

# Physicians Should Pause Before Posting, New Study Says

Liz Neporent

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In 2011, a Rhode Island emergency room physician was fired from her job and fined by the state medical board for commenting on a nurse's Facebook post featuring a patient's buttocks. Neither clinician mentioned the patient by name, but the physician revealed enough information for others in the community to identify the individual, clearly undermining the patient's dignity and potentially violating national Health Insurance Portability and Accountability Act of 1996 (HIPAA) laws.

Back then, social media was relatively new, but most people would expect physicians to know better than to act so unprofessionally on a public forum. A new study suggests otherwise.

Of 281 recent urology graduates, 201 (72%) had publically identifiable Facebook profiles, researchers report in an article [published online](#) April 9 in *BJU International*.

Of those physicians, 80 (40%) included potentially objectionable or questionable content in their feeds. The majority of offensive posts were written by the physicians themselves, rather than a "friend," and male and female physicians posted inappropriately in equal numbers.

The most common social media faux pas by the urologists related to uncensored profanity, discussions about sensitive topics such as politics and religion, and references or depictions of intoxication, sexual behavior, or skimpy attire. Two percent of the posts disparaged a colleague or place of work, and another 1% described illegal behavior.

Although less than 3% of physicians in the study posted explicit or private details about their patients, the fact that a physician would do so under any circumstances is troubling, Kevin Koo, MD, MPH, MPhil, the study's lead author and urology specialist at Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire, told *Medscape Medical News*.

"It's very clear that this kind of information should remain protected and confidential. For anyone to post specifics about a case that can be linked back to the patient is certainly very concerning," Dr Koo said.

The authors did not investigate whether or not the urologists' online behavior is typical of other specialties, but Dr Koo said that, as more medical professionals use social media, there is more opportunity for misuse and abuse. And, although social media is a powerful tool that can help physicians network, enhance clinical care, and rapidly disseminate research findings, it also has potential drawbacks, he adds.

A thoughtful social media policy can head off any major snafus, but Dr Koo admits that it is unclear how many practices and medical systems have formal guidelines in place.

One of the most important things to keep in mind when posting on social media is how you will maintain trust in the profession and in patient-physician relationships, Dr Koo advised.

"You want to think about things like the intent of your posts, how you will maintain confidentiality, and what you will do to maintain ethical principles," he said.

Do not blur the lines between professional and personal personas, Dr Koo continued. Consider how much of your own personal details are appropriate to disclose on social media accounts. And, along the same lines, electronic communications, including social media and email, should only be used in an established patient–physician relationship and with patient consent.

Carefully considering the physician–patient boundaries on social media is paramount, Dr Koo emphasized. He recommended having a plan for how you will respond to requests such as patients asking for medical advice or a response to medical emergencies.

Finally, Dr Koo said, clinicians should never forget the permanent nature of social media postings, noting that social media posts persist even after they are deleted. And what you post publically may have future implications professionally, he warned.

Although Dr Koo does not use information-sharing apps such as Medscape Consult or Figure1 himself, he reminded those who do to be careful about providing so much information about a case that it infringes on patient privacy.

"While the platforms hold a lot of promise, we need to continue to monitor our own behavior so we operate in best interest of patients," Dr Koo said.

## **Establishing a Policy**

For institutions and practices looking for a guide to create their own social media policies, Dr Koo recommended starting with a blueprint issued jointly by the American College of Physicians and the Federation of State Medical Boards in 2013. It outlines specific criteria for physicians to navigate social media in a professional and ethical manner. However, establishing best practices, policies, and position statements is not enough if staff does not know they exist, Dr Koo stressed.

"Institutions need to make sure all of their employees are aware of the policies and that they are following them," he said.

The intent of the study was not to pass judgement on physicians who use social media, Dr Koo stressed. Rather, the researchers sought to shed light on the contemporary reality physicians face, and to remind medical professionals they should adhere the same high standards whether they are offline or online.

"What we say and do on social media can impact the care of our patients, and also how we are viewed as professionals — the same as it would in the real world," he said.

*The authors have disclosed no relevant financial relationships.*

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