new social network connects baby boomers to health resources and has the potential of saving costs for patients and the healthcare industry through better health.

Alliance Health Networks and Life Line Screening recently partnered together to launch a new social network for baby boomers with a shared interest in staying healthy through preventive health and wellness.

[See also: [Social media becomes a business intelligence strategy](#)]

The social network, LifelongHealth.com, provides baby boomers with health resources, such as online support, news articles, discussion boards and screening services, all aimed at keeping baby boomers (the growing population of those over the age of 45) healthy and decreasing the incidence and severity of chronic diseases, therefore saving money in the long run when it comes to healthcare costs.

According to Dan Hickey, senior vice president of products at Alliance Health Networks, LifelongHealth.com is an online community where people can start conversations, share experiences, read and post product recommendations

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Profs aim to track drug reactions via social media

Experiencing nausea, headaches or other side effects from prescriptions or over-the-counter medicines?

By [MICHAEL FELBERBAUM](#)
Associated Press

RICHMOND, Va. —

Experiencing nausea, headaches or other side effects from prescriptions or over-the-counter medicines?

Researchers say tweeting about it or posting your concerns online could one day help alert drug companies and federal regulators to problems more quickly - potentially saving lives and money.

The project at the University of Virginia and West Virginia University, still in its infancy, capitalizes on the idea that many companies - pharmaceutical and otherwise - already use the Internet to get

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How Health Care Professionals Use Social Media to Create Virtual Communities: An Integrative Review

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¹Agency for Clinical Innovation, Intensive Care Coordination and Monitoring Unit, NSW Health Department, Chatswood, Australia
²Faculty of Health, University of Technology Sydney, Sydney, Australia
³Sydney Nursing School, University of Sydney, Sydney, Australia

Professional Ethics Issues

Professional Ethics Issues

- ▶ Privacy/Confidentiality
 - ▶ Balancing the rights of individuals and society
 - ▶ Expectations of privacy/maintenance of personal communications
- ▶ Professional Boundaries
- ▶ Recruitment
- ▶ Professionalism
- ▶ Professional/Personal Identity

Privacy/Confidentiality

- ▶ Privacy (how and when might share of himself physically, intellectually, etc.) – patient controlled
- ▶ Confidentiality the information concerning the person (typically that which is shared in a relationship of trust) – physician controlled
- ▶ Maintains and preserves patient trust
- ▶ Essential for competent clinical care

The Privacy Conundrum in Social Media and Health

- Until now, we most often think of the health care provider maintaining patient privacy, however, with social media, caregivers, family, etc. are often sharing health information of others in these very public forums.
 - According to PEW, 59% of US adults look online for health information. Half of the searches for health information are on behalf of someone else.
 - Consent?

PEW Advantages of Social Media in Health Care

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- ▶ Responsive to immediate needs
 - ▶ Allows those with rare diseases to have a more expansive network
 - ▶ “The internet has made our small disease larger and we are able to educate many more people now.”
 - ▶ Source of emotional support and information exchange
- Susannah Fox, “Peer-to-peer healthcare,” Pew Research Center (February 28, 2011).

There are Some Disadvantages

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Online Posting of Unprofessional Content by Medical Students, September 23/30, 2009, Chretien et al. 302 (12): 1309 — JAMA - Mozilla Firefox

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Online Posting of Unprofessional Content by Medical Students

Katherine C. Chretien, MD; S. Ryan Greysen, MD, MA; Jean-Paul Chretien, MD, PhD; Terry Kind, MD, MPH

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ABSTRACT

Context Web 2.0 applications, such as social networking sites, are creating new challenges for medical professionalism. The scope of this problem in undergraduate medical education is not well-defined.

Objective To assess the experience of US medical schools with online posting of unprofessional content by students and existing medical school policies to address online posting.

Design, Setting, and Participants An anonymous electronic survey was sent to deans of student affairs, their representatives, or counterparts from each institution in the Association of American Medical Colleges. Data were collected in March and April 2009.

Main Outcome Measures Percentage of schools reporting incidents of students posting unprofessional content online, type of professionalism infraction, disciplinary actions taken, existence of institution policies, and plans

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Case Studies

Case Study 1

- ▶ A medical student is on an immersion trip to the Dominican Republic during the summer after her first year. She wishes to document her experience with the patients she encounters by photographing them in the clinical setting. She speaks fluent Spanish and asks for consent from the patient before taking a photo. She does not tell the patient what she plans to do with them. She uploads the photos to her Facebook account, describing the patient's clinical issues.





Case Study 2

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- ▶ A residency program director is overwhelmed with resident applications. He has started to Google search applicants to learn about their online identities. He discovers that a few of the students applying to his program have photos in their Facebook profiles which show them in an unflattering light. One is holding a drink at a party, appearing to be inebriated.

Just having some fun?

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Photos of drinking, grinning aid mission doctors cause uproar

February 3, 2010 12:20 p.m. EST

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One of the photos posted on Facebook shows smiling doctors holding soldiers' guns.

San Juan, Puerto Rico (CNN) — A humanitarian mission to aid Haitian earthquake victims turned into a major embarrassment in Puerto Rico on Friday as pictures emerged of doctors drinking, mugging for cameras and brandishing firearms amid the victims' suffering.

The ethics committee of the commonwealth's medical board said it was launching an investigation into whether those involved should be disciplined.

Puerto Rican Secretary of Health Lorenzo Gonzalez called the episode "a sad situation."

"The poor judgment of a few basically damages the beautiful effort

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Board exonerates Haiti mission doctors in controversial photos

March 30, 2010 Print by The Daily Sun staff and Vice

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The Puerto Rico Medical Licensing and Discipline Board said Monday that it concluded there was no "clear, strong and forceful" evidence to penalize Puerto Rican doctors appearing in controversial Facebook-posted photos in which they exhibited seemingly questionable behavior during a voluntary mission to aid Haiti quake victims at a Dominican Republic border town.

"According to the findings reported to us by the investigating officer, the board, after much deliberation and analysis, has decided not to sanction these doctors for violations of the Ethics Code," said Richard De Andino, president of the board, who stressed that the probe had two aims: 1) to determine if there were violations of the ethics cannon of the medical profession, and 2) whether there was evidence of negligence.

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Case Study 3

A patient presents to you for the first time. He informs you that he has a history of bipolar disorder. He also is in between jobs and does not have a permanent residence. He seems confused during the medical interview. You would like to google him to learn if there are things he hasn't shared with you during the interview. Should you?

Case Study 4

A physician who works in a private practice is very critical of health care reform. He tweeted: "If you voted for Obama ... seek urologic care elsewhere. Changes to your health care begin right now, not in four years." His colleagues are concerned that his political views may hurt their practice; moreover, they wonder if it's ethical for a physician to refuse to see someone because of their political views.

Policies

TREND ARTICLE



Social media policies at US medical schools

Terry Kind^{1*}, Gillian Genrich², Avneet Sodhi³ and Katherine C. Chretien⁴

¹Department of Medical Education, Children's National Medical Center, The George Washington University School of Medicine, Washington, DC, USA; ²The George Washington University School of Medicine, Washington, DC, USA, currently at San Francisco Medical Center, University of California, San Francisco, CA, USA; ³The George Washington University School of Medicine, Washington, DC, USA, currently at the Department of Medicine, George Washington University Medical Center, Washington, DC, USA; ⁴Veterans Affairs Medical Center, The George Washington University School of Medicine, Washington, DC, USA

Background/Purpose: Today's medical students are learning in a social media era in which patient confidentiality is at risk yet schools' social media policies have not been elucidated. The purpose of this study is to describe the presence of medical schools on top social media sites and to identify whether student policies for these schools explicitly address social media use.

Method: Websites of all 132 accredited US medical schools were independently assessed by two investigators for their presence (as of March 31, 2010) on the most common social networking and microblogging sites (Facebook and Twitter) and their publicly available policies addressing online social networking. Key features from these policies are described.

Results: 100% ($n = 132$) of US medical schools had websites and 95.45% (126/132) had any Facebook presence. 25.76% (34/132) had official medical school pages, 71.21% (94/132) had student groups, and 54.55% (72/132) had alumni groups on Facebook. 10.6% of medical schools (14/132) had Twitter accounts. 128 of 132 medical schools (96.97%) had student guidelines or policies publicly available online. 13 of these 128 schools (10.16%) had guidelines/policies explicitly mentioning social media. 38.46% (5/13) of these guidelines included statements that defined what is forbidden, inappropriate, or impermissible under any circumstances, or mentioned strongly discouraged online behaviors. 53.85% (7/13) encouraged thoughtful and responsible social media use.

Conclusions: Medical schools and their students are using social media. Almost all US medical schools have a Facebook presence, yet most do not have policies addressing student online social networking behavior. While social media use rises, policy informing appropriate conduct in medical schools lags behind. Established policies at some medical schools can provide a blueprint for others to adopt and adapt.

Loyola Chicago – Social Media Guidelines for Students

- ▶ Some key points:
 - ▶ Always use good judgment, accuracy and honesty in your Social Media communications.
 - ▶ Be respectful of others and the information you are providing.
 - ▶ Do not reveal anyone's private information.
 - ▶ Always think before you "write."
 - ▶ Separate your opinions from facts.

Northwestern Medicine: Social Media Policy for Students

“Students accepted to Feinberg and current Feinberg medical students should be cautious in using social networking such as Facebook, Twitter, blogging etc. The profession of medicine is founded on the highest standards of conduct because of the great level of trust patients place in medical professionals. After you are admitted to Feinberg, enrollment remains contingent on your demonstration of this high standard of conduct, through sound judgment, personal perception, integrity and accountability. Posting items that represent unprofessional behavior, release patient health information, violate Health Insurance Portability and Accountability Act standards or Northwestern University policies on social networking sites will result in disciplinary action by the medical school.”

Mayo Clinic: Social Media Guidelines for Employees

- ▶ “Be professional, use good judgment and be accurate and honest in your communications; errors, omissions or unprofessional language or behavior reflect poorly on Mayo, and may result in liability for you or Mayo Clinic. Be respectful and professional to fellow employees, business partners, competitors and patients. (Rationale)
- ▶ Ensure that your social media activity does not interfere with your work commitments. (Rationale)
- ▶ Mayo Clinic strongly discourages “friending” of patients on social media websites. Staff in patient care roles generally should not initiate or accept friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship. (Rationale)”

UT-Southwestern GME Policy

- ▶ “The tone and content of all electronic conversations must remain honest, respectful and professional....”
- ▶ “Use good ethical judgment when posting and follow all University policies and all applicable laws/regulations such as, but not limited to, the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA)....”
- ▶ “Physicians and those who interact with patients should follow the guidelines promulgated by the American Medical Association <http://www.ama-assn.org/ama/pub/meeting/professionalism-social-media.shtml>”

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

Ann Intern Med. 2013;158(8):620-627. doi:10.7326/0003-4819-158-8-201304160-00100

Table. Online Physician Activities: Benefits, Pitfalls, and Recommended Safeguards

Activity	Potential Benefits	Potential Pitfalls	Recommended Safeguards
Communications with patients using e-mail, text, and instant messaging	Greater accessibility 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 information about patients	Observe and counsel patients on 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 related information with patients	Encourage patient empowerment 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, microblogs, and physician posting of comments by others	Advocacy and public health enhancement Introduction of physician "voice" into such conversations	Negative online content, such as "venting" or ranting, that disparages patients and colleagues	"Pause before posting" Consider the content and the message it sends about a physician as an individual and the profession
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 Scrutinize material available for public consumption
Physician use of digital venues (e.g., text and Web) for communicating with colleagues about patient care	Ease of communication with colleagues	Confidentiality concerns Unsecured networks and accessibility of protected health information	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



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

Social Media Policy: What to Consider

- ▶ Have a clear understanding of local, state and national laws
- ▶ Know your institutional culture
- ▶ Be prepared to make changes to stay current with the developments in technology
- ▶ Circulate policy in writing, including all updates
- ▶ Guidelines for education may differ
- ▶ Educate all (students, staff, faculty, etc.)
- ▶ Social Media is here to stay: accept, adapt, and amend

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