Professional Use of Digital and Social Media

**ABSTRACT:** Digital and social media quickly are becoming universal in modern medical practice. Data sharing, online reviews and ratings, and digital privacy concerns likely will become a part of most every physician’s practice, regardless of his or her use of social media. The widespread use of social media in the United States brings unprecedented connectivity that opens new horizons for physicians, ranging from interactions with patients, to communication with peers and the public, to novel approaches to research.

**Background**

Some physicians are reluctant to engage in online communication with their patients or their communities because of concerns about liability and privacy laws. To date, little legal precedent exists in this area, and potential exposure to liability and negative repercussions from the use of social media can occur. This Committee Opinion will consider potential risk factors with the use of digital and social media technologies (see Box 1) and precautions that can be taken to protect against liability.

**Liability**

**Precedent for Online Exposure to Liability**

Practitioners frequently express concern about exposure to liability when engaging in online communication with their patients, members of their professional community, or the broader online community. There is little legal precedent to inform recommendations for safe online communication. Nevertheless, existing legal principles and regulations that apply to in-person interactions apply equally to online activities. Specifically, Title VII of the Civil Rights Act (discrimination), the Americans with Disabilities Act, the Health Insurance Portability and Accountability Act (HIPAA), and general principles of tort law all still apply (1–3).

The Federation of State Medical Boards has issued a Model Policy Guideline, and many state medical boards have their own guidelines (4). Physicians should be aware of guidelines offered by their state medical boards, employers, and other professional organizations.

**Patient–Physician Relationship**

The legal definition of the patient–physician relationship is informed by statute and decisions in tort and contract law. However, the elements required to establish a patient–physician relationship under law differ among jurisdictions. It is not unreasonable to assume that in future litigation regarding the use of social media in medical practice, the broadest definition of this relationship will be adopted. Consequently, physicians should be cautious about providing medical advice online to someone who is not already a patient. For example, a Facebook “friend” may send a message to a physician on her personal page about a medical problem, and the physician may respond with a specific suggested intervention. Although this exchange is similar to one that may arise in an informal, in-person setting, there is now an electronic record that may be construed as establishing a patient–physician relationship. Physicians should not give specific medical advice online to those who are not already their patients.

**Online Behavior and Risks**

**Online Communication With Established Patients**

Online or digital communication between patients and physicians should follow the same guidelines that apply to all patient–physician communication: adhere to
HIPAA guidelines and conform to the standards of professional behavior (1–3). Written, online communication may be permanently archived in the outpatient medical record. As such, unless the communication was secure (eg, password-protected), the online portion of the patient’s electronic medical record (EMR) also may be accessed by other clinicians in the same medical group or those who share the same billing code and EMR. Unlike discussions between physicians and patients in person or by phone, this portion of the EMR is fully discoverable in future litigation. This digital record creates an “audit trail” because most EMRs allow auditors to discover who has viewed, edited, or added to the medical record, including corrections that do not appear in the final document (5, 6). Online communication with established patients, when included in the EMR and compliant with HIPAA guidelines, is generally a low-risk online behavior.

**Online Communication Without an Established Patient–Physician Relationship**

Physicians are reminded that they should be cautious about giving medical advice online to anyone who is not an established patient. It is strongly discouraged for physicians to answer specific medical questions online from those who are not patients.

**Health Care Team Communication**

Public communication about specific patients or work-related clinical events may violate the patient’s or practitioner’s privacy. Even posting online about a general event, such as a birth, should be avoided. When scrutinized in the context of an identified practitioner or hospital, the event can be traced back through public vital statistics data to a specific patient or hospital. Therefore, posting or blogging about specific events or cases is strongly discouraged. In many instances, such disclosure by way of an online posting is illegal under HIPAA regulations.

High-profile cases have involved plastic surgeons posting patient photographs on Instagram (7) and an obstetrician-gynecologist venting on Facebook about a patient who arrived late for her scheduled induction. Posting work-related content on social media, even if it is only intended for other health care team members, should be considered high-risk online behavior and is strongly discouraged. Health care team members who choose to communicate with each other using digital media (eg, to facilitate practitioner-to-practitioner handoff or collaboration), should use password-protected EMRs or encrypted sites, such as SharePoint. Any team communication should comply with institutional guidelines regarding use of electronic resources.

**Maintaining a Professional Web Page**

Web pages have become a standard form of communication for businesses, organizations, and professionals. All content on these pages reflects directly on the owner or organization. Physicians currently use professional web pages for a variety of services, from providing basic business information, to scheduling patient appointments,
to offering medical news. Physicians who use a web page to offer medical advice potentially create a patient–
physician relationship, which carries the same responsi-
bility and liability of a face-to-face encounter. Physicians
also should be familiar with the medical information and
advice provided on web sites to which they refer their
patients to ensure that the information is consistent with
their own practice’s message and policies. Maintaining
a professional web page is a low-risk, useful tool, provided
physicians refrain from offering online medical advice
outside the context of an established patient–physician
relationship.

Maintaining a Professional Social Media Profile
Social media sites are fast becoming standard tools for
professional practices. Sites such as Facebook and
Twitter may serve as a substitute for a professional web
page or as an auxiliary platform for other original
content, such as a blog. Some sites, such as LinkedIn,
are primarily designed for professional networking and
may facilitate communication between employees and
employers. The ability of social media sites to spread
information beyond the capacity of traditional digital
media makes them attractive tools for organizations and
individual professionals.

However, the capacity to reach a widespread audi-
ence also carries the potential for unknown users to
interact with the site and post undesired content,
including comments or photos. “Tagging” is the practice
of identifying another user in the context of a comment
or photo posted online. Security settings can be set to
ensure that your professional profile cannot be tagged by
other users. You also can adjust security settings so that
only authorized people can post as an administrator.
Close surveillance of any professional social media page
is recommended to ensure that any undesired content is
discovered and addressed promptly.

Because you can establish strict security settings and
boundaries on personal information when you use
a professional social media profile, it is preferable to
a personal social media profile for professional commu-
nication. It can be a powerful tool with low risk when
maintained with close surveillance.

Maintaining a Personal Social Media Profile
Nearly 80% of U.S. adults use the Internet, and
approximately 60% belong to at least one social net-
working site (8). An estimated 90% of U.S. physicians are
engaged in social media (9). Thus, it is understandable
that many physicians have personal social media profiles.
Even if a physician chooses not to engage in social media,
the widespread use of such sites highlights the impor-
tance of understanding new technology and new forms
of communication.

A personal social media profile can be an enjoyable
way to share life events, photos, and other personal news
with close family and friends. However, posting personal
information increases the risk that it will reach a larger
audience. It should be understood that any content could
become public material, even if it is only intended for
trusted members of a group.

A personal social media profile can be considered
a moderate risk if the physician allows large audiences of
informal acquaintances to view personal information.
This online activity may be regarded as a lower risk if
personal content is only shared with close family and
friends.

Personal Interaction With Patients on
Social Media
As previously stated, consideration of what constitutes
a proper patient–physician relationship applies equally to
in-person and online interaction (6). A common exam-
ple of a personal patient–physician online interaction is
a “friend” request on Facebook. (Note that this example
applies specifically to a personal social media profile and
not a professional profile.) Instead of responding to
personal “friend” requests, many professionals or or-
ganizations encourage patients to “follow” their pro-
fessional social media profile (6, 10). Examples of riskier
personal patient–physician online interaction might
include offering medical advice in online forums or
sharing personal information through a personal profile
on other social media sites such as Twitter or YouTube.

With regard to physicians’ personal social media
profiles, a recent survey revealed that 75% of physicians
debelicied an invitation to become online “friends” with
a patient (11). Several medical societies have recommen-
ded that physicians not “friend” their patients, and
instead refer them to their respective professional sites
(10). However, the question of how physicians and the
health care system should interact with patients’ personal
digital and social profiles remains unsettled. Some pro-
essionals advocate for surveillance as a form of prophyl-
axis against catastrophic events, such as suicide, while
others prefer to exercise their own discretion in interact-
ing with patients in social environments, including on-
line settings. As a principle, to ensure maintenance of
appropriate patient–physician relationships, physicians
using social media should observe the same ethical
standards for online interactions as in-person
interactions.

Online Physician Ratings
Physicians face a new arena for evaluation with the
emergence of online physician ratings. These online
physician ratings constitute a crucial component of any
professional’s online profile or “digital CV.” Among the
plethora of web sites that claim to offer online physician
ratings, physicians may choose to participate with a select
few that have been vetted for professionalism and accu-
racy of information (12). Physicians also may elect to
engage with rating sites commonly used in business prac-
tice, such as Yelp, or invite patients to provide ratings
and feedback on their professional social media profiles (13).

In any of these activities, it is imperative for physicians to understand and comply with the terms and conditions of the user agreement for these sites. Failure to comply with these terms and conditions, specifically regarding solicitation of reviews, can be the source of litigation for any business, including physician group and individual practices.

Physicians should be prepared to handle negative online ratings or reviews. Current literature reveals that most online physician ratings are positive (14). One physician group found that patient satisfaction and recruitment improved as a result of online physician ratings, including negative reviews (13).

Regardless of the content of the review, physicians are best served by monitoring, rather than ignoring, these online ratings. Inaccurate information in reviews should be presented to the host site promptly to allow for investigation and removal of inaccuracies, where appropriate. Additionally, in any response to a review, physicians should abide by the same code of professionalism and conduct that applies to other offline behavior.

**Building Professional or Scholarly Networks Through Social Media**

The powerful connectivity of social media can apply to dissemination of scholarly publications and products. In addition to conventional bibliometrics (citations and journal impact factor), scholarly works are increasingly referenced by the complementary evaluation of altmetrics—essentially a composite score of an article’s viral spread through shares on social media. Use of professional social networks affords researchers and professionals the opportunity to share their work across larger audiences of like-minded professionals, fosters the development of new collaboration, and offers a forum for online dialogue among remote colleagues (15–17).

Professional social networks also provide the opportunity for “closed networks” among professionals, where more specific dialogues and ideas may be shared without being easily accessed by a public audience. However, as with all content on social media, even in closed networks, physicians should exercise caution not to publish content that could be interpreted as offensive or inappropriate for mass dissemination. Provided that physicians follow the Code of Professional Ethics of the American College of Obstetricians and Gynecologists (18), the use of professional social networks can be a robust means of disseminating scholarly work and may be considered a low-risk, potentially high-value, online activity.

**Conclusion**

Digital and social media are not only acceptable for the modern practicing physician, but have become necessary elements for relating to patients and practicing medicine. Knowing how to monitor your digital presence and practicing low-risk behavior will substantially assist you in limiting your professional online exposure to liability.

**References**

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