Online Professionalism and Ethics in Medicine

Bruce D. White

With appreciation to Aaron Young, PhD, and Humayun J. (Hank) Chaudhry, DO, MS, Federation of State Medical Boards, Euless, Texas
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:

- 18-29
- 30-49
- 50-64
- 65+

<table>
<thead>
<tr>
<th>Year</th>
<th>18-29</th>
<th>30-49</th>
<th>50-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2005</td>
<td>16%</td>
<td>12%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>May 2008</td>
<td>25%</td>
<td>11%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>November 2008</td>
<td>36%</td>
<td>16%</td>
<td>13%</td>
<td>7%</td>
</tr>
<tr>
<td>April 2009</td>
<td>48%</td>
<td>25%</td>
<td>22%</td>
<td>7%</td>
</tr>
<tr>
<td>December 2009</td>
<td>58%</td>
<td>36%</td>
<td>26%</td>
<td>7%</td>
</tr>
<tr>
<td>May 2010</td>
<td>61%</td>
<td>47%</td>
<td>26%</td>
<td>7%</td>
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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 CHATS, I'M HAPPY TO FINALLY MEET YOU IN PERSON!

ME TOO!
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

Greysen et al. Online Professionalism and the Mirror of Social Media. JGIM 2010
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?

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 not 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

- Discriminatory language or practices online: 10%
- Online depiction of intoxication: 13%
- Online derogatory patient remarks: 15%
- Failure to reveal conflicts of interest online: 19%
- Online violations of patient confidentiality: 29%
- Online misrepresentations of credentials: 60%
- Use of Internet for inappropriate practice: 63%
- Inappropriate patient communication online: 69%
- Use of Internet for inappropriate practice: 63%
How were complaints initiated?

- Reported by patient, patient family member, or other member of the public: 65%
- Reported by another physician: 50%
- Discovered during ongoing investigation of another complaint: 48%
- Reported by other non-physician clinical provider (nurse, social worker, etc): 33%
- Reported by non-clinical staff (administration, other personnel not involved in clinical care): 21%
- Reported by clinician in training (medical/nursing student, resident, fellow, etc): 8%
Actions in response to reported violations

- Any disciplinary proceeding: 71%
- Formal disciplinary meeting: 50%
- Informal warning issued: 40%
- Issue of consent order: 40%
- No action taken: 25%
Outcomes of Disciplinary Proceedings

- Letter of reprimand: 48%
- Restriction of license: 44%
- Mandated education or community service: 40%
- Suspension of license: 33%
- Monetary fine: 33%
- Revocation of license: 21%
- Probation: 8%
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

<table>
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<tr>
<th>Patient confidentiality</th>
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<tbody>
<tr>
<td>(1) Narrative (blog) of patient encounter with potential identifiers</td>
</tr>
<tr>
<td>(2) Narrative (blog) of patient encounter with no identifiers</td>
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<tr>
<td>(3) Images of patient posted to website without explicit consent</td>
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<thead>
<tr>
<th>Depicted use of alcohol</th>
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<tr>
<td>(4) Image of physicians holding alcoholic beverages posted to SNS</td>
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<tr>
<td>(5) Image of physician intoxicated with alcohol posted to SNS</td>
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<tr>
<th>Discriminatory or derogatory speech</th>
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<tr>
<td>(6) Narrative (blog) expressing disrespect for patients</td>
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<tr>
<td>(7) Narrative expressing discrimination posted to SNS</td>
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<tr>
<th>Inappropriate contact with patients</th>
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<tr>
<td>(8) Use of online dating site (SNS) to “chat” with patient</td>
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<th>Misinformation on practice website</th>
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<tr>
<td>(9) Misrepresentation of board certification on practice website</td>
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<tr>
<td>(10) Misleading claims for outcomes of treatment on practice website</td>
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</table>
“I love reading. I read about 3 hours a day. My favorite book is Facebook.”
<table>
<thead>
<tr>
<th>Activity</th>
<th>Potential Benefits</th>
<th>Potential Pitfalls</th>
<th>Recommended Safeguards</th>
</tr>
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</table>
| 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 |
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?