Online Professionalism: Social Media, Social Contracts, Trust, and Medicine

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ABSTRACT

The AMA Council on Ethical and Judicial Affairs (CEJA) has initiated an important discussion on medical professionalism and the use of social media by issuing thoughtful and practical guidance for physicians and medical students. The implications of online activities for trust in the profession, as well as for trust between patient and doctor, however, will need further exploration as digital life expands and evolves.

“US ‘PENIS PHOTO DOCTOR’ LOSES JOB”

You can't make this stuff up. And unfortunately, you don’t have to—this is an actual headline from BBC News about a Mayo Clinic surgical house officer who used his cell phone to photograph a patient’s tattooed penis during a gallbladder operation.1 Another headline from the Los Angeles Times last year: “When Facebook goes to the hospital, patients may suffer.” This was from a story about St. Mary Medical Center staff posting photos on Facebook of a brutally stabbed nursing home resident they were treating.2 After an article in the New York Times on a horrific local bus crash this March reported that a surgeon had sent a photo of the carnage to his wife, a letter writer responded, “Let’s just hope the surgeon or his wife do not post the photo on their Facebook page.3”

The repertoire of new issues for medical ethics introduced by physicians’ use of social media grows with each innovation in technology or practice: “Friending” patients online. Blogging about patients. YouTube videos.

Quaintly, we used to worry about the hospital elevator and cafeteria as major sites of concern for breaches of patients’ privacy and confidentiality or other inappropriate discussions.4 Today, as the very timely AMA CEJA “Report on Professionalism and Social Media”5 points out, given the reach of social media and the permanence of information on the internet, the whole world is now on the elevator.

The power of the internet is daunting. In medical care, there is considerable opportunity to do good in helping patients navigate the vol-
umes of available health information online and in sharing properly de-identified information among clinicians in an effort to improve care. Patients can also share information with each other through condition-specific social networking pages, provided they know the risks of doing so. The CEJA report recognizes that the internet and social networking can be used in the service of public health. These are all valuable things.

But the growth of online activities also brings considerable challenges to professionalism, both for individual physicians and the profession. Some issues, such as the photo taking/sharing examples, are clear. Other issues are more subtle and will require more careful ethical investigation and analysis. The CEJA report focuses on what are described as nonclinical uses of the internet—social networks, blogs, and other online postings. It examines a number of ethical challenges, including boundaries in the patient-physician relationship, privacy, confidentiality, and how physicians represent themselves when participating in social networking and online postings. The CEJA report provides a context for thinking about these issues and initiates an inquiry into the possible effects of online activity, including unintended consequences. It provides helpful practical guidance.

The CEJA report starts from the premise that the traditional tenets of medical ethics, such as those found in the AMA’s Code of Medical Ethics, apply to all forms of communication, including those online. Among other principles, the report refers to the value and role of trust in medicine, noting that AMA Opinion E-8.02, “Ethical Guidelines for Physicians in Administrative or Other Non-Clinical Roles,” states, “The ethical obligations of physicians are not suspended when a physician assumes a position that does not directly involve patient care.” Given the context of the opinion, however, it seems that this statement is more directed toward physicians in roles that call on medical expertise that do not involve clinical care. This seems to be the wrong context for framing an ethical discussion of the use of social media. The principle set forth there, however, represents a good place to start thinking about the potential damage that an unwise use of social media may portend for patients’ sense of trust in their individual physicians and in the profession. The American College of Physicians “Ethics Manual” emphasizes the significance of maintaining trust in the profession and in treatment relationships and notes that within and beyond the clinic, “Physicians’ conduct as professionals and as individuals should merit the respect of the community.”

Trust in medicine is not the subject of a voluminous literature in mainstream medical journals. Perhaps it should be more thoroughly examined. Cruess and Cruess have written about the “social contract” between society and medicine, and the privileges of trust, self-regulation, clinical autonomy, and respect that society grants the profession and its members in the expectation of competence, altruism, promotion of patients’ welfare and the public good, accountability, and integrity: “Physicians are expected to demonstrate morality and integrity in their practice, and in their day-to-day lives. Physicians who do not do so will, without question, lose trust, and this will reflect upon the profession as a whole.”

Wynia and Chalmers state that the concept of the social contract is necessary but insufficient, finding that the medical profession’s place in society is as a “collective public trust” entailing some uniquely collective obligations. Pellegrino and Thomasma “emphasize the need for trust because, no matter how tightly a contract may be written or a covenant explicated, medical care depends upon a continuous series of judgment calls and competent acts that cannot be predicted precisely in advance.”

One way to maintain trust is to maintain boundaries in healthcare. Boundaries are no less important online. Some doctors take steps to separate their professional and personal digital identities with, for example, limited access to a personal Facebook page and wider access to a professional page. Mostaghimi and Crotty advise that physicians must “proactively review and maintain their digital lives” but recognize that “absolute separation of professional and personal identities is nearly impossible.” Danielle Ofri, MD, who has written about this
in the New York Times, doubts whether separation can be done effectively and instead has only a professional presence online. She says, “This means letting go of the fun and casual side of social media, but I think that’s simply part of the territory of being a doctor. It’s the same reason I don’t wear flip-flops and shorts to work, much as I’d surely love to. Giving up posting vacation pictures doesn’t seem like a particularly high price.”

But that is information that is (allegedly) under the physician’s control. A recent study using internet searches of doctors’ names found that, of physicians who had personal information online, one-third had blogs and used social networks. For two-thirds, however, the information was available through their associations with clubs and other organizations or data from real estate records or about their history of political and other donations. Were the individuals even aware that this information was available?

The recommendations at the end of the CEJA report provide thoughtful guidance on how physicians (and medical students) can ethically navigate the online world. The recommendations include being aware of patients’ privacy and confidentiality requirements in all settings, including online; using appropriate privacy settings in social networking; maintaining boundaries with patients and considering keeping personal and professional content separate; acting appropriately when discovering unprofessional content by others. However, it is only the last phrase in the last recommendation that brings us back to the all-important concept of trust. It states that actions or content online could have a negative effect on a physician’s reputation or career, “and can undermine public trust in the medical profession.” This perhaps should be the starting point of a future report, a more complete examination of trust and the medical profession—and how to maintain it in changing times.

NOTES


5. R. Shore et al., “Report of the AMA Council on Ethical and Judicial Affairs: Professionalism in the Use of Social Media,” in this issue of JCE.


7. See note 5 above.


