

Case 1: The Rude Anesthesiologist

An anesthesiologist at a large academic medical center maintains an active Twitter presence under an anonymous name. She is well-known in the online community as someone who pushes the limits of public dialog by sharing details of patient encounters that are often disrespectful and crude. During one thread, this doctor discussed an impending ER encounter with a patient suffering with priapism.

One observing physician screen-captured the conversation and created a post on his blog calling the behavior out of line and unprofessional.

Source: <http://33charts.com/2011/05/unprofessional-physician-behavior-twitter.html>

Questions for dialog

Was it okay to 'narrate' patient experiences for Twitter followers?

- A. Since the doctor and the patient couldn't be easily identified, it was OK.
- B. Even though the doctor and the patient aren't readily identifiable, this probably isn't cool.
- C. "It depends on the tone of the narrators."
- D. It doesn't matter whether they are disrespectful or not, it shouldn't be done.

If you were the observing doctor, what would be the best way of handling this case?

- A. The whistleblower should have first attempted to contact Mommy Doctor to ask her to remove the material.
- B. Address the issue without naming her.
- C. When you're anonymous, you forgo the peer-to-peer courtesy normally honored by professionals.

Case Commentary

There are two main issues to be considered here: public discussion of patient information and physician anonymity.

Central to a physician's public presence is the confidentiality of the patients under her care. Experiences and stories of your clinical encounters should go no further than your immediate colleagues. The only time you should publicly discussing patient stories outside of a clinical forum is when you have the expressed consent of the patient or family.

One could argue the fact that this doctor did not reveal her affiliation or location and, consequently, the patient's privacy was protected. Despite the fact that we may not know where this doctor is practicing, the details of this patient story may be identified by the family or the patient himself.

As we will discuss in your preclinical touchpoint, all discussions of patients that must occur beyond the confines of the clinical setting should satisfy the **PRIP test**: *Privacy, respect, intent, and perception*. Has the privacy of the patient been preserved? Is the dialog respectful to the patient? What was the intent of sharing the experience? How would your rendition of the experience be perceived by others? In this case the discussion was disrespectful and intended only to entertain a public audience. As far as perception, it certainly didn't look good.

Central to this case is the concept of anonymity. It's important to understand that anonymity is becoming increasingly difficult to maintain. Your identity can be revealed pretty quickly. Further, in the networked age, trust is the fuel of a successful networked presence and credibility is defined by one's transparency.

Here's a good rule to live by: Don't say anything if you can't put your name on.

Here's some sound advice on anonymity that comes from the Doximity blog:

Accountability promotes credibility. Adding your name to a comment affords you an opportunity to pause and make sure you really stand behind what you are saying. Anonymity suspends real-world judgment and emboldens us to jump into a dialogue, to express strong opinions, and to stick to our guns in the face of peer pressure. But it also fosters hasty, sloppy reasoning, making mistakes more likely. As healthcare providers, we have an ethical responsibility to be sure what we're saying is true. This is especially important on the Internet, where an offhanded slip can live on forever (racking up page views all the while). Put simply, accountability increases veracity.

Anonymous conversations can get unruly. Why do bank robbers wear masks? Because their identities make them accountable for bad behavior. Accountability holds people up to a certain standard of conduct. Not everyone needs that reminder, but it takes only one or two disruptive individuals to spark hostility in a debate. When this happens, otherwise productive conversations lose focus—and participants—fast.

Identifying yourself demonstrates expertise and expedites dialogue. Allowing people to see who you are and what you've done can actually help get your point across. It gives readers a frame of reference to interpret your comments. One is more inclined to trust a statement about an anemia made by J. Archer, Stanford hematologist, than one made by a physician with the handle "Crackerdoc71."

Knowing who—and what—is involved brings people to the conversation. Online conversations are a little like buying a car. You want to check out the product before you invest. Say you're reading a discussion about a controversial weight surgery device. As much as the commentators' experience and expertise matters to you, you're also going to want to evaluate their involvement and any conflict of interest. Wondering whether "Doctor X"—an enthusiastic proponent—is a bariatric surgeon with a financial interest in the company may keep you from fully trusting what they have to say. Once you know with whom you are dealing, you can start looking at their comments on their own merits. Ultimately, knowing who is participating and what's at stake improves the level of communication and builds trust that's essential for community. Trustworthy dialogue draws more people into the conversation and makes the interaction more robust.

Letting people know who you are opens up opportunities to network, collaborate, and build your reputation and practice. Good comments get good attention; it's as simple as that. By going public you have an opportunity to get your opinion out there, and to make connections. The beauty of participating in online conversations is that it lets us all go beyond the social and geographic parameters we already know to forge new connections and make new discoveries. Say I have a patient moving to Stanford, California, and I don't know a lot of physicians in that area to refer him to. I'm far more comfortable referring to Dr. J Archer, Stanford hematologist, with whom I have interacted online, than to "Crackerdoc71". The same goes for clinical studies. If I'm working on a study and I come across a forum with an insightful group of physicians, I can contact them about a way to collaborate.

The physician who called out the anonymous anesthesiologist in this case rationalized that since the doctor had not disclosed her identity, public discussion was justified. The anonymous doctor was, however, identified shortly after and she elected to delete her Twitter feed. While there is little precedent in how such cases should be handled, there was general consensus among the digital medical community at the time that this case occurred that an attempt should have been made to reach the doctor before initiating public criticism.

Educator Notes

Is it ever OK to post about a patient on social media? If there is a compelling reason to discuss a specific patient on social media and you have consent from that patient, posting information about them would be appropriate. If your intent is to educate about a disease process or disease presentation, consider keeping the discussion general and not patient specific.

Does it make it okay to post even if all patient identifiers are removed? While there was no direct mention of who this patient is, there may be enough significant details about the case to determine the identity of the patient. For example, the diagnosis is not common and we know that this patient has seen Urology, is being admitted, and has no risk factors for priapism. Though not listed in this screen shot, @mommy_doctor may have information in her profile about what hospital she works in or which city she lives in.

Should you post anonymously on social media? The question to consider is: are there reasons that you, as a physician, would not want your actions or thoughts public? If the answer is yes, why? It is important to remember that while free speech applies to everyone, the public often holds physicians to a higher standard of professional conduct.

If you saw someone posting about a patient inappropriately, what would/should you do? The logistics can be debated at length, but a discussion with the author is an appropriate course of action. As social media is a relatively new medium for many physicians, this individual may not understand how public their post is, or that they are inadvertently divulging protected health information. There are challenges based on the medium – for example, sending direct messages on Twitter is only possible if each individual follows one another, so approaching the poster might have to be done publicly.

Bottom line

- Patient-specific experiences should be avoided in public dialog. Anonymity on the part of the discussing physician does not change that.
- When possible, concerns about peer conduct should be handled off-line.

Bibliography and Summaries

“Online Professionalism Investigations by State Medical Boards: First, Do No Harm.”

Greysen, S. Ryan, David Johnson, Terry Kind, Katherine C. Chretien, Cary P. Gross, Aaron Young, and Humayun J. Chaudhry. *Annals of Internal Medicine* 158, no. 2 (January 15, 2013): 124–130.

This is an interesting article about perceptions of physician professionalism online using hypothetical cases. There was a high consensus that physicians should not cite misleading information, use patient images without consent, misrepresent credentials, and inappropriately contact patients. However, there was mixed consensus about identifying situations where physicians violated patient confidentiality and used discriminatory or derogatory speech towards patients.

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.