

## Post or pause? Report guides pediatricians' ethical use of social media

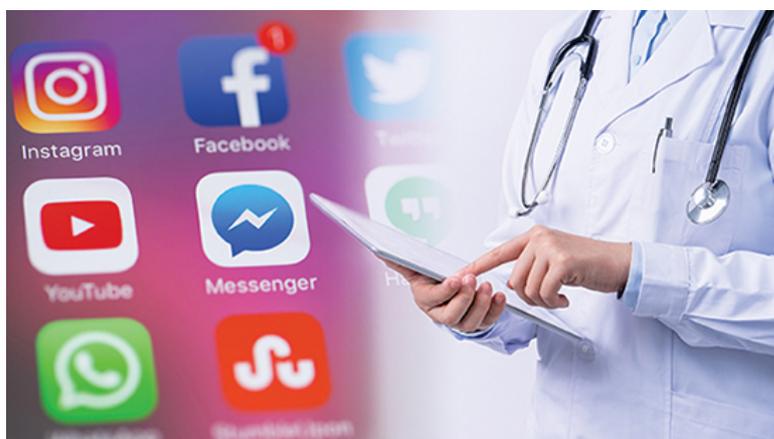
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Social media has transformed the way people get and share information, as well as how they communicate with each other. For physicians, it provides opportunities to improve health outcomes for patients and the community but also poses ethical dilemmas. This is especially true for pediatricians, whose patients are “digital natives” (i.e., born after 1980) and thus may prefer — or even expect — to communicate with their doctor through social media.

A new AAP clinical report highlights areas where social media can enhance clinical practice and provides guidance on how to navigate confidentiality, privacy, professionalism and boundary issues.

The report, *Ethical Considerations in Pediatricians' Use of Social Media*, from the Committee on Bioethics and Committee on Medical Liability and Risk Management, is available at <https://doi.org/10.1542/peds.2020-049685> and will be published in the March issue of *Pediatrics*.

### **Benefits of social media**

Among its many benefits, social media can improve professional collaboration through the dissemination of current research and by providing a forum to discuss challenging cases. Social media also can be employed to recruit research subjects and implement research projects, expanding investigative opportunities.

In addition, social media can be of direct benefit to patients. In the past, patients generally obtained health information from a medical professional in a clinical workspace. Many now prefer “disintermediation,” where they gather information from online sources. Given the questionable accuracy of some online health information, pediatricians’ avoidance of social media could cede this crucial communication forum to unreliable sources. The so-called “apomediary model” allows pediatricians to guide their patients and families to trustworthy sources that they can access independently.

Online groups also can offer support and a sense of community to patients, especially those with rare diseases, and their families.

### **Crossing the line**

At the same time, pediatricians’ use of social media can create ethical dilemmas. One involves patient confidentiality. Even without using names or other conventional identifying information, patients could recognize themselves in posts about specific clinical encounters. Such posts also could damage the trust other patients have in doctor-patient confidentiality.

Another dilemma is the risk of inappropriate self-disclosure, since “anonymity can breed disinhibition.” The American Medical Association Code of Medical Ethics states that “the ethical obligations of physicians are not suspended when a physician assumes a position that does not directly involve patient care.”

While some publicized cases clearly are wrong — such as volunteer physicians photographed brandishing weapons while on a humanitarian mission — subtle actions can be significant. For example, excessive tweeting or posting from work may suggest inattention to clinical duties.

To avoid inappropriate self-disclosure, pediatricians should pause before posting and delineate their professional and personal online presences.

Social media also creates novel questions about professional boundaries. One involves accepting “friend” requests from patients or their parents, if social media is the only basis of the relationship. This heightens the risk of inappropriate physician self-disclosure and introduces a level of mutuality that can undermine a patient’s privacy and patient-physician interactions.

### **Searching patients online**

Social media and other online platforms provide the opportunity to search for information about a patient, which that patient may not wish the pediatrician to know. In one study, one in six pediatric trainees reported having conducted internet or social media searches to get more information about a patient (Jent JF, et al. *J Adolesc Health*. 2011;49:414-420).

Even if so-called “patient-targeted Googling” yields reliable information — which is by no means certain — it forces the pediatrician to decide how much to disclose to the patient (i.e., what information was obtained and how) as well as whether to document in the chart. Given the risk of compromising patient trust, pediatricians should address several questions before engaging in patient-targeted internet searches, including whether such a search would advance or compromise treatment and whether the patient’s consent should be obtained before proceeding.

Used appropriately, social media provides invaluable opportunities to enhance clinical practice and children’s health. However, failure to maintain appropriate boundaries and safeguard patient confidentiality has serious consequences. Over 90% of state medical boards have received reports of violations of online professionalism, leading to sanctions ranging from suspension to revocation of the physician’s license.

The clinical report guides pediatricians through the ethical complexity of social media to harness its opportunities and avoid its pitfalls.

### **Other recommendations**

The clinical report also advises pediatricians who use social media to do the following:

- Have separate personal and professional social media pages; the personal page should have adequate privacy settings.
- Develop social media policies and put them in writing.
- Use a secure site with encryption, compliant with the Health Insurance Portability and Accountability Act, when communicating health care advice to patients or families.
- De-identify protected health information.
- Monitor online profiles to protect against inaccurate postings.

*Dr. Macauley is chair of the AAP Committee on Bioethics and lead author of the clinical report.*