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# Ethical Guidelines for the Use of Social Media in Healthcare



















The patient's room number was observable in the picture background and the student's profile identified the hospital at which she was on placement, thus allowing for identification of the patient and resulting in a severe privacy and confidentiality breach. Due to the open nature and relative permanence of anything posted on the internet, caution is paramount (Griffith 2012). This includes posting/sharing photographs and videos that could compromise a patient's confidentiality (Patterson 2012, Wiener et al 2012). A number of papers recommend knowing and utilising the privacy settings on a website to ensure one can control who sees posted information (Aylott 2011, Griffith 2012, Mansfield et al 2011). This is a high risk area for health professionals and breaches in patient confidentiality have resulted in disciplinary action, termination of employment and deregistration from professional boards (Cain 2008, Essary 2011, Farnan et al 2008, Farnan et al 2009, Greysen et al 2012, Griffith 2012, Knudson 2012, Limb 2010, Mansfield et al 2011, National Council of State Boards of Nursing 2011, Patterson 2012, Smith 2012).

## 2. Student use and the need for student guidance

The literature discussed the prevalence of social media use among students. Ninety-five per cent of Americans aged 18 to 33 have access to the internet and 83% regularly use social networking sites (St-Laurent-Gagnon et al 2012). Consequently, due to the younger average age of students compared to healthcare professionals, students tend to use social media more than their professional superiors (Farnan et al 2008, Jent et al 2011, Thompson et al 2008). Social media provides another challenge for students when it comes to distinguishing between personal and professional boundaries (Cain 2011, Essary 2011), with multiple cases of students acting unethically found in the literature (Essary 2011, Jones 2012, Patterson 2012). Consequently social media education to students is paramount to ensure students maintain the professional standards their profession demands (Farnan et al 2009, Lagu and Greysen 2011, St. Laurent-Gagnon et al 2012).

## 3. Patient/therapist relationship and boundary blurring

The need to maintain appropriate boundaries in the patient-therapist relationship is widely discussed in the literature (Aylott 2011, Bosslet et al 2011, Chretien et al 2011, Farnan and Arora 2011, Ginory et al 2012, Guseh et al 2009, Mansfield et al 2011, McCarthy 2011, Peluchette et al 2012, Quist 2011, St. Laurent-Gagnon et al 2012, Wiener et al 2012). The parameters of these relationships are upheld by a blend of international protocol and national laws as well as a code of conduct specific to each profession (Cooper and Jenkins 2008). Social media challenges the conventional boundaries of private and public, professional and personal relationships and consequently can affect the physician-patient relationship (Quist 2011). Inappropriate use of social media can blur these boundaries and potentially lead to a violation of doctor-patient boundaries (Ginory et al 2012, Mansfield et al 2011).

A situation that challenges these boundaries is 'friend' requests on Facebook from patients or members of patients' families (Chretien et al 2011, McCarthy 2011, Peluchette et al 2012). In a random, stratified mail survey Bosslet et al (2011) found that 9% of respondents (including medical students, resident physicians and practising physicians) had received 'friend' requests from patients or members of patients' families on

Facebook. Perhaps of more concern is that 4% of respondents had sent 'friend' requests to patients or patients' family members. This appears to be a breach of the recommendations presented in the majority of guidelines (summarised in Appendix B). These data, however, conflict with an online survey by Ginory et al (2012), where 10% of respondents received 'friend' requests from patients; however, none of these requests were approved.

Ginory et al (2012) also found that 18.7% of respondents had searched social networking sites for a patient's profile. Reasons included: following progress, checking patients who were not attending consultations, curiosity and gaining collateral information. Of those who had not looked up patients, 35% believed it to be unethical and unnecessarily invasive and could be considered to be crossing a boundary. The large variation in opinion shows how important and necessary guidelines are for this controversial topic. Aylott (2011) recommends considerable forethought, as to intention and rationale, before any action on a social media site to ensure professional relationships are respected.

Boundary blurring and the effect on the patient therapist relationship are intricately linked. Professional boundaries have been described as "the parameters that dictate the expected behaviour between a health professional and the patient within that relationship" (Cooper and Jenkins 2008, p 275). Ginory et al (2012 p 41) define a boundary violation as "a deviation from the standard of care that is exploitative and harmful to the patient". This can include revealing information that leads to identification of a patient, entering into a sexual relationship, or being associated with online pages that can be interpreted as inappropriate. For example, a physician who has low or no privacy settings on a Facebook page leaves him or herself open to boundary blurring as the patient has access to an array of personal information (Mansfield et al 2011). Health professionals need to realize and acknowledge, that due to the online intersection of professional and personal lives, extra caution in online behaviour is paramount (Farnan 2009).

St-Laurent-Gagnon et al (2012) describe how professional boundaries can become blurred if the health professional become friends with their patients on social media sites. For example, a patient may post information that he or she have withheld from the health professional due to its sensitive nature. Alternatively, the traditional distance in a patient-therapist relationship may be bridged to the point where the patient may discover things about the therapist they deem inappropriate for a health care professional. St-Laurent-Gagnon et al (2012) describe this as online dis-inhibition effect, defined as the tendency of increased self-disclosure seen online. This lack on inhibition on both sides of the relationship only further blurs the normal professional boundaries.

## 4. Integrity of profession/reputation (both personal and for governing body)

Online professionalism is important in order to safeguard both careers and reputations (Cain 2011, Kientz and Kupperschmidt 2011, Rutter and Duncan 2011). Online comments are permanent and can be easily misinterpreted (Cain 2011). A brief lapse in judgement from a health professional can negatively reflect on the entire profession (Greysen et al 2010, Mansfield et al 2011). Farnan et al (2009) reported that a family

member of a patient requested a different resident physician due to questionable behaviour viewed on their personal "My Space" page. Smith (2012) states that it is important for health professionals to be constantly vigilant with everything posted online to ensure their personal and professional reputations are maintained.

In a survey of 51 year-five and 52 year-six medical students, Lee and Ho (2011) looked at opinions on ethics, integrity, patient-centred communication, humanism and accountability in the context of social media use. Medical students with higher levels of social media use were associated with decreased professionalism scores. Lee and Ho (2011) acknowledged that the scale used was a proxy scale and may not have indicated actual behaviour; however, future research into the relationship of health care professionalism and social networking websites is recommended.

#### 5. Lack of institutional and professional body guidelines

Whilst some organisations have been effective in creating and implementing guidelines, many remain without policy, leaving the institution and working healthcare professionals unaware of and unable to navigate the risks surrounding them in a social media world (Barker et al 2012, Farnan et al 2008, Jones 2012, Trossman 2011). Guidelines are crucial in helping health practitioners maintain professional standards (Barker et al 2012). Professional health bodies are struggling to establish appropriate guidelines and provide education for health professionals due to the recent surge in social media use (Barker et al 2012). Consequently, many health professionals are contacting professional bodies in order to find answers for appropriate use and online behaviour (Barker et al 2012, Trossman, 2011).

In a situation described by Farnan et al (2008), students at an American medical school created a video that was a parody of their anatomy lab experience. It was shown at the medical school's annual talent show which was attended by a lot of the staff. The video was very well received. There was interest from the students in posting the video on YouTube. Verbal consent was obtained from the director of the video, all those who participated in the video and a member of the medical school's administration. A faculty member who specialised in medical ethics also viewed the video and made adaptations so that he believed it was appropriate to be posted online. Following the posting of the video on YouTube, a senior medical student was concerned that the students showed "insensitive behaviour with respect to the treatment of those who had donated their bodies to science", even though no cadaveric content was displayed in the video (Farnan et al 2012 p 520). As a result of the complaint, the video was immediately removed from YouTube despite students' protest at free speech infringements. Following the complaint, discussion was prompted on how to proceed, given that there was no current policy on how to handle the situation. There had been a lot of positive comments online from potential future students; however, some alumni and senior staff responded with shock and disgust. The school is currently working on creating guidelines relating to students' social media use in order to provide clear guidance and a benchmark for students to maintain online professionalism.

#### Professional body guidelines

The professional body guidelines found were from the health disciplines of medicine, nursing, midwifery, pharmacy,

psychiatry and physiotherapy; however, the rigour of these recommendations and guidelines varied considerably. Some had a very pragmatic approach, simply listing things deemed appropriate and inappropriate with little or no reference to how the standards were established (Australian Medical Association 2010, Bemis-Dougherty 2010, Federation of State Medical Boards 2012, Guseh et al 2009, Janssen 2009, Landman et al 2010, Leiker 2011, Limb 2010, National Council of State Boards of Nursing 2011, New Zealand Nurses Organisation 2012). Griffith's (2012) and Hayes' (2012) recommendations were established with reference to the Nursing and Midwifery Council (2012) and General Medical Council (2011) guidelines respectively. The Australasian Medical Association Guideline produced in collaboration with the New Zealand Medical Association and the Australian and New Zealand Medical Students Associations (2010) provides examples and advice; however, its recommendations were not established from an analysis of key ethical principles. This document has also been used as the reference for the recommendations on the use of social media made in section 10.2 of the Physiotherapy Board of New Zealand's code of ethics and professional conduct with commentary (Physiotherapy Board of New Zealand 2011). The guidelines created by the Federation of State Medical Boards (2012) were created by the Special Panel on Ethics and Professionalism. The commentary by Mossman and Farrell (2012) on the use of Facebook and the social media guidelines for physicians developed by the Massachusetts Medical Society (2011) contained no reference to ethical guidelines; however, both documents were based on reviews of the current literature. Although some guidelines found referred to the application of ethical principles, it is not clearly shown or described how they have been implemented (Gabbard et al 2011, General Medical Council 2011, Nursing and Midwifery Council 2012). The draft principles presented by Trossman (2011) consisted of guidelines developed by American Nursing Association (ANA) staff with assistance from the Congress of Nursing Practice and Economics work group and the ANA ethical advisory board. The guidelines developed by Frankish et al (2012) were established after a literature review, a round-table interdisciplinary discussion and the use of "ethically informed reasoning" (p 181).

The American Medical Association (AMA) (2012) policy was the most widely referenced source in the literature review (Barker et al 2012, Cain 2011, Ginory et al 2012, Leiker 2011, Massachusetts Medical Society 2011, Patterson 2012). The initial guidelines, released in 2010, explored ethical implications of the nonclinical-physician use of blogs, social networking sites and other methods to post information online (AMA 2010). The guidelines were established by the AMA Council on Ethical and Judicial affairs. The council consisted of "seven practicing [sic] physicians, a resident or fellow and a medical student" (AMA 2013). Prior to publication and becoming an official AMA policy it was also deliberated on and approved by the AMA House of Delegates (AMA 2013). The AMA guidelines have been created and put through a rigorous process in their development. Furthermore they have comprehensively covered the key issues identified in the literature, addressing all five themes listed above. The AMA policy can be found in Appendix A. In Appendix B, the key messages of the guidelines policies have been summarised. As expected there is a strong link between the themes identified in the current review and those addressed in the guidelines.

## Case studies of inappropriate social media and text messaging use

The decisions made in NZHPDT and NZHDC cases can be a useful tool in guiding appropriate ethical practice. In particular, the expert opinions involved in the decision-making process provide valuable guidance to all health professionals. For example, in a case involving the suicide of an 18-year-old man, a counsellor provided medical advice to the young man via text messaging (Health and Disability Commissioner 2010). It was found that the counsellor breached right 4 (1) of the code by providing advice concerning medication via text messaging. Right 4 (1) of the code states "every consumer has the right to have services provided with reasonable care and skill" (Health and Disability Commissioner 2009). Text messaging was not considered to be an appropriate form of communication to deal with this situation and the situation highlighted "the dangers of providing advice via text message" (Health and Disability Commissioner 2010). In a separate case a physiotherapist was found guilty of sending sexually suggestive text messages to a patient (HPDT 373Phys10/158P). As a consequence of the ruling by the NZHPDT the therapist was deregistered by the New Zealand Physiotherapy Board. Zilber (n.d.) defines a boundary violation as any behaviour that goes beyond the boundaries of a professional relationship that is harmful to the patient. This case represents how text messaging is not exempt from normal patient rights and maintenance of patient rights; they have real life consequences if not adhered to. The cases described above can be found on the NZHPDT website ([www.hpdt.org.nz](http://www.hpdt.org.nz)).

## DISCUSSION

In this review we identified five key themes with respect to ethical issues involving the use of social media in health care. These were: privacy/confidentiality breaches; student use and the need for student guidance; the patient-therapist relationship and boundary blurring; integrity and reputation of the profession; and a lack of institutional and professional body guidelines. The ethical issues identified in a literature review by Frankish et al (2012) of patient and physician privacy, confidentiality, medical professionalism, the patient-doctor relationship and managing a personal and professional online image, were consistent with what we found. To date, the AMA guideline has been the document developed with the most rigorous attention to the key ethical issues, addressing all five themes we identified. Whilst there has been an Australasian medical profession guideline developed, it is not based on key ethical principles but rather on examples of relevant cases and general advice (Australian Medical Association 2010). All other guidelines reviewed were based on expert opinion and literature reviews, but lacked a strong ethical framework.

A review of the cases presented on the NZHPDT website, demonstrate examples of boundary blurring that effect the patient-therapist relationship and the integrity of the profession. In one case involving the physiotherapist, it is of interest to note that the penalty handed out was similar to and based on other cases where a physical sexual boundary had been breached (HPDT 398/Phys10/158P). This appears to be the first case of its kind in New Zealand where a severe penalty (loss of registration) has been applied involving inappropriate text messaging use. Such a penalty sends the message that breaches of patient rights through social media and text messaging are no less

serious as those that occur physically. The NZHPDT and NZHDC cases provide a clear message about what is, and what is not, acceptable professional behaviour, making them an appropriate source of guidance. However, as these cases are still few in number, they do not cover a diverse range of situations and therefore the appropriate guidelines need to be developed.

## Limitations

There were a number of limitations of this review. The search primarily used information from peer review journals and published guidelines that had been informed by ethical principles. There are many other potential sources of information on social media and text messaging on websites and in the 'grey' literature but these were not sourced. A range of health professional websites were also used but not all health professions are covered in the review. Due to the rapid expansion of information in this area it is also possible that new guidelines or information on this topic may have been published since this paper was submitted for publication.

## Recommendations

To maintain safe ethical practice, health practitioners have current ethical standards that need to be upheld. The rapid growth in social media may require professional bodies to evaluate how well their respective current ethical guidelines are dealing with social media and determine if new guidelines are necessary to cover the specific issues raised with texting and social media. The AMA guidelines are the most comprehensive to date based on ethical principles and their implementation into practice in New Zealand is recommended. However, if such a guideline were to be adopted, it would need to be contextualised within the New Zealand health environment to ensure relevant, local, ethical, cultural and legal obligations are covered.

Following on from this review there is a need to survey health practitioners as to their views, attitudes and awareness of using social media in a healthcare setting. The results of such a survey would be of use to inform New Zealand health professional bodies in establishing their own guidelines for the current and future work force. It is crucial that this be done sooner rather than later in order to keep pace with the rapid rise in social media use and to raise awareness of the complex ethical issues associated.

## KEY POINTS

- Social media and text messaging use is prevalent and increasing in healthcare.
- Few guidelines currently exist that have been informed by ethical principles.
- Cases from the NZHPDT and NZHDC are useful learning tools around ethical decision making relevant to social media.
- Five key themes were identified, these were: Privacy/confidentiality breaches, student use and the need for student guidance, the patient therapist relationship and boundary blurring, integrity and reputation of the profession and the lack of institutional and professional body guidelines
- Surveying health practitioners as to their views, attitudes and awareness of using social media in a healthcare setting would be a useful step to inform future guidelines.

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## APPENDIX A

*Professionalism in the use of social media; adapted from the AMA (2012)*

- (a) Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- (b) When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.
- (c) If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just, as they would in any other context.
- (d) To maintain appropriate professional boundaries physicians should consider separating personal and professional content online.
- (e) When physicians see content posted by colleagues that appears unprofessional they have a responsibility to bring

that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behaviour significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.

- (f) Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students), and can undermine public trust in the medical profession

## APPENDIX B

### *Summary of findings in guidelines*

#### Privacy issues

- Recommendations:
  1. Utilise privacy settings on social media sites.
  2. Do not post any identifiable patient information.
  3. Know, understand and comply with patient privacy laws.
  4. Read and understand the sites privacy settings.
- Do not take photos or videos of patients on personal devices.
- Permanence of internet postings reiterated throughout numerous articles. "Treat everything online as public, permanent and shared" (Griffith 2012 p 989).
- Respecting the boundaries of the patient-therapist relationship.
  - It may be appropriate to avoid 'friending' supervisors/ students.
  - Recommendation of having personal and professional profiles.
- Assume everything you post including pictures is accessible by the wider public so be careful to maintain professionalism standards.
- Regularly search yourself online to establish what kind of online image you are portraying.
- Never discuss work details.
- If a colleague is breaching any of these guidelines you should talk with them and ask them to remove the content or if they do not or the breach is severe report to a higher authority.
- Workplaces should have their own policy.
- Always observe ethically prescribed professional boundaries.
- Variation in guidelines currently exists as to whether gaining information on patients through searching them through social media is appropriate.
- Training on social media use should be incorporated into student's education. Training institutions should also develop policies for handling breaches of ethics or professionalism through internet activity.
- A breach of conduct/professionalism/ethics on the internet should be treated the same as if it were in the 'real' world.



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