Case 4: Friending Patients on Social Media

After doctors initially misdiagnosed her son with strep throat, a mother posted several pictures of her son's worsening rash and facial edema on Facebook. Although she received many responses that were incorrect, a non-physician neighbor suspected the boy had Kawasaki's disease based on previous experience with the illness in her own son. The mother took the son to the hospital for immediate work up, and it turned out to be the correct diagnosis. As a result of social media, her son avoided additional complications and recovered from Kawasaki associated liver dysfunction.

Source:
http://www.slate.com/articles/double_x/doublex/2011/07/how_facebook_saved_my_sons_life.2.html

A dermatology resident begins a clinic visit with a patient, an adolescent girl, who is accompanied by her mother. After completing the history and physical examination, the mother asks the daughter to leave the room and tells the resident that she would prefer seeing another physician to be her daughter's doctor. The mother says that she saw some of the resident's pictures on Facebook depicting the resident partying during medical school on a spring break. The resident's profile was set to be viewable only to friends, and it turned out that one of the resident's relatives was a close friend of the patient's, and had shown the photos to her. The dermatology resident was shocked and had forgotten those pictures were on Facebook since there were from so long ago.

Source: Sbicca, Jennifer A., and Stanton K. Wesson. "The Dermatologist and Social Media: The Challenges of Friending and Tweeting." In Dermatoethics, edited by Lionel Bercovitch and Clifford Perlis, 77–82. London: Springer London, 2012.
http://www.springerlink.com/content/j64m6213w5115873/fulltext.html

Questions for discussion

1. Identify issues relating to professionalism
2. Discuss the following question/s and prepare a consensus/summary statement for your group
    - In the past a family practitioner in a village would be both a doctor and a friend. Would probably answer medical questions in social settings. How is this different than being a friend with patients in social media?
    - How about providing medical advice to your social circles on Facebook?
    - If you notice a post on Facebook about an urgent serious medical condition that you might be able to help by posting a response, would you? Would it be different if it was a friend of a friend or a close friend?

3. Imagine yourself mentoring a medical student or resident. What advice would you give him or her based on this case and your discussion?

Case Commentary

The first example highlights some of the potential benefit to social media – the idea of "crowdsourcing" and the collective knowledge/experience of your audience – but should make you think of the potential downsides – what if the crowd were wrong? For many, social media is the primary source of information/reference and they could erroneously not seek care based on feedback from their audience.

A post, or even series of posts on social media, is not the equivalent of a full history and physical examination. As a physician, you are well aware of how nonverbal cues and physical exams subtleties can affect your diagnosis – on social media, you lack those cues. If you chose to diagnose and treat in this medium, you must be aware of these limitations.

As a physician, are you compelled to address life-threatening scenarios, or misdiagnoses and inappropriate treatments that could lead to patient morbidity? Is there any legal obligation to do so? Are there consequences to you as a physician (legally and other) if you do not choose to engage or intervene in these scenarios?

As this story had much publicity on the web, it should also remind us of the broad reach of social media. These posts were made to reach a large audience and were initiated from the patient's side. Consider a similar story, but originating from a physician dialogue about a patient – it could reach a very wide audience easily, which becomes problematic if it was meant to remain private.

The second example revisits the blurring of personal and private spaces for physicians and how this can be exacerbated by the permanence of social media.

Once content is posted online, its distribution it outside of your control – it can easily be shared, reposted, or repurposed without your knowledge or consent.

Educator Notes

In the past a family practitioner in a village would be both a doctor and a friend. Would probably answer medical questions in social settings. How is this different than being a friend with patients in social media? In that scenario, the exchanges with the practitioner were likely made face-to-face, in real-time, and were limited to just those people in the discussion. The interaction would have clear boundaries and expectations for both parties. Doctor-patient relationships on social media are different because there are no clear boundaries and all aspects of that digital life are available for sharing. Technology can disinhibit behaviors, so people are more prone to do things electronically that they would not do face-to-face.

How about providing medical advice to your social circles on Facebook? A concern in providing medical advice via connections on social media comes back to the idea of context. Identical diagnoses don't always have identical situations – i.e. bacterial pneumonia in a 4day old has different concerns than a similar diagnosis in a 23-year-old. The permanence of the medical advice makes it likely that someone will review that exchange at a later time, apply it to their situation, and make decisions about their health based on it – unfortunately this can be problematic.

General advice, on the other hand, could be given. This information is not focused to a specific patient or case-scenario, but could still be beneficial to the social media audience. Examples include discussions about flu shots and vaccines, diabetes education, and education about disease processes and their treatment.

If you notice a post on Facebook about an urgent serious medical condition that you might be able to help by posting a response, would you? Would it be different if it was a friend of a friend or a close friend? Unfortunately, it depends. Remember that the content posted on social media may not represent the complete clinical story, so you may be making decisions with incomplete and unconfirmed data. If a bad outcome occurs, what responsibility do you have for not intervening? The less degrees of separation between you as the physician and the poster, the easier it will likely be to contact that individual for more clarification and possibly intervention. For high degrees of separation, you may not be able contact the poster at all – how does that factor into your involvement?

Bottom line

- The wide reach of social media creates opportunities to access large populations and leverage the "wisdom of the crowd." However, it is important to clarify that collective wisdom is not always correct and incorrect decisions could still be made by taking that data out of context.
- When posting on social media, it is important to consider your intended audience (your friends/followers) and your unintended audience (their friends/public).

Bibliography and summaries

"The Patient–Doctor Relationship and Online Social Networks: Results of a National Survey." Bosslet, Gabriel, Alexia Torke, Susan Hickman, Colin Terry, and Paul Helft. Journal of General Internal Medicine 26, no. 10 (2011): 1168–1174.

Though personal social network use by the survey group – medical students, resident physicians, and practicing physicians – mirrors the general population, the majority of surveyed groups did not think it ethically acceptable to interact with patients within social networks for either social (68.3%) or patient-care (68%) reasons.

"The Dermatologist and Social Media: The Challenges of Friending and Tweeting." Sbicca, Jennifer A., and Stanton K. Wesson. In Dermatoethics, edited by Lionel Bercovitch and

Clifford Perlis, 77–82. London: Springer London, 2012. http://www.springerlink.com/content/j64m6213w5115873/fulltext.html

Uses two simple cases to illustrate the gray zone between physicians and patients and Facebook. Case 1: Should a doctor accept a patient's friend request? Case 2: A resident is inadvertently exposed by a patient's mother with an unprofessional photo taken during medical school. The patient is a close friend of the resident's younger cousin who could see "private" photos of the resident's Facebook.

"To Friend or Not to Friend: Is That the Question for Healthcare?" McGee, Summer Johnson. The American Journal of Bioethics 11, no. 8 (2011): 2–5. doi:10.1080/15265161.2011.602263.

At the time of publication, only five policies that explicitly addressed social networking, professionalism and ethics. Acknowledges general uncertainty for social media's role in medicine and suggests that risks (actual or perceived) could be minimized for patients, providers, and institutions by establishing safeguards.

"Facebook Activity of Residents and Fellows and Its Impact on the Doctor–Patient Relationship." Moubarak, Ghassan, Aurélie Guiot, Ygal Benhamou, Alexandra Benhamou, and Sarah Hariri. Journal of Medical Ethics 37, no. 2 (February 1, 2011): 101–104. doi:10.1136/jme.2010.036293.

202 residents and fellows in France surveyed, with 73% using Facebook. No distinction between professional and personal use. 85% would decline friend request from a patient, while 15% would decide on an individual basis. 76% felt that the doctor-patient relationship would change if patients had full access to their doctor's Facebook profile. Suggests that privacy protection might have an impact on the doctor-patient relationship.

"Medical Professionalism in the Age of Online Social Networking."

Guseh, J S, R W Brendel, and D H Brendel. Journal of Medical Ethics 35, no. 9 (September 1, 2009): 584–586. doi:10.1136/jme.2009.029231.

Discusses privacy and doctor-patient relationship concerns when each can see information not necessarily intended for the other. Article advocates not "friending" patients, face-to-face interactions when social media activity becomes concerning/questionable, and considers the role of dual citizenship – separate professional and personal profiles.

"Professionalism in the Digital Age." Mostaghimi, Arash, and Bradley H Crotty. Annals of Internal Medicine 154, no. 8 (April 19, 2011): 560–562. doi:10.1059/0003-4819-154-8201104190-00008.

Proposes a realistic view on professionalism: "We fundamentally believe in preserving the ability of physicians to use online media, social networks, blogs, and video sites for personal and professional reasons." Any effort to block or discourage use of these media would be unenforceable and counterproductive.

Rhyne JA, Talmage LA, Kopetski JP, Leinwetter MM, Agarwal RM, Diamond CG, Fedor, RP,

White BD. "Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice." Federation of State Medical Boards (2012). Retrieved 2013 Oct 15 from http://www.fsmb.org/grpol_policydocs.html.

Sample social media from a national organization. Very comprehensive with specific examples encountered by state medical boards. Many states are adopting similar licenses and therefore, robust policies.

Toolkit Considerations

- ***There is no right answer*** – discussions about professionalism rarely have clear answers, and social media is no exception. The toolkit serves as a starting point for discussion.
- ***This is not a social media usage policy*** – while these cases illustrate important considerations for social media usage, this is not intended to be a usage policy. For help with a usage policy, we have included a link to policy guidelines from the Federation of State Medical Boards.
- ***This toolkit is designed to be flexible*** – this toolkit can be used in small or large groups and by students and faculty of all comfort levels.
- ***No expertise needed*** – though the focus of this toolkit is on social media, the discussions are rooted in professionalism. The toolkit was written to provide enough context for the casual user to facilitate a discussion.
- ***Contribute forward*** – as you moderate these discussions, consider taking the students' discussion points, incorporating them back into the toolkit, and sharing the toolkit with your colleagues.