

## Case 6: The Screaming Baby on Facebook



A pediatric gastroenterologist receives a Facebook friend request from a woman in his community. Unfamiliar with the woman, the pediatrician messages back by asking where they may have met or how they might know one another. The woman replies, *“You don’t know me, but I have an 8-week-old baby who won’t stop crying and will only take 12 ounces of formula per day.”* For background, pediatric gastroenterology is a subspecialty experiencing significant shortages in certain parts of the country. The wait to see a pediatric gastroenterologist can be several weeks. Note: 12 ounces of milk for a two-month-old baby represents dangerously low intake.

### Questions for discussion

As a physician with an online presence, how should this type of request be handled?

- A. Don’t respond to request.
- B. Reply to the request with the suggestion that the mother address the issue with her own pediatrician.
- C. Reply with specific steps for addressing the issue.
- D. Reply with the intent of getting the child seen as soon as possible.

### Case Commentary

This case illustrates the difficulties inherent with a doctor’s public presence.

Direct contact from patients represents one of the primary fears of physicians new to social media. Understanding the boundaries of our relationship with the patients around us is key.

It’s important to understand that you are under no obligation to respond to solicitations in public. Since you have no relationship with this family, you have no legal or ethical obligation to her baby. While this could be ignored, the best approach may be to inform the mother that she should see her pediatrician or visit an emergency room.

In this case, the doctor phoned the mother and saw the baby. This is also a reasonable option but can set a dangerous precedent, especially if you are a severely underserved specialty such as pediatric gastroenterology.

Many physicians see this type of solicitation as a reason to remain out of public view. It should be understood that this type of contact is uncommon among doctors using these tools. Providers should, nonetheless, be prepared for how to handle such cases.

## Educator Notes

This vignette serves to discuss our obligation to patients around us in public. Every student and provider should be prepared to deal with the different scenarios that may arise when patients reach out for advice and care.

There's lots of discussion that can surround this case:

***How would it be different if this were an established patient or the family member of a hospitalized patient?*** This situation is different. While doctors may not want to be reached in this way, if it happens it's best to address it with the patient and try to address their issue. Going forward, expectations for how you want to be reached need to be clearly defined.

***Does the fact that he replied to this friend request mean anything?*** Probably not. This could launch into a discussion about what constitutes a relationship with a patient. This is a legal discussion, however.

***What if a query like this came in via email?*** Consider that the mother may have gotten a hold of the doctor's email. The point to make here is that physicians can't escape human contact via new media. You can choose to avoid Twitter and Facebook, but you still have to be prepared for unsolicited contact regarding clinical matters.

***If this doctor referred the mother to her pediatrician or ER, should it be documented?*** This can be debated but since you have no relationship with this individual, you are under no obligation to maintain a proper medical record.

## Bottom line

- Every provider should be prepared to deal with unsolicited requests via digital media.
- On public platforms, physicians are under no obligation to respond to solicitations from prospective patients.

*Case developed through the Baylor College of Medicine Digital Smarts curriculum.*