Ethics Article

SOCIAL MEDIA FOR HEALTHCARE PROFESSIONALS: NEW ETHICAL GUIDELINES

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ABSTRACT

The popularity and use of social media have grown at exponential rates over the past few years. Many healthcare professionals (HCPs) consider the use of social media in their daily practice as a positive, rather than a negative. However, concern is growing that HCPs may expose themselves unwittingly to ethical dilemmas when using social media. Although HCPs should not be discouraged from using the benefits of social media, they still need to be aware of any potential ethical pitfalls, even if such consequences of using social media are unintended. As a result, the Health Professions Council of South Africa (HPCSA) published the booklet: 'Ethical Guidelines on Social Media', which aims to help HCPs understand their ethical responsibilities when making use of social media.

Keywords: new ethical guidelines, social media, healthcare professionals

INTRODUCTION

The popularity and use of social media have grown at exponential rates over the past few years as we embrace 'user-generated content through social networks, internet forums and personal blogs'.[1] Social media are seen as the new, modern way of communicating and have altered the way individuals and professionals 'obtain, share, publish and discuss information'.[2] The World Medical Association (WMA) defines social media as 'a collective term for the different platforms and applications that allow user-generated content to be created and shared electronically'.[3] Social media include, inter alia, social networking and communication platforms (Facebook, LinkedIn, Twitter, WhatsApp, email, SMS), blogging platforms (Medium, Tumblr), imaging-sharing sites (Instagram, Snapchat, Pinterest), video-hosting sites (YouTube, Vimeo) and discussion sites (Reddit, Quora).

This growth continues to increase considering the rise of the Fourth Industrial Revolution. Healthcare professionals (HCPs) are increasingly taking advantage of the many benefits that social media bring to conduct their respective professions, by finding innovative and effective ways to use the media.[4] Although many HCPs find using social media in their daily practice as a positive, rather than a negative, concern is growing that HCPs may expose themselves unwittingly to ethical dilemmas.[1] Even though HCPs should not be discouraged from using the benefits of social media, they still need to be aware of any potential ethical pitfalls, even if such consequences of using social media are unintended.

These ethical pitfalls, can include, but are not limited to:

- Publishing patient information without the consent of the patient.
- Breaches of patient privacy and confidentiality – publishing patient information on social media without anonymising such information.
- Poor quality of information – HCPs may publish health information that lacks quality and reliability.
- Violation of the patient–HCP relationship – HCPs who interact with their patients on social media may unwittingly violate the patient–HCP relationship, even if the patient initiated such interactions.

The result of such ethical dilemmas and many more can result in professional and personal damage to both the HCP and the profession at large. The Health Professions Council of South Africa (HPCSA) at its First Annual Conference in 2019, launched its 16th booklet: 'Guidelines for Good Practice in the Health Care Professions: Ethical Guidelines on Social Media'.[1] According to the HPCSA, the guidelines were developed to help HCPs understand their ethical responsibilities when using social media. The guidelines also deal with some of the abovementioned ethical pitfalls and apply to all HCPs registered with council.[1]

ABOUT THE GUIDELINES

A key objective of the HPCSA is to 'guide the profession and protect the public'.[1] HCPs may consider social media useful as

they enable them to stay up to date with the recent trends in healthcare through reputable user-generated content, create a network of professional assistance and support, and interact and share health-related data with the public and other HCPs.[1] According to the HPCSA, these guidelines must be read together with other HPCSA ethical guidelines booklets and any other applicable publications. These include, inter alia, the Promotion of Access to Justice Act 3 of 2000, the Protection of Personal Information Act 4 of 2013 (POPIA) and the common law, as well as booklet 1: 'General Ethical Guidelines for Health Care Professionals', booklet 5: 'Confidentiality: Protecting and Providing Information' and booklet 10: 'General Ethical Guidelines for Good Practice in Telemedicine.'[1]

PATIENT CONFIDENTIALITY AND PRIVACY

Under the human right to privacy, all patients have the right to privacy and confidentiality as enshrined in the Constitution of the Republic of South Africa, 1996, and the National Health Act 61 of 2003 (NHA),[5] respectively. According to section 14 of the NHA,[5] an HCP may disclose a patient's information only with a HCPs consent, if instructed by a court order and if non-disclosure will result in serious harm to the public health. With regard to a patient under the age of 12 years, the HCP must obtain the assent of the minor and written consent from the patient's parent or guardian. With specific relation to social media the guidelines state the following:[1]

• HCPs must obtain the written consent of a patient before publishing any information or data such as photographs, case histories, etc., on social media or on platforms to which the public has access, even if such information does not contain any identifiable data.

• HCPs who share patient information or data for diagnostic, educational, training, research or academic purposes, must anonymise such information or data. However, it is common knowledge in the healthcare profession that WhatsApp groups are regularly used by the treating teams to share speedily among many things, blood results, X-ray images, diagnoses and discuss possible treatment plans, etc. This can, in most cases, be done only if the patient is identified on the WhatsApp group. Sharing of such information is often done in the best interest of the patient, especially in an emergency situation.

• HCPs must understand that patient information received via social media must be treated as confidential.

• The disclosure of patient information on social media must be kept to the bare minimum in order to protect the patient's identity and human rights.

• HCPs ought to be aware that there is always a risk that information can be shared, even in so-called 'closed or invisible' group or platforms.

• The obligation to keep a patient's information confidential remains even after the death of the patient.

HCPs must apply the same ethical principle of confidentiality on social media as they would in face-to-face situations.

THE PRACTITIONER–PATIENT RELATIONSHIP

Social media can at times blur the professional boundaries of the HCP–patient relationship. Patients may feel that HCPs are available 24/7, due to the 24/7 nature of social media. Therefore, the guidelines advise HCPs to not interact with patients via social media or on social media platforms as failing to maintain a strictly professional relationship with patients may possibly result in ethical dilemmas.[1] Although (at the time of submitting this article) POPIA has not been signed into law, it would be wise for HCPs to start implementing the provisions of the Act. The guidelines, in reference to POPIA, state that the Act outlaws the acquisition of data or information pertaining to a patient's health or sex life outside the healthcare or clinical setting.[1] Furthermore, 'by having access to patients' social media profiles, [HCPs] may find themselves privy to personal patient information that has not been shared in the healthcare setting.'[1]

Although HCPs and, similarly, patients, can share personal information about themselves to each other during face-to-face consultations, doing so via social media does not guarantee the same level of control over the extent and type of content that is shared.[1]

HCPs may find it difficult to maintain professional boundaries if they are performing non-medical roles in their communities. An example of such a difficulty would be receiving a 'friend' request on social media from patients they know in a non-medical/professional capacity. The guidelines state that in such instances, HCPs ought to apply themselves and weigh the positives and negatives of accepting such requests.[1]

In addition, the guidelines also state that if a HCP receives inappropriate messages from a patient(s) via social media, the HCP should civilly re-establish the professional boundaries and give reasons for doing so.[1] Moreover, the guidelines state that except in a life-threatening or emergency or situation, the HCP should ask the patient to set-up an in-person appointment, if the patient seeks healthcare advice over social media. However, it would be more correct to state that HCPs should advise the patient to go to their nearest hospital or clinic casualty department in an emergency or life-threatening situation.[1]

The guidelines also discourage providing health or medical advice via social media to patients with whom the HCP has not had an HCP–patient relationship and caution that it should be done with extreme discretion. Also, if health or medical advice is shared via social media, it ought to be evidence-based, scientifically sound and it should be generic. The recipient of such advice must be directed to consult with a HCP in-person before following through.[1]

If all else fails and the patient still persists in communicating via social media, the HCP should keep records of all communications and seek advice from the HPCSA. HCPs ought to separate their professional and personal social media accounts so that professional boundaries can be maintained.[1]

THE HEALTH PROFESSION'S IMAGE

An HCP who uses social media in their personal capacity should remember that their personal online activity may still bring the profession into disrepute. The media monitor online activities regularly to research any potential story. HCPs need to remember that any information posted online might be shared

to a larger audience and may be taken out of context, whether unintentional or not.[1]

HCPs need to be aware that content posted online may have unintentional negative consequences, which may harm their employment and recruitment prospects and limit their professional development and advancement. It is a known fact that some employers screen the social media accounts of prospective employees and may turn down an application for employment based on the content individuals post on social media.[1]

The guidelines provide further examples of social media activities HCPs should stay clear of:[1]

- 'taking photographs during surgery and other forms of care or treatment;
- making unsubstantiated negative comments about individuals or organisations;
- making informal and derogatory comments about patients;
- making comments that can be perceived as racist, sexist, homophobic or otherwise prejudiced, even if meant in jest or as satire.'

While the guidelines are not clear on collegial responsibility, the American Medical Association (AMA)[6] recommends that

> when [HCPs] see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behaviour significantly violates professional [and ethical] norms and the individual does not take appropriate action to resolve the situation, the [HCP] should report the matter to appropriate authorities.

Furthermore, the HPCSA states under rule 10.1.1 of booklet 1,[7] that HCPs should report violations and seek recourse in cases where they have reasonable or compelling reasons to conclude that patient's rights are being violated and/or where the HCP's conduct is unethical.

CONFLICTS OF INTEREST

HCPs using social media, even in a personal or anonymous capacity must comply with the HPCSA rules on advertising practices and this includes not participating in active or passive touting and campaigning on behalf of others and must ensure that they disclose their financial interests in hospitals.[1] The guidelines also warn HCPs against touting, campaigning and advertising that seems to endorse or support the use on social media of any hospital, drug or health-related product that inappropriately promotes the practice of a particular HCP or institution for financial benefit or other important considerations.[1] Information regarding this can be found in booklet 2: 'Ethical and Professional Rules of the HPCSA'[9] and booklet 11: 'Guidelines on Overservicing, Perverse Incentives and Related Matters.'[10]

Failure to follow these guidelines when using social media may undermine the public's trust in the healthcare profession.[1]

PRECAUTIONARY MEASURES WHEN USING SOCIAL MEDIA

The 'Ethical Guidelines on Social Media' go on to state the following precautions for HCPs to be aware of when using social media:[1]

- HCPs ought to be aware that even with a pseudonym, there is no guarantee of anonymity on social media. The location and the identity of the user can be traced by means of an internet service provider (ISP) address.
- HCPs who in their personal capacity, make use of social media, should make sure that their privacy settings are adjusted to restrict public access and viewing. Nevertheless, even with modern security advancements such as end-to-end encryption, complete security on social media is not guaranteed.
- HCPs should be aware that once content is posted and/or shared on social media, it becomes difficult to delete and even when the content has been removed, there is no guarantee that the content has been permanently removed.
- HCPs are advised not to use social media when under the influence of alcohol, stressed, tired or when upset.
- It is recommended that HCPs err on the side of caution when using social media. If it is unclear if the sharing of particular content through social media is ethically and legally acceptable, then it is best not to do so before advice is obtained.

SOCIAL MEDIA AND PUBLIC-HEALTH EMERGENCIES

The global pandemic of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), also known as COVID-19 (Corona Virus Disease 2019) and the use of social media may raise ethical concerns for HCPs, particularly around public-health measures such social distancing. Social media may prove to be useful in public-health emergencies such as COVID-19, where key basic measures such as the use of social media to communicate with patients, could help prevent the further spread of the disease. The practice of medicine or health via electronic information and telecommunication technologies such as social media, is known as 'telemedicine'.

Telemedicine (also broadly known as 'telehealth') is not discussed in detail in this article. A key function to the success of telemedicine is the use of an existing patient–HCP relationship. The HPCSA's booklet 10: 'General Ethical Guidelines for Good Practice in Telemedicine' state clearly that telemedicine (or telehealth) may be practised only where an existing patient–practitioner relationship exists.[11,12] However, this may prove to be an ethical dilemma for HCPs who may need to decide between adhering to public-health measures such as social distancing, and refusing to tele-consult with new patients who may need urgent, life-saving medical advice or putting themselves at risk of contracting COVID-19 by physically consulting with a new patient.

The HPCSA acknowledged this dilemma and amended its telemedicine guidelines which states that during public-health emergencies, such as the COVID-19 pandemic,

> telehealth should preferably be practised in circumstances where there is an already established practitioner-patient relationship. Where such a relationship does not exist, practitioners may still consult using telehealth provided

that such consultations are done in the best clinical interest of patients.[13]

CONCLUSION

These guidelines are not intended to discourage HCPs from using social media, but rather to inform and guide HCPs on the potential unintended negative ethical consequences that HCPs may expose themselves to when using social media.

The booklet, 'Guidelines for Good Practice in the Health Care Professions: Ethical Guidelines on Social Media' can be accessed on the HPCSA's website.

DECLARATION OF CONFLICT OF INTEREST
The authors declare no conflict of interest.

This article has been peer reviewed.

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