



90. The physician and social media

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Social networks, primarily Facebook and Myspace, are transforming the way in which physicians and patients communicate. We must begin formulating rules of conduct for physicians in this new virtual space.

Until recently, the medical space where physicians and patients meet was well-defined, with clear and obvious boundaries: Patients would meet physicians in clinics or hospital wards. Outside these recognized physical boundaries, there was little or no interaction between them. This situation preserved the distance necessary in those years to protect the status of the physician.

Newly developed forms of communication have rapidly and dramatically altered the availability of physicians, and substantially narrowed the professional distance between physicians and patients – to the point of blurring the boundaries between “formal” and “familiar.”

The first of these developments was the pager (or beeper), which allowed patients to track their physicians outside the physical boundaries of their office through an intermediary. The development of cell phones along with text messaging technology (SMS) made physicians even more accessible, almost at any place and at any time, and the physician’s personal and private spheres began to overlap. Email created another medium for physicians and patients to remotely exchange medical information, without patients needing to physically meet their physician. All these forms of communication include only two parties: the physician and the patient. Therefore, the privacy and medical confidentiality of patients could be easily maintained.

Social networks have overturned this discreet reality and sparked social discourse regarding the future of the traditional physician-patient relationship in the new age of vast social transparency. In these networks, primarily Facebook and Myspace, tens of millions of people participate in growing chains of “friendships.” Social media allows all people to present themselves as they choose, and to display their personal lives in text and photos as much as they want. Everyone can select their friends in the network, while personalizing the level of exposure, detail and intimacy of their daily life presented to these friends.

A quick Google search showed that an online article published on CNN.com in September 2009 entitled “Should you ‘friend’ your doctor on Facebook?” provoked tens of thousands of comments. This is a new cybernetic reality, and we need to formulate rules for proper conduct for physicians in this new reality.

What about the hierarchy?

The cybernetic space enables patients to gather information on their illness, but also on their physicians. Patients occasionally do this prior to meeting a physician, during treatment



or after treatment. Should physicians accept requests to join the friend circle of a patient under their care? Conversely, should physicians invite patients to join their friend network? Will the professional hierarchy be maintained when patients become “network friends,” who can continuously observe the private life of physicians, and are exposed to the family and social events physicians take part in? Will the professional authority of physicians be maintained after patients have seen them, for example, dancing while intoxicated at a private party? This could happen even if the physician is just a “friend of a friend,” who posted the physician’s picture without his knowledge.

It is easy to understand that patients seek to be close to their physician, and consciously or unconsciously strive to form bonds of friendship outside the boundaries of the clinic. Patients believe that if they succeed in doing so, physicians will be nicer to them and that they will receive more attention during their next visit.

Physicians are split on this matter: Some consider the Internet an additional means of professional communication with patients, despite the inherent difficulty in maintaining medical confidentiality online. They see the Internet as a place where they can advertise themselves and attract new patients. This approach is grounded mainly in financial motives. Most physicians, however, refrain from exposing those under their care to their social network. The main fear is that the line may be blurred between the physician’s professional and private lives, and that they will be excessively exposed to their patients. Many physicians also refrain from providing medical counsel online for additional reasons: The necessary time investment without compensation, the inability to preserve proper professional accountability and the fear of resultant medical malpractice lawsuits.

There is no doubt that in the coming years this social-digital reality will alter the interaction between physicians and patients. We must begin to formulate proper rules of conduct for physicians in this new virtual social space.

Should we define a sweeping rule: “Whatever should not be said or done in front of patients in the ER should not be uploaded to social networks?”

The following position paper is our initial attempt to deal with this new reality.

Position paper:

1. Physicians should carefully consider whether they desire to share their social network with people under their medical care.
2. Physicians should refrain from discussing personal medical issues regarding people under their medical care on social networks. These issues should be discussed, under the defined restrictions, via the personal email of the physician.
3. Physicians should refrain from mixing their personal and professional lives on social networks.



4. Physicians should practice caution regarding the textual and visual content uploaded to social networks on their behalf, in order to maintain their status and professional dignity and in accordance with the proper rules of conduct for physicians.
5. Physicians should not use social media for self-advertising contrary to the rules for media advertisement and should not advertise any other party.