

Online Professionalism and Ethics in Medicine

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Objectives

- Define what organizations and regulators understand online professionalism to mean in today's medical practice.
- Give several examples of unethical or unprofessional conduct online.
- Explain the importance of identifying potential ethical problems associated with online marketing and communication.

What are we talking about?

- Practice Web sites?
- Corporate and individual marketing campaigns?
- Social media accounts?
- Internet reach beyond traditional marketing materials?
- Electronic communications with patients and business associates?

Social media use growing for all ages

The percentage of adult internet users who use social networking sites in each age group



Source: Pew Research Center's Internet & American Life Project Surveys, September 2005 -May, 2010. All surveys are of adults 18 and older.

Social Media Challenges

- Many users of social media experience "disinhibition" – technology creates detachment from social cues and consequences
- Unprofessional content online much more accessible to patients and public at large
- Lawyers and teachers have been sanctioned or fired for online indiscretions



Online Professionalism in US Medical Schools

(Chretien, Greysen et al JAMA 09)

- 60% of US schools reported "incidents" at 47 schools
 - ✓ Profanity 22
 - ✓ Discriminatory language 19
 - ✓ Depicted intoxication 17
 - ✓ Sexually suggestive 16
 - ✓ Confidentiality violations 6
 - ✓ Conflicts of interest 2
- Disciplinary action at 45 schools
 - ✓ Informal warning 27
 - ✓ Disciplinary meeting 13
 - ✓ No action taken 7
 - ✓ Temporary suspension 1
 - ✓ Dismissal 3

"Online Professionalism"

- All interactions between professionals and the World Wide Web creating a "digital footprint"
- Regulator concerns:
 - Images depict professional values to the public
 - Social media act as a mirror for professional values and reflects the best and worst aspects of the content placed before it for all to see

Who's complaining?

- Regulators, involved because of technical legal interpretations?
- Patients, for various reasons?
- Professionals, concerned about image, reputation, and standing, and the spill-over effect of a few bad apples?
- First Amendment advocates, reaffirming freedom of speech and privacy?

Normative Behaviors "Curve" or Ethics Continuum





Knowledge Gaps

- Are licensing authorities concerned about "online professionalism"?
- Are state medical boards experiencing complaints?
- Are disciplinary actions occurring as a result?
- Greysen SR, Chretein KC, Kind T, Young A, Gross CA. Physician violations of online professionalism and disciplinary actions: a national survey of state medical boards [Letter]. JAMA. 2012;307(11):1141-1142.

Methodology and Response Rate

- Self-administered online survey assessing:
 - ✓ Board characteristics
 - ✓ Frequency of reported violations of online unprofessionalism
 - ✓ Actions taken as a result of these reported violations
 - ✓ Ten hypothetical vignettes to illustrate possible violations of online professionalism
- Data collected between October 2010 and February 2011
- 71% of boards responded; responsible for the medical licensure and discipline of 88% of licensed physicians in US jurisdictions populated by 89% of the US population
- Respondents
 - ✓ 67% Executive Directors; 17% Investigations; 8% Licensing; 8% Other

Characteristics of the Sample

- Sample of licensing boards was diverse in the number of physicians licensed
 - ✓ ≤5,000 (19%)
 - ✓ 5,000-9,999 (23%)
 - ✓ 10,000-24,999 (19%)
 - ✓ 25,000-49,999 (25%)
 - ✓ >50,000 (6%)
 - ✓ Skipped question (8%)
- 92% have public members on their boards
- 65% allow reporting of complaints against licensed physicians via the Internet

Topline Findings

- Though active online, few boards (13%) use social media for communication
- Most boards (77%) did not have specific policies addressing issues of Internet use and unprofessional behavior
- Only 10% indicated that their state's current statutes would <u>not</u> cover issues of Internet use and online unprofessional behavior
- 73% "moderately" or "very concerned" about violations of online professionalism
- 92% of responding boards reported violations of online professionalism

Types of Violations



How were complaints initiated?



Actions in response to reported violations



Outcomes of Disciplinary Proceedings



Vignette (Example)

• A concerned patient reports that her surgeon posted pictures of herself drinking at a hospital Holiday party on Facebook.



Vignette (Example)

• A concerned patient reports her physician frequently describes "partying" on his Facebook page which is accompanied by images of himself intoxicated such as the one below:



Vignettes—Findings

Patient confidentiality

| (1) Narrative (blog) of patient encounter with potential identifiers | 65% |
|--|------------|
| (2) Narrative (blog) of patient encounter with no identifiers | 16% |
| (3) Images of patient posted to website without explicit consent | 79% |
| Depicted use of alcohol | |
| (4) Image of physicians holding alcoholic beverages posted to SNS | 40% |
| (5) Image of physician intoxicated with alcohol posted to SNS | 73% |
| Discriminatory or derogatory speech | |
| (6) Narrative (blog) expressing disrespect for patients | 46% |
| (7) Narrative expressing discrimination posted to SNS | 60% |
| Inappropriate contact with patients | |
| (8) Use of online dating site (SNS) to "chat" with patient | 77% |
| Misinformation on practice website | |
| (9) Misrepresentation of board certification on practice website | 77% |
| (10) Misleading claims for outcomes of treatment on practice website | 81% |



"I love reading. I read about 3 hours a day. My favorite book is Facebook."

Federation of State Medical Boards (FSMB). Model policy guidelines for appropriate use of social media and social networking in medical practice. Euless, Texas: Federation of State Medical Boards. 2012 (Apr). Accessed at: http://www.fsmb.org/pdf/pub-socialmedia-guidelines.pdf (April 15, 2014).

Farnan JM, Sulmasy LS, Worster BK, Chaudhry HJ, et al. Online medical professionalism: patient and public relationships: policy statement from the American College of Physicians and the Federation of State Medical Boards. Ann Intern Med. 2013;158:620-627. Accessed at:

http://annals.org/article.aspx?articleid=1 <u>675927</u> (April 15, 2014).

Table. Online Physician Activities: Benefits, Pitfalls, and Recommended Safeguards

| Activity | Potential Benefits | Potential Pitfalls | Recommended Safeguards |
|---|---|--|---|
| Communications with patients using e-mail, text, and instant messaging | Greater accessibility Immediate answers to nonurgent issues | Confidentiality concerns Replacement of face-to-face or telephone interaction Ambiguity or misinterpretation of digital interactions | Establish guidelines for types of issues appropriate for digital communication Reserve digital communication only for patients who maintain face-to-face follow-up |
| Use of social media sites to gather information about patients | Observe and counsel patients on risk-taking or health-averse behaviors Intervene in an emergency | Sensitivity to source of information Threaten trust in patient–physician relationship | Consider intent of search and application of findings Consider implications for ongoing care |
| Use of online educational resources and related information with patients | Encourage patient empowerment through self-education Supplement resource-poor environments | Non-peer-reviewed materials may provide inaccurate information Scam "patient" sites that misrepresent therapies and outcomes | Vet information to ensure accuracy of content Refer patients only to reputable sites and sources |
| Physician-produced blogs, microblogs, and physician posting of comments by others | Advocacy and public health enhancement Introduction of physician "voice" into such conversations | Negative online content, such as "venting" or ranting, that disparages patients and colleagues | "Pause before posting" Consider the content and the message it sends about a physician as an individual and the profession |
| Physician posting of physician personal information on public social media sites | Networking and communications | Blurring of professional and personal boundaries Impact on representation of the individual and the profession | Maintain separate personas, personal and professional, for online social behavior Scrutinize material available for public consumption |
| Physician use of digital venues (e.g., text and Web) for communicating with colleagues about patient care | Ease of communication with colleagues | Confidentiality concerns Unsecured networks and accessibility of protected health information | Implement health information technology solutions for secure messaging and information sharing Follow institutional practice and policy for remote and mobile access of protected health information |

Jain A, Petty EM, Jaber RM, Tackett S, et al. What is appropriate to post on social media? ratings from students, faculty members, and the public. Medical Education. 2014;48:157-169. Accessed at: http://onlinelibrary.wiley.com/doi/10.11 11/medu.12282/abstract;jsessionid=45E 98FEFD2B49B92BE13D4F0EECE3F91 <u>.f04t04</u> (April 15, 2014).

Moving Forward

- Professionalism is a core competency for physicians articulated in FSMB's MOL framework, ABMS MOC guidelines, and the AOA-BOS OCC guidelines.
- Incumbent upon regulators and physicians to address emerging trends in online practices
- Create standards with broad consensus about what is or is not appropriate online behavior for physicians
- A need for continuing education about the potential consequences of unprofessional actions online
- "Reflective Practice" do we like what we see?

Questions? Comments?

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