MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

Code: Report: 109, A-11 (A)
Title: Physicians and Social Media: Principles, Guidelines, and Best Practices
Sponsor: Committee on Communications
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Referred to: Reference Committee A
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Background
Since the dawn of the Internet age, web users have been avid searchers of health care information. The Pew Internet and American Life Project reported this year that 80 percent of online U.S. adults look for health information online, which translates to about 59 percent of all U.S. adults. There is only a modest difference among age groups.¹

<table>
<thead>
<tr>
<th>Age</th>
<th>Look online for health information</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–34</td>
<td>78%</td>
</tr>
<tr>
<td>35–46</td>
<td>84%</td>
</tr>
<tr>
<td>47–56</td>
<td>80%</td>
</tr>
<tr>
<td>57–65</td>
<td>83%</td>
</tr>
<tr>
<td>65–74</td>
<td>73%</td>
</tr>
<tr>
<td>75+</td>
<td>69%</td>
</tr>
<tr>
<td>All online adults</td>
<td>80%</td>
</tr>
</tbody>
</table>

What information did they look for? The five most common topics they researched were a specific disease or medical problem (66%); a certain medical treatment or procedure (56%); doctors or other medical professionals (44%); hospitals or other medical facilities (36%); and public or private health insurance (33%).²

Does consumption of online health information influence patients’ actions? Pew’s research indicates that it does. For example:
- 60% of online patients say the information they found online affected a decision about how to treat an illness or condition
- 53% say such information leads them to ask a doctor new questions, or to get a second opinion from another doctor
- 38% say it affected a decision about whether to see a doctor ³

The number of online health information seekers has been growing steadily for the last decade, and these health care topics have usually been among the most popular. As a result, physicians have learned how to engage their patients in discussions about the

² Ibid., pg. 17-19.
information brought to their offices and have learned how to guide them to authoritative sources.

However, during the last five years, online social networking has gone mainstream, and the physician-patient relationship has been altered once again. Social networks were mostly a destination for teenagers and young adults in the networks' early years (2002–2005). But in subsequent years, other age groups closed the gap rapidly. The fastest growing group of Americans joining social networks has been adults over age 50. Even adults over age 65, traditional laggards in online adoption, are joining online social networks in large numbers.

Why does this matter to physicians and the practice of medicine? Pew also reports:

- 60% of online patients read social media content
- 29% of online patients have contributed content to social networking sites
- 19% of online patients consult rankings and reviews of health providers, while 5% post such ratings
- 18% of online patients read reviews of hospitals, while 4% post such ratings

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4 We define social media as websites that facilitate two-way communication among groups of people. The most popular of these tools include the online communities of Facebook, Twitter, and LinkedIn, the video-sharing site YouTube, the photo-sharing site Flickr, blogs, and many others.


Social Media Is Different

Social media is different from traditional media in several important ways.

- Social media tools can connect patients with each other, without professional intermediation
- In social networks, everyone is a potential publisher, and professionals are no longer the sole, or even the dominant, sources or arbiters of information

The power of social media platforms reinforces what marketers have long known — that peer-to-peer recommendations are more credible than other sources. The key difference in the social media age is that online communities make this activity easier than ever.

New York University Professor Clay Shirky, author of *Here Comes Everybody*, stated, “even before social media technologies were born, every web page was a latent community.” The advent of social networking brought this latent potential to life. Patients value this ability to connect and organize themselves. For example, in January 2007, Dave deBronkart, a Massachusetts resident, was diagnosed with Stage IV Grade 4 kidney cancer. He states:

“I joined the online health communities and found affirmation that I was indeed at the right hospital, and I obtained firsthand experiences from other patients and learned what they went through…. The Internet doesn’t replace doctors. It’s an additional valuable resource.”

Within a year, with aggressive treatment, deBronkart’s lesions virtually disappeared. Today he is a well-known author, speaker, and consultant on health care transformation and health policy issues.

Scott Johnson of Minneapolis, Minnesota, was diagnosed with Type 1 diabetes in 1980, and has been blogging since 2004. He states:

“I can find connections. I can find people who understand exactly what I’m going through. These people and their stories become an emotional lifeline. Suddenly I don’t feel so alone or isolated. In fact I often feel inspired and empowered by what I’ve seen. … Social media has helped me be a healthier person by showing me real-life examples of others living with diabetes. Unfiltered and unafraid, these people are sharing their stories. I hear firsthand about situations they have experienced, and I can share in their successes and challenges.”

Kevin Pho, MD, an internist in Nashua, New Hampshire, is among the nation’s best known doctor bloggers. His blog, KevinMD, has more than 45,000 readers. His Twitter feed, @kevinmd, has more than 32,000 followers. His Facebook page has more than 6,700

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11 Data from www.kevinmd.com/blog/ as of April 4, 2011
12 Data from http://twitter.com/kevinmd as of April 4, 2011
At a meeting of the Texas Medical Association this past January, Dr. Pho said, “Social media is where the future is, and most importantly, that’s where our patients are going to be.”

Barriers to Physician Participation
But in a pattern that both echoes and is different from their behavior of a decade ago when the Internet and email started to become mainstream, physicians have been generally less enthusiastic than their patients about utilizing social media for professional purposes — even though their adoption of social networks for personal purposes is nearly equal to the general public’s.

<table>
<thead>
<tr>
<th>Social Media Platform</th>
<th>Personal Use</th>
<th>Professional Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook</td>
<td>50%</td>
<td>7%</td>
</tr>
<tr>
<td>YouTube</td>
<td>63%</td>
<td>17%</td>
</tr>
<tr>
<td>Twitter</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td>LinkedIn</td>
<td>6%</td>
<td>14%</td>
</tr>
</tbody>
</table>


Why is there such a gap between personal and professional use? We suggest that there are several concerns:

Concerns about violating patient confidentiality. These concerns are well intentioned, given the physician’s fundamental responsibility to protect the confidentiality of patients’ health information.

For the cautious, the new social networking platforms seem inordinately risky, because online communities are decentralized and best practices are still in development. Further, some online networks, such as Facebook, have changed their user privacy policies with little or no notice, making it difficult for users to closely monitor or control how their information is shared, either with the public or the network’s advertisers and sponsors.

Boundary issues and other concerns about professionalism. One of the first quandaries that physicians faced in the social networking age occurred when patients began to ask their physicians to connect with them on Facebook. These physicians were torn between their desire to maintain professional objectivity and their concern that refusing to accept such an invitation would sour the relationship with that patient. Without broadly articulated standards and best practices, physicians were uncertain how to react.

Further, several experts have noted a relatively significant degree of unprofessional conduct on social networking sites by physicians and medical students. A study by Chretien, et al., found that 60 percent of medical schools in the United States reported incidents of posting unprofessional online content. Older physicians are not necessarily...
immune to such indiscretions. A *JAMA* survey of Twitter posts by 260 physician users found that 3 percent of posts by some 10 percent of users contained unprofessional conduct.¹⁸

**Reliability of information.** Unreliable online information has been the bane of physicians since the dawn of the Internet era, but this concern has become even more acute in an era where every Internet user is literally a potential publisher.

Even physician-only social networks such as Sermo can induce concerns in the minds of members. All members of Sermo are verified as licensed physicians, but some commentators have expressed doubts about whether contributors have the credentials to comment authoritatively about a topic. Put more bluntly, they may ask: Has this writer ever performed this procedure? How often? What were his/her outcomes? Often, the reader has no way of getting answers from an independent source.¹⁹

**Time constraints.** This is a considerable barrier, given the time-pressed nature of the physician’s life. Searching for information on social networks, while often rewarding, is not necessarily time-efficient, because of the networks’ high noise-to-signal ratio compared to professionally edited and curated content. Furthermore, the time needed to become accustomed to the new technologies can seem daunting.

**Discomfort with the unprocessed nature of online dialogue.** Online communities can be less orderly than the collegial, professional tone that physicians may be accustomed to. In the interest of drawing out a more pointed and authentic dialogue, the mutually agreed upon boundary between simple disagreements and inappropriate personal attacks may be drawn less comfortably than in a traditional professional publication.

**Fears about legal liability.** In 2007, a Natick pediatrician was discovered to be blogging anonymously during his own malpractice trial and forced to settle the case promptly.²⁰ This may have produced a chilling effect for physicians. Less sensationally, there may be concerns about whether discussing medical content in an online community exposes the physician to new legal risks.

**Minimizing Risk**

To guide and encourage physicians’ use of social media, the American Medical Association’s House of Delegates in November 2010 approved a new set of ethical guidelines proposed by the Council of Ethical and Judicial Affairs.

The AMA report said, “Participating in social networking and other similar Internet opportunities can support physicians’ personal expression, enable individual physicians to have a professional presence online, foster collegiality and camaraderie within the profession, provide opportunity to widely disseminate public health messages and other health communication.”

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However, to address the “new challenges to the patient-physician relationship,” the AMA recommended:

a) Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.

b) When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.

c) If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines, just as they would in any other context.

d) To maintain appropriate professional boundaries physicians should consider separating personal and professional content online.

e) When physicians 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 behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.

f) Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students), and can undermine public trust in the medical profession.  

The Argument for Physician Engagement

Despite these concerns, a vanguard of physicians has become extremely influential in the media and the public, largely because of their activity in social media. They argue that doctors have a professional duty to be engaged in this new technology. Dr. Pho says that while physicians could resist participating in social media, “doctors who are not active online risk being marginalized.”

Bryan Vartabedian, MD, a pediatric gastroenterologist from Houston who blogs, wrote, “Social media may be necessary for our professional survival. With the steady march towards participatory medicine, physicians are slowly becoming marginalized. Complete disconnection from the conversation doesn’t help.”

At a Texas Medical Association conference in January 2011, Dr. Pho said, “Connecting with patients online is a physician imperative for the 21st century. Social media is a

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tremendous opportunity and a powerful tool to do so, to preserve and strengthen our
relationships with our patients." Dr. Vartabedian adds that he finds tremendous benefit to his participation in social media.

"It takes time to build a network and cultivate relationships on Twitter. But they are starting
to bear fruit. I see it when I ask for help. The strength and power of those relationships is
shocking."

Notwithstanding the concerns noted above in the section “Barriers to Physician
Participation,” physician advocates for social media outline several arguments in favor of
participating in social media.

- Your patients are there. Facebook has more than 500 million subscribers
  worldwide. Twitter has 190 million users. YouTube’s search engine is the second
  largest in the world, behind only Google.

- Physicians have a responsibility to get involved in the online dialogue and guide
  patients to reliable and reputable content. The anti-vaccine movement among
  autism activists has gathered momentum partly because they parlayed the power of
  social networks to earn high placements in search engines, and dominated the
  online dialogue.

- It provides a powerful platform to educate, connect with, and learn from your
  patients. Surveys still show that despite the surplus of medical information available,
  patients still want to know what their doctor thinks and says. Further, listening to
  what patients are saying in their online communities may provide valuable insights
  into the challenges that patients with similar conditions may face in following
  through on treatment regimens.

- It keeps you up to date on new developments. Many physicians started going online
  years ago simply to know what their patients were reading. That motivation is still
  valid, perhaps more acutely than ever.

- It connects you with your colleagues more frequently, and expands your network of
  trusted professionals. The core competency of every online network is to make it
  easy to find and connect with like-minded individuals.

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https://blog.facebook.com/blog.php?post=409753352130
27 Schonfeld, Eric. Costolo: Twitter Now Has 190 Million Users Tweeting 65 Million Times A Day. TechCrunch,
www.twistimage.com/blog/archives/the-second-biggest-search-engine
29 Rubenstein, Sarah. Patients: There’s Waste in Medicine, but My Doctor Is Perfect. Wall Street Journal Health
Social media helps to define your reputation. You can’t control what people say about you, but you can control what you say, and you can respond respectfully to incorrect or unfair criticism. It’s possible that even if you fail to change the opinion of your critic, you may influence others who read your comments. Further, if you post content frequently, you will inevitably balance unfavorable content appearing on search engines with your own.

You can help advance the interests of the profession. The most important policy issues of the day are being debated in online communities. Physicians can influence opinion only if they become actively involved in these conversations. “Social media humanizes us,” says Dr. Pho. “It is going to help us influence elected officials, and get patients on our side.”

Getting Started: Best Practices
We offer the following suggestions for getting started in social media technologies, sustaining your presence there, adding value to your practice, and supporting your patients more effectively.

1. Start by listening. The culture and customs of social networks are different from offline communities, and may even differ among various online communities. Enter a community as cautiously you would join a gathering of people you don’t know very well. For example:
   - What kinds of content do people share?
   - How do people disagree with a point?
   - How do they respond to criticism?
   - How often do they participate? Someone who posts too frequently, relative to the community’s customs, may soon become an unwelcome guest.

2. Provide information and share. Don’t market and don’t sell. If you have a promotional or business objective, your business objectives will be achieved if you build relationships in that community and are recognized as a thought leader. The hard sell almost never works in online communities, and could get you ostracized or marginalized.

3. Start small, so you can sustain your efforts regardless of how busy you are. Most people start with a burst of enthusiasm, but may take on more than they can handle over the long term. It’s better to do something small well, than do something large poorly.

4. Use your real name. There is no such thing as true anonymity; it can be compromised. Moreover, using your real identity fosters credibility and authority.

5. Think before you post. Once something is published, it cannot be recalled.

6. Inform your employer and develop a mutual understanding of what will be permitted.

7. Monitor your own online presence regularly. Know what people are reading about you. Search yourself on Google, and regularly check the privacy settings on your personal accounts.

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8. Disclose relevant financial relationships. The Federal Trade Commission has ruled that bloggers must reveal any "material connections" (e.g., payments and free samples) to the makers of products or services they endorse online. "The post of a blogger who receives cash or in-kind payment to review a product is considered an endorsement," the FTC stated.  

9. Some topics are better kept off limits. Politics and religion have their place, but usually not in medical blogs or medical online communities.

10. Develop a thick skin. Authority and respect in an online community come with influence and authenticity — status, rank, and age are not relevant. But if people disagree with you, and you feel you must respond, do so respectfully and generously.

11. Resist the temptation to deliver the last word. This behavior can unnecessarily raise the temperature of a discussion, and may be interpreted by your community members as disrespectful. Sometimes the best thing to do is acknowledge the criticism and let it stand.

12. Don't delete criticisms unless they are profane, personal, or off-topic. Your readers notice how you handle criticism and acknowledge your mistakes, and will respect you for being transparent about it. Remember that a disagreement with your opinion is usually not about you, but about your opinion, and is thus not personal.

13. Advertising. If you use free sites like Facebook, your page may carry advertising that you cannot block, control, or screen. Most website users understand this. Physicians who are concerned that visitors would interpret these advertisements as endorsements could post a disclaimer on the page stating that you do not necessarily endorse or promote any product or service advertised on the page.

Recommendations:

1. That the Massachusetts Medical Society adopt the policy that carefully planned and professionally executed participation in social media by physicians is appropriate, and can be an effective method to connect with colleagues, advance professional expertise, educate patients, and enhance the public profile and reputation of our profession. (HP)

2. That the Massachusetts Medical Society adopt the following guidelines for physicians who choose to engage in the professional use of social media:

   a) Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must not post identifiable patient information online.

   b) When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, it is highly likely that content will remain there indefinitely. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information

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on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.

c) If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines, just as they would in any other context.

d) To maintain appropriate professional boundaries, it is recommended that physicians separate personal and professional content online. Physicians should accept patient online invitations to connect only on a physician's professional social networking site, and should not accept invitations from patients to connect on personal networking sites.

e) Physicians' existing professional responsibility to hold their colleagues to account for maintaining the profession's code of ethics extends to behavior in online communities. Thus, when physicians 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 behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.

f) Physicians must disclose all financial or other material relationships they have with regard to the maker or provider of products and services they review or discuss in online communities. This includes discussions and reviews of products and services provided to the physician for free.

g) Physicians must recognize that online content can have a significant impact on public trust in the medical profession, both positively and negatively. The content that physicians post online may also influence their reputations among patients and colleagues, and may have consequences for their medical careers, particularly for physicians-in-training and medical students; and, be it further

(HP)

3. That the Massachusetts Medical Society broadly disseminate the guidelines on the professional use of social media to its membership, and explore the possibility of sponsoring Continuing Medical Education activities on the topic of the professional use of social media by physicians. (D)

Fiscal Note: No Significant Impact
(Out-of-Pocket Expenses)

FTE: Existing Staff
(Staff Effort to Complete Project)
Appendix

Recommendations for Participating in the Largest Social Networks

The key defining quality of online social networks is that they are tools to connect with other people, not billboards; this distinction is a key factor in being effective on these platforms.

Facebook
- Membership is free.
- Facebook is effective for sharing articles in journals and the news media with your followers. It is also effective for sharing general health information, such as the desirability of getting a flu shot, to urge them to finish everything in their prescription, or to comment on a widely discussed news story about a clinical issue.
- If you have a personal Facebook page, you can keep it — but we don't recommend allowing patients to follow your personal page. For your practice and your patients, create a business page that is about professional and general medical matters. Generally, one or two postings a week will not wear out your welcome.
- Don't create a group page, unless you want only to connect with a small group of people. Group pages significantly limit your visibility to new patients and colleagues.
- If a patient seeks to be your friend on your personal page, you can politely decline and direct them to your professional page. If a patient seeks personal health advice, direct them to call you or email you if he/she is your patient. If he/she is not your patient, direct them to their personal physician, or a health clinic in their area.
- Facebook can be effective for inviting connected colleagues to lectures, community health events, and other public activities.
- Advertisements on the page are generated by Facebook, and although they're clearly labeled as “Sponsored,” they cannot be blocked, screened, or controlled. Physicians concerned that visitors might interpret these advertisements as endorsements can post a disclaimer on the page stating that they don't necessarily endorse or promote any product or service advertised on the page.
- One of Facebook's limitations is that in-depth discussions on subjects are not very effective. Blogs are a better platform for longer comments.

Twitter
- Membership is free.
- Twitter is used effectively as a real-time news feed, to stay up to date with your colleagues' work, and to share stories and thoughts with them.
- "Re-tweeting" or repeating one of your followers tweets to your own network is encouraged and considered to be good manners, because it spreads a conversation broadly. Don't worry if their followers have already received the tweet; it's expected and tolerated.
- Generally, it is acceptable to post several updates (or "tweets") per day, as long as they are spaced out over time. A string of five or six updates in a row can be considered intrusive and overbearing.
• Start with a select group of Twitter subscribers you know (suggested below). A good way to add to your list of followers is to follow someone whose update has been re-tweeted by your network of followers. You can also search on categories, like doctors, medical societies, cardiologists, or hospitals. If you are active, your follower list will grow, and you will find new people to follow.
• It’s good form to follow someone who follows you. But there is spam on Twitter – you don’t have to follow people who seem shady or prurient.
• Share links by using a link shortening tool, such as www.bit.ly. Copy a standard web address in this tool, and it automatically generates a very short URL that be copied and used in posts to stay within Twitter’s 140-character limit.

Getting Started on Twitter: Recommended Feeds

massmedical: Massachusetts Medical Society
NEJM: New England Journal of Medicine
AmerMedicalAssn: American Medical Association
amednews: American Medical News, from the AMA
GlobeHealth: Health news from the Boston Globe
nytimeshealth: Health news from the New York Times
WSJHealthBlog: Health news from the Wall Street Journal
kevinmd: Kevin Pho, MD, internist from Nashua, NH
Doctor_V: Bryan Vartabedian, pediatric gastroenterologist from Houston, Tex.

Blog
• The ideal platform for those who like to write and want more than a sentence or two to say it.
• Most bloggers use free platforms, such as Wordpress, Blogger and Typepad. They are easy to set up, and reliable to use.
• Most bloggers write one to four times a month, and publicize their new posts on Twitter and Facebook.
• Most blog readers expect to be able to comment on all blogs, and see their comments immediately. As a result, most bloggers do not moderate comments before publication, but reserve the right to delete comments after publication that are of a personal nature, vulgar, or off-topic. Many bloggers also block readers from posting web addresses (URLs) in their comments, to prevent them from luring readers to sites that harbor viruses, or harmful and objectionable content.

LinkedIn
• A free professionally oriented networking tool that is less popular the above sites, but more professional in its demeanor.
• LinkedIn’s most common use is to stay connected to colleagues’ professional activities, to find new jobs, and facilitate career transitions.