

MASSACHUSETTS MEDICAL SOCIETY HOUSE OF DELEGATES

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Title: Physicians and Social Media: Principles, Guidelines, and Best Practices
Sponsor: Committee on Communications
Lloyd Fisher, MD, Chair
Referred to: Reference Committee A
Keith Nobil, MD, Chair

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

Age	Look online for health information
18–34	78%
35–46	84%
47–56	80%
57–65	83%
65–74	73%
75+	69%
All online adults	80%

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 doctor³

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

¹ Fox, Susannah. *Health Topics*. Pew Research Center Internet & American Life Project, February 1, 2011. pg.

² <http://pewinternet.org/Reports/2011/HealthTopics.aspx>

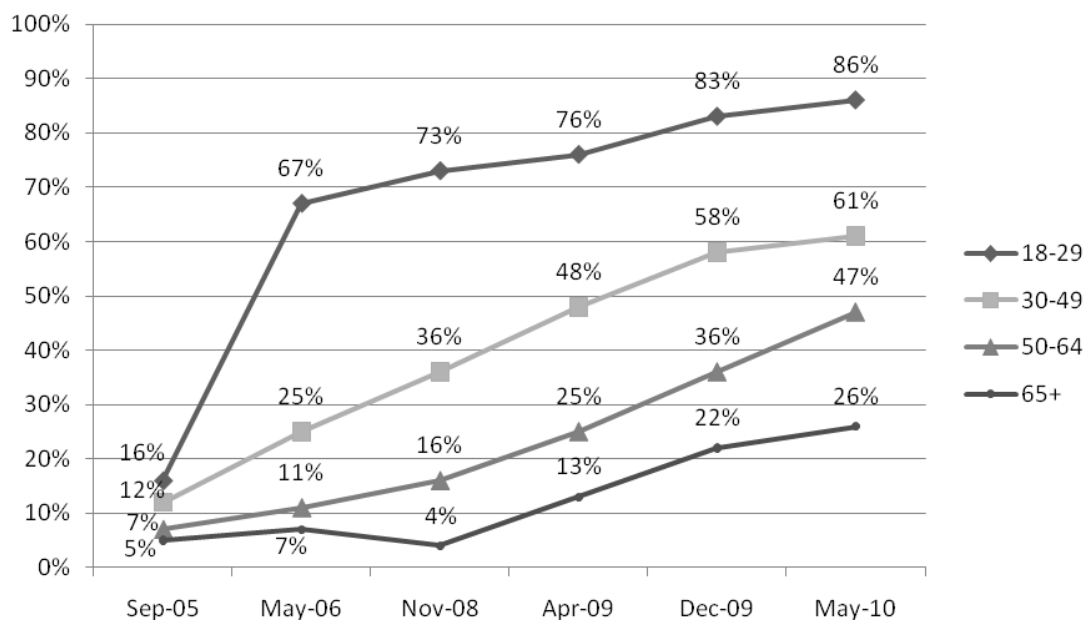
³ Ibid., pg. 17-19.

³ Fox, Susannah, and Jones, Sydney. *The Social Life of Health Information*. Pew Research Center Internet & American Life Project, June 11, 2009. www.pewinternet.org/Reports/2009/8-The-Social-Life-of-Health-Information.aspx

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,⁴ 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.⁵

*Percentage of Adult Internet Users
Who Use Social Networking Sites In Each Age Group*



Source: Pew Research Center Internet & American Life Project

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 ratings⁶

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.

⁵ Madden, Mary. *Older Adults and Social Media*. Pew Research Center Internet & American Life Project, August 27, 2010. <http://pewinternet.org/Reports/2010/Older-Adults-and-Social-Media.aspx>

⁶ Rainie, Lee. *Online health seeking: How social networks can be health communities*. Pew Research Center Internet & American Life Project. Presentation: October 25, 2010. www.slideshare.net/PewInternet/online-health-seeking

1 Social Media Is Different

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

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

7 The power of social media platforms reinforces what marketers have long known — that
8 peer-to-peer recommendations are more credible than other sources.⁷ The key difference
9 in the social media age is that online communities make this activity easier than ever.

10
11 New York University Professor Clay Shirky, author of *Here Comes Everybody*, stated,
12 “even before social media technologies were born, every web page was a latent
13 community.”⁸ The advent of social networking brought this latent potential to life. Patients
14 value this ability to connect and organize themselves. For example, in January 2007, Dave
15 deBronkart, a Massachusetts resident, was diagnosed with Stage IV Grade 4 kidney
16 cancer. He states:

17
18 “I joined the online health communities and found affirmation that I was indeed at
19 the right hospital, and I obtained firsthand experiences from other patients and
20 learned what they went through.... The Internet doesn’t replace doctors. It’s an
21 additional valuable resource.”⁹

22
23 Within a year, with aggressive treatment, deBronkart’s lesions virtually disappeared. Today
24 he is a well-known author, speaker, and consultant on health care transformation and
25 health policy issues.

26
27 Scott Johnson of Minneapolis, Minnesota, was diagnosed with Type 1 diabetes in 1980,
28 and has been blogging since 2004. He states:

29
30 “I can find connections. I can find people who understand exactly what I’m going
31 through. These people and their stories become an emotional lifeline. Suddenly I
32 don’t feel so alone or isolated. In fact I often feel inspired and empowered by what
33 I’ve seen. ... Social media has helped me be a healthier person by showing me
34 real-life examples of others living with diabetes. Unfiltered and unafraid, these
35 people are sharing their stories. I hear firsthand about situations they have
36 experienced, and I can share in their successes and challenges.”¹⁰

37
38 Kevin Pho, MD, an internist in Nashua, New Hampshire, is among the nation’s best known
39 doctor bloggers. His blog, KevinMD, has more than 45,000 readers.¹¹ His Twitter feed,
40 @kevinmd, has more than 32,000 followers.¹² His Facebook page has more than 6,700

⁷ Owyang, Jememiah. *Retweet: The Infectious Power of Word of Mouth*. Web Strategy, November 23, 2008.
www.web-strategist.com/blog/2008/11/23/retweet-the-infectious-power-of-the-word-of-mouth/

⁸ Shirky, Clay. *Here Comes Everybody: the Power of Organizing without Organizations*. New York: Penguin, 2008, pg. 102.

⁹ Ficarra, Barbara. *Social media starts the patient dialogue with doctors and nurses*. KevinMD, May 10, 2010.
www.kevinmd.com/blog/2010/05/social-media-starts-patient-dialogue-doctors-nurses.html

¹⁰ Mayo Clinic Center for Social Media. *A Patient’s Perspective on Social Media*, September 14, 2010.
<http://socialmedia.mayoclinic.org/2010/09/14/a-patients-perspective-on-social-media/>

¹¹ Data from www.kevinmd.com/blog/ as of April 4, 2011

¹² Data from <http://twitter.com/kevinmd> as of April 4, 2011

1 followers.¹³ At a meeting of the Texas Medical Association this past January, Dr. Pho said,
2 "Social media is where the future is, and most importantly, that's where our patients are
3 going to be."¹⁴
4

5 Barriers to Physician Participation

6 But in a pattern that both echoes and is different from their behavior of a decade ago when
7 the Internet and email started to become mainstream, physicians have been generally less
8 enthusiastic than their patients about utilizing social media for *professional* purposes —
9 even though their adoption of social networks for *personal* purposes is nearly equal to the
10 general public's.
11

	Personal Use	Professional Use
Facebook	50%	7%
YouTube	63%	17%
Twitter	9%	3%
LinkedIn	6%	14%

12 Source: Manhattan Research: *Taking the Pulse:*
13 *Physicians and Emerging Information Technologies*. April 2010.
14

15 Why is there such a gap between personal and professional use? We suggest that there
16 are several concerns:
17

18 *Concerns about violating patient confidentiality.* These concerns are well intentioned, given
19 the physician's fundamental responsibility to protect the confidentiality of patients' health
20 information.
21

22 For the cautious, the new social networking platforms seem inordinately risky, because
23 online communities are decentralized and best practices are still in development. Further,
24 some online networks, such as Facebook, have changed their user privacy policies with
25 little or no notice, making it difficult for users to closely monitor or control how their
26 information is shared, either with the public or the network's advertisers and sponsors.
27

28 *Boundary issues and other concerns about professionalism.* One of the first quandaries
29 that physicians faced in the social networking age occurred when patients began to ask
30 their physicians to connect with them on Facebook.^{15 16} These physicians were torn
31 between their desire to maintain professional objectivity and their concern that refusing to
32 accept such an invitation would sour the relationship with that patient. Without broadly
33 articulated standards and best practices, physicians were uncertain how to react.
34

35 Further, several experts have noted a relatively significant degree of unprofessional
36 conduct on social networking sites by physicians and medical students. A study by
37 Chretien, et al., found that 60 percent of medical schools in the United States reported
38 incidents of posting unprofessional online content.¹⁷ Older physicians are not necessarily

¹³ Data from www.facebook.com/kevinmdblog as of April 4, 2011

¹⁴ Pho, Kevin. *KevinMD at TMA Winter*, January 29, 2011. Video: www.ustream.tv/recorded/12323562

¹⁵ Jain, Sachin. *Practicing Medicine in the Age of Facebook*. N Engl J Med 2009; 361:649-651. August 13, 2009. www.nejm.org/doi/full/10.1056/NEJMp0901277

¹⁶ Chretien, Katherine. *A doctor's request: Please don't "friend" me*. USA Today, June 9, 2010. www.usatoday.com/news/opinion/forum/2010-06-10-column10_ST1_N.htm

¹⁷ Chretien, Katherine, et al. *Online Posting of Unprofessional Content by Medical Students*. JAMA, 2009; 302(12):1309-1315, Sept. 6, 2010. <http://jama.ama-assn.org/cgi/content/full/302/12/1309>

1 immune to such indiscretions. A *JAMA* survey of Twitter posts by 260 physician users
2 found that 3 percent of posts by some 10 percent of users contained unprofessional
3 conduct.¹⁸

4
5 *Reliability of information.* Unreliable online information has been the bane of physicians
6 since the dawn of the Internet era, but this concern has become even more acute in an era
7 where every Internet user is literally a potential publisher.

8
9 Even physician-only social networks such as Sermo can induce concerns in the minds of
10 members. All members of Sermo are verified as licensed physicians, but some
11 commentators have expressed doubts about whether contributors have the credentials to
12 comment authoritatively about a topic. Put more bluntly, they may ask: Has this writer ever
13 performed this procedure? How often? What were his/her outcomes? Often, the reader has
14 no way of getting answers from an independent source.¹⁹

15
16 *Time constraints.* This is a considerable barrier, given the time-pressed nature of the
17 physician's life. Searching for information on social networks, while often rewarding, is not
18 necessarily time-efficient, because of the networks' high noise-to-signal ratio compared to
19 professionally edited and curated content. Furthermore, the time needed to become
20 accustomed to the new technologies can seem daunting.

21
22 *Discomfort with the unprocessed nature of online dialogue.* Online communities can be less
23 orderly than the collegial, professional tone that physicians may be accustomed to. In the
24 interest of drawing out a more pointed and authentic dialogue, the mutually agreed upon
25 boundary between simple disagreements and inappropriate personal attacks may be drawn
26 less comfortably than in a traditional professional publication.

27
28 *Fears about legal liability.* In 2007, a Natick pediatrician was discovered to be blogging
29 anonymously during his own malpractice trial and forced to settle the case promptly.²⁰ This
30 may have produced a chilling effect for physicians. Less sensationally, there may be
31 concerns about whether discussing medical content in an online community exposes the
32 physician to new legal risks.

33 Minimizing Risk

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

37
38
39 The AMA report said, "Participating in social networking and other similar Internet
40 opportunities can support physicians' personal expression, enable individual physicians to
41 have a professional presence online, foster collegiality and camaraderie within the
42 profession, provide opportunity to widely disseminate public health messages and other
43 health communication."

¹⁸ Chretien, Katherine, et al. *Physicians on Twitter*. *JAMA*, 2011; 305(6): 566-568, Feb. 9, 2011.
<http://jama.ama-assn.org/content/305/6/566.2.full>

¹⁹ Fogelson, Nicholas. *What is it with anonymous medbloggers?* Academic OB/GYN. November 23, 2009.
<http://academicobgyn.com/2009/11/23/what-is-it-with-anonymous-medbloggers/>

²⁰ Saltzman, Jonathan. *Blogger unmasked, court case upended*. Boston Globe, May 31, 2007.
www.boston.com/news/local/articles/2007/05/31/blogger_unmasked_court_case_upended/

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

- 3
- 4 a) Physicians should be cognizant of standards of patient privacy and
5 confidentiality that must be maintained in all environments, including online, and
6 must refrain from posting identifiable patient information online.
 - 7 b) When using the Internet for social networking, physicians should use privacy
8 settings to safeguard personal information and content to the extent possible,
9 but should realize that privacy settings are not absolute and that once on the
10 Internet, content is likely there permanently. Thus, physicians should routinely
11 monitor their own Internet presence to ensure that the personal and professional
12 information on their own sites and, to the extent possible, content posted about
13 them by others, is accurate and appropriate.
 - 14 c) If they interact with patients on the Internet, physicians must maintain
15 appropriate boundaries of the patient-physician relationship in accordance with
16 professional ethical guidelines, just as they would in any other context.
 - 17 d) To maintain appropriate professional boundaries physicians should consider
18 separating personal and professional content online.
 - 19 e) When physicians see content posted by colleagues that appears unprofessional,
20 they have a responsibility to bring that content to the attention of the individual,
21 so that he or she can remove it and/or take other appropriate actions. If the
22 behavior significantly violates professional norms and the individual does not
23 take appropriate action to resolve the situation, the physician should report the
24 matter to appropriate authorities.
 - 25 f) Physicians must recognize that actions online and content posted may
26 negatively affect their reputations among patients and colleagues, may have
27 consequences for their medical careers (particularly for physicians-in-training
28 and medical students), and can undermine public trust in the medical
29 profession.²¹
- 30

31 The Argument for Physician Engagement

32 Despite these concerns, a vanguard of physicians has become extremely influential in the
33 media and the public, largely because of their activity in social media. They argue that
34 doctors have a professional duty to be engaged in this new technology. Dr. Pho says that
35 while physicians could resist participating in social media, “doctors who are not active
36 online risk being marginalized.”²²

37

38 Bryan Vartabedian, MD, a pediatric gastroenterologist from Houston who blogs, wrote,
39 “Social media may be necessary for our professional survival. With the steady march
40 towards participatory medicine, physicians are slowly becoming marginalized. Complete
41 disconnection from the conversation doesn’t help.”²³

42

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

²¹ American Medical Association. *AMA Policy: Professionalism in the Use of Social Media*. November 2010.
www.ama-assn.org/ama/pub/meeting/professionalism-social-media.shtml

²² Pho, Kevin. *KevinMD at TMA Winter*, January 29, 2011. Video: www.ustream.tv/recorded/12323562

²³ Vartabedian, Bryan. *Are Physicians Obligated to Participate in Social Media?* 33 Charts, October 20, 2009.
www.33charts.com/2009/10/are-physicians-obligated-to-participate-in-social-media.html

1 tremendous opportunity and a powerful tool to do so, to preserve and strengthen our
2 relationships with our patients.”²⁴

3
4 Dr. Vartabedian adds that he finds tremendous benefit to his participation in social media.
5 “It takes time to build a network and cultivate relationships on Twitter. But they are starting
6 to bear fruit. I see it when I ask for help. The strength and power of those relationships is
7 shocking.”²⁵

8
9 Notwithstanding the concerns noted above in the section “Barriers to Physician
10 Participation,” physician advocates for social media outline several arguments in favor of
11 participating in social media.

- 12
13 • Your patients are there. Facebook has more than 500 million subscribers
14 worldwide.²⁶ Twitter has 190 million users.²⁷ YouTube’s search engine is the second
15 largest in the world, behind only Google.²⁸
- 16
17 • Physicians have a responsibility to get involved in the online dialogue and guide
18 patients to reliable and reputable content. The anti-vaccine movement among
19 autism activists has gathered momentum partly because they parlayed the power of
20 social networks to earn high placements in search engines, and dominated the
21 online dialogue.
- 22
23 • It provides a powerful platform to educate, connect with, and learn from your
24 patients. Surveys still show that despite the surplus of medical information available,
25 patients still want to know what their doctor thinks and says.²⁹ Further, listening to
26 what patients are saying in their online communities may provide valuable insights
27 into the challenges that patients with similar conditions may face in following
28 through on treatment regimens.
- 29
30 • It keeps you up to date on new developments. Many physicians started going online
31 years ago simply to know what their patients were reading. That motivation is still
32 valid, perhaps more acutely than ever.
- 33
34 • It connects you with your colleagues more frequently, and expands your network of
35 trusted professionals. The core competency of every online network is to make it
36 easy to find and connect with like-minded individuals.

²⁴ Pho, Kevin. *KevinMD at TMA Winter*, January 29, 2011. Video: www.ustream.tv/recorded/12323562

²⁵ Ellerin, Bunny. *The Social Physician*. November 2010.

http://ellerinhealthmedia.files.wordpress.com/2010/11/the_social_physician_bunny_ellerin1.pdf

²⁶ Zuckerberg, Mark. *500 Million Stories*. Facebook Blog, July 21, 2010.

<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, June 8, 2010. <http://techcrunch.com/2010/06/08/twitter-190-million-users/>

²⁸ Joel, Mitch. *The Second Biggest Search Engine*. Six Pixels of Separation, May 30, 2010.

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 Blog, April 22, 2009. <http://blogs.wsj.com/health/2009/04/22/patients-theres-waste-in-medicine-but-my-doctor-is-perfect>

- 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."³⁰

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.

³⁰ Pho, Kevin. *KevinMD at TMA Winter*, January 29, 2011. Video: www.ustream.tv/recorded/12323562

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.³¹
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**

³¹ Federal Trade Commission. *FTC Publishes Final Guides Governing Endorsements, Testimonials*. October 5, 2009. www.ftc.gov/opa/2009/10/endortest.shtm

- 1 on their own sites and, to the extent possible, content posted about them
2 by others, is accurate and appropriate.
3
- 4 c) If they interact with patients on the Internet, physicians must maintain
5 appropriate boundaries of the patient-physician relationship in accordance
6 with professional ethical guidelines, just as they would in any other
7 context.
8
- 9 d) To maintain appropriate professional boundaries, it is recommended that
10 physicians separate personal and professional content online. Physicians
11 should accept patient online invitations to connect only on a physician's
12 professional social networking site, and should not accept invitations from
13 patients to connect on personal networking sites.
14
- 15 e) Physicians' existing professional responsibility to hold their colleagues to
16 account for maintaining the profession's code of ethics extends to
17 behavior in online communities. Thus, when physicians see content posted
18 by colleagues that appears unprofessional, they have a responsibility to
19 bring that content to the attention of the individual, so that he or she can
20 remove it and/or take other appropriate actions. If the behavior significantly
21 violates professional norms and the individual does not take appropriate
22 action to resolve the situation, the physician should report the matter to
23 appropriate authorities.
24
- 25 f) Physicians must disclose all financial or other material relationships they
26 have with regard to the maker or provider of products and services they
27 review or discuss in online communities. This includes discussions and
28 reviews of products and services provided to the physician for free.
29
- 30 g) Physicians must recognize that online content can have a significant
31 impact on public trust in the medical profession, both positively and
32 negatively. The content that physicians post online may also influence their
33 reputations among patients and colleagues, and may have consequences
34 for their medical careers, particularly for physicians-in-training and medical
35 students; and, be it further
36 (HP)
37
- 38 3. That the Massachusetts Medical Society broadly disseminate the guidelines on
39 the professional use of social media to its membership, and explore the
40 possibility of sponsoring Continuing Medical Education activities on the topic
41 of the professional use of social media by physicians. (D)
42
- 43 Fiscal Note: No Significant Impact
44 (Out-of-Pocket Expenses)
45
- 46 FTE: Existing Staff
47 (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 than 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.