AMA *Code of Medical Ethics*

2.3.2 Physicians' Use of Social Media for Product Promotion and Compensation

Social media—internet-enabled communication platforms—enable individual medical students and physicians to have both a personal and a professional presence online. Social media can foster collegiality and camaraderie within the profession as well as provide opportunities to widely disseminate public health messages and other health communications. However, use of social media by medical professionals can also undermine trust and damage the integrity of patient-physician relationships and the profession as a whole, especially when medical students and physicians use their social media presence to promote personal interests.

Physicians and medical students should be aware that they cannot realistically separate their personal and professional personas entirely online and should curate their social media presence accordingly. Physicians and medical students therefore should:

(a) When publishing any content, consider that even personal social media posts have the potential to damage their professional reputation or even impugn the integrity of the profession.

(b) Respect professional standards of patient privacy and confidentiality and refrain from publishing patient information online without appropriate consent.

(c) Maintain appropriate boundaries of the patient-physician relationship in accordance with ethics guidance if they interact with their patients through social media, just as they would in any other context.

(d) Use privacy settings to safeguard personal information and content, but be aware that once on the Internet, content is likely there permanently. They should routinely monitor their social media presence to ensure that their personal and professional information and content published about them by others is accurate and appropriate.

(e) Publicly disclose any financial interests related to their social media content, including, but not limited to, paid partnerships and corporate sponsorships.

(f) When using social media platforms to disseminate medical health care information, ensure that such information is useful and accurate based on professional medical judgment.

AMA Principles of Medical Ethics: I,II,IV

Opinion 2.3.2 "Professionalism in the Use of Social Media" was amended in November 2024 and renamed to Opinion 2.3.2 "Physicians' Use of Social Media for Product Promotion and Compensation."

Background report(s):

CEJA Report 4-A-24 Physicians' Use of Social Media for Product Promotion and Compensation

CEJA Report 1-A-17 Amendment to E-2.3.2 Professionalism in the Use of Social Media

CEJA Report 8-I-10 Professionalism in the Use of Social Media

Subject: Physicians' Use of Social Media for Product Promotion and Compensation
(Resolution 25, A-22)

Presented by: David A. Fleming, MD, Chair
Referred to: Reference Committee on Amendments to Constitution and Bylaws
(, MD, Chair)

1   At the 2022 Annual Meeting, the House of Delegates referred Resolution 025-A-22 (Resolution
2   025), "Use of Social Media for Product Promotion and Compensation" which asked that the
3   American Medical Association (AMA) "study the ethical issues of medical students, residents,
4   fellows, and physicians endorsing non-health related products through social and mainstream
5   media for personal or financial gain."
6
7   This report by the Council on Ethical and Judicial Affairs (CEJA) explores ethical issues posed by
8   this use of social media and reviews existing guidance in the AMA *Code of Medical Ethics* (*Code*).
9
10   BACKGROUND
11
12   Resolution 025 details the recent phenomenon of physicians' involvement in promotions and
13   endorsements on social media. While Resolution 025 is limited to the context of physicians
14   promoting non-health related products through social media, this report encompasses the issue
15   broadly in the contexts of promoting both non-health related and/or health related products. The
16   concept of social media has changed dramatically in the last couple of decades and has altered how
17   consumer goods and services are advertised, promoted, and sold. Social media now accounts for a
18   broad range of communication—e.g., Tik Tok, Instagram, Facebook, X (formerly Twitter),
19   YouTube—that can reach millions of people, and now often involves "influencing", where
20   individuals promote or sell goods and services or promote themselves (e.g. their personality or
21   lifestyle) as a financial venture.
22
23   ETHICAL CONCERNS
24
25   Physicians' and medical students' sale and promotion of products or services and use of social
26   media raises several ethical concerns. (1) These practices may damage the patient-physician
27   relationship. If patients feel pressured to purchase products or services, this may undermine the
28   trust that grounds patient-physician relationships, since it raises questions about whether physicians
29   are fulfilling their fiduciary duty to put patients' interests above their own financial interests. (2) If
30   inappropriate pressure is applied, then selling and promotion of products may result in the
31   exploitation of patient vulnerability. (3) If physicians lend their credibility as medical professionals
32   to products or services that are not supported by peer-reviewed evidence or are of questionable

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be amended, except to clarify the meaning of the report and only with the concurrence of the Council.

1   value, then they may put patient well-being and the integrity of the profession in jeopardy in the
2   interest of profit-making.
3
4   Welfare of the Patient and the Patient-Physician Relationship
5
6   The sale and promotion of goods and services by physicians has the potential to negatively affect
7   the welfare of patients. If a physician puts their financial interests above the interests of the
8   patients, then this undercuts the foundational ethical principle that physicians must regard their
9   "responsibility to the patient as paramount. [Principle VIII]. In addition, since patients are
10 "vulnerable and dependent on the doctor's expertise" and there is an "asymmetry of knowledge"
11 between patients and physicians, there is a risk that patients may be exploited and this, in turn, can
12 "undermine a patient's trust" [1]. Further, if patients find out about a physician's financial
13 incentive to recommend certain products or services after the fact, they may feel that they have
14 been purposefully deceived, and so have reason to distrust both that individual physician and the
15 profession as a whole. It is therefore imperative that physicians conscientiously distinguish when
16 they are acting in their professional capacity by recommending products or services intended for
17 patient benefit or public health, and when they are acting as commercial agents independent of
18 their professional identity.
19
20 Integrity of the Profession
21
22 Physician sales and promotion of products and services may also damage the integrity of the
23 profession. Physicians have an ethical duty to uphold professional standards in their role as
24 physician in all areas of life. A key principle of professional integrity is that physicians should
25 recognize that they carry the authority of their professional role with them into other social spheres.
26 Physicians "engage in a number or roles" which include conveyors of information, advocates,
27 experts, and commentators on medically related issues [2]. For many physicians, "navigating
28 successfully among the potentially overlapping roles …poses challenges." [2] Physicians "carry
29 with them heightened expectations as trusted…representatives of the medical profession." [2]
30 Physicians should be aware that these expectations cannot be entirely separated from their personal
31 identity either online or elsewhere and should take care to curate their social media presence
32 accordingly.
33
34 PROFESSIONALISM IN THE USE OF SOCIAL MEDIA
35
36 The concept of social media has changed since the technology's first appearance and widespread
37 adoption. Today, social media platforms are broadly internet-enabled technologies that enable
38 individuals to have a presence online and ability to share opinions and self-generated media content
39 to a wide audience.
40
41 Opinion 2.3.2 "Professionalism in Social Media" reflects an outdated understanding of the types
42 and uses of social media, modeling its guidance on traditional sites such as Facebook, where the
43 primary purposes are social networking among friends and colleagues, and perhaps also
44 disseminating beneficial public health messages. While guidance that addresses these uses is still
45 necessary (and so should be retained), modifications are required to reflect the fact that social
46 media can now be used as a form of marketing intended to financially benefit individuals and
47 corporations. The ethical concerns that arise in this context mirror those that arise in other
48 situations where physicians are selling and promoting goods and services, that is, use of social
49 media by medical professionals can undermine trust and damage the integrity of patient-physician
50 relationships and the profession as a whole when physicians inappropriately use their social media
51 presence to promote personal interests.

1 CONCLUSION
2
3 Updating 2.3.2 "Professionalism in the Use of Social Media" so that it includes guidance on using
4 social media to sell and promote products makes it clear that the consolidated guidance clearly
5 applies to the concerns raised in Resolution 025. Revising this also provides an opportunity to
6 update language to reflect the current realities of technology and contemporary business practices.
7
8 RECOMMENDATION
9
10 In consideration of the foregoing, the Council on Ethical and Judicial Affairs recommends that:
11 Opinion 2.3.2, "Professionalism in the Use of Social Media" be amended by substitution to read as
12 follows and the remainder of this report be filed:
13
14   Social media—internet-enabled communication platforms—enable individual medical students
15   and physicians to have both a personal and a professional presence online. Social media can
16   foster collegiality and camaraderie within the profession as well as provide opportunities to
17   widely disseminate public health messages and other health communications. However, use of
18   social media by medical professionals can also undermine trust and damage the integrity of
19   patient-physician relationships and the profession as a whole, especially when medical students
20   and physicians use their social media presence to promote personal interests.
21
22   Physicians and medical students should be aware that they cannot realistically separate their
23   personal and professional personas entirely online and should curate their social media
24   presence accordingly. Physicians and medical students therefore should:
25
26   (a) When publishing any content, consider that even personal social media posts have the
27   potential to damage their professional reputation or even impugn the integrity of the
28   profession.
29
30   (b) Respect professional standards of patient privacy and confidentiality and refrain from
31   publishing patient information online without appropriate consent.
32
33   (c) Maintain appropriate boundaries of the patient-physician relationship in accordance with
34   ethics guidance if they interact with their patients through social media, just as they would
35   in any other context.
36
37   (d) Use privacy settings to safeguard personal information and content, but be aware that once
38   on the Internet, content is likely there permanently. They should routinely monitor their
39   social media presence to ensure that their personal and professional information and
40   content published about them by others is accurate and appropriate.
41
42   (e) Publicly disclose any financial interests related to their social media content, including, but
43   not limited to, paid partnerships and corporate sponsorships.
44
45   (f) When using social media platforms to disseminate medical health care information, ensure
46   that such information is useful and accurate based on professional medical judgment.
47
48 (Modify HOD/CEJA Policy)

Fiscal Note: Less than $500

REFERENCES

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CEJA Report 1-A-17

Subject: Amendment to E-2.3.2, "Professionalism in Social Media"

Presented by: Ronald J. Clearfield, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws
     (Michael Hoover, MD, Chair)

1 At the 2016 Annual Meeting, Policy D-478.969, "Social Media Trends and the Medical
2 Profession," was adopted, calling on the Council on Ethical and Judicial Affairs (CEJA) to
3 reconsider Ethical Opinion E-2.3.2, "Professionalism in the Use of Social Media." (This Opinion
4 was previously E-9.124.)
5
6 The social media landscape has evolved since the Opinion's writing in 2010 and that there is now
7 potential for improving patient education and supporting professional advocacy with ethically
8 appropriate social media uses.
9
10 Opinion E-2.3.2 addresses ethical issues surrounding physician uses of social media and other
11 online tools. The Opinion stresses the importance of patient privacy and confidentiality when
12 posting content online, separating personal and professional accounts, maintaining appropriate
13 physician-patient boundaries online, and calling attention to or reporting unprofessional online
14 content or behavior of other colleagues.
15
16 At close examination, D-478.969 and the Opinion address two different issues. Opinion E-2.3.2
17 generally speaks to the ethical behavior that a physician should adhere to when engaging in non-
18 clinical, personal uses of social media. This includes maintaining adequate privacy settings on
19 social media profiles, separating personal and professional accounts, using caution when
20 "befriending" patients on personal networks, and reporting colleagues' unprofessional postings. In
21 this way, the Opinion addresses situations where a physician uses social media for personal
22 purposes and how to ensure appropriate physician-patient boundaries are maintained in that
23 dimension.
24
25 There are other uses of social media that have also appeared over the years since the Opinion's
26 writing. These include encrypted messaging services that allow patients and physicians to
27 communicate about clinical care such as WhatsApp™, Telegram™, and TigerText™. While these
28 applications and their ethical concerns are certainly emerging technologies, they are best covered
29 by Opinion E-2.3.1, "Electronic Communication with Patients."
30
31 Policy D-478.969 directs CEJA to examine how physicians may ethically use social media for
32 educational and advocacy purposes. Education and advocacy can be viewed as activities separate
33 from a physician's personal life. While not directly related to patient care (e.g., telemedicine),

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education and advocacy content posted online would still not fall under the scope of Opinion
E-2.3.2 as it is currently written. Examples include tweets or blogs about healthcare policy reforms,
patient care advocacy, or discussing clinical case studies with other colleagues. Physicians who use
social media for advocacy purposes can find guidance under Opinion E-1.2.12, "Ethical Practice in
Telemedicine." However, expanding the scope of the Opinion E-2.3.2 can serve to capture other
scenarios that the Directive seeks to address.

USES OF SOCIAL MEDIA FOR EDUCATION OR ADVOCACY

It is important to note that while there has been an expansion of the various ways in which social
media is used, the same ethical considerations continue to apply. Photo-sharing applications (such
as Figure 1™), 1 discussion boards (such as the medicine subreddit or meddit) and other various
platforms have become popular among physicians looking to engage other physicians in shop-talk.
Through these platforms, physician users can upload photos of rare or complex cases they
encounter to help educate other physicians or to gather additional information that may be helpful
in the diagnosis or treatment of that patient.

Some applications, such as Figure 1™, only allow deidentified photos to be posted. Users must
remove identifying information before posting (faces, tattoos, etc.) and all photos undergo
additional verification before being posted. Patients must also consent to their photo being shared.
Additionally, users of the application are asked for their occupational information and only
healthcare professionals can comment or upload photos. Forums like Reddit or Twitter have no
such safeguards. It is solely up to the physician to comply with ethical guidelines and not post
identifying information or other inappropriate information online.

The benefits for education and patient treatment are apparent with these applications. The
collective knowledge of thousands of physicians is at one's fingertips, and anecdotal evidence
shows that physicians do benefit from using these platforms. The net benefit of using these
platforms does not temper any responsibility to abide by the ethical guidance already outlined in
Opinion E-2.3.2.

RECOMMENDATION

The Council on Ethical and Judicial Affairs recommends that Opinion E-2.3.2, "Professionalism in
the Use of Social Media," be amended by addition as follows and that the remainder of this report
be filed:

> The Internet has created the ability for medical students and physicians to communicate and
> share information quickly and to reach millions of people easily. Participating in social
> networking and other similar opportunities can support physicians' personal expression, enable
> individual physicians to have a professional presence online, foster collegiality and
> camaraderie within the profession, provide opportunities to widely disseminate public health
> messages and other health communication. Social networks, blogs, and other forms of
> communication online also create new challenges to the patient-physician relationship.
> Physicians should weigh a number of considerations when maintaining a presence online:
>
> (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.

1   (b) When using social media for educational purposes or to exchange information
2   professionally with other physicians, follow ethics guidance regarding confidentiality,
3   privacy and informed consent.

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

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

16   (e) To maintain appropriate professional boundaries physicians should consider separating
17   personal and professional content online.

19   (f) When physicians see content posted by colleagues that appears unprofessional they have a
20   responsibility to bring that content to the attention of the individual, so that he or she can
21   remove it and/or take other appropriate actions. If the behavior significantly violates
22   professional norms and the individual does not take appropriate action to resolve the
23   situation, the physician should report the matter to appropriate authorities.

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

30   (Modify HOD/CEJA Policy)

Fiscal Note: Less than $500

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS[*]

CEJA Report 8-I-10

Subject: Professionalism in the Use of Social Media

Presented by: John W. McMahon Sr., MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws
                (Daniel B. Kimball, Jr., MD, Chair)

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1   This report by the Council on Ethical and Judicial Affairs (CEJA) was developed in response to
2   Policy D-478.985, "Supporting the Establishment of Guidelines Regarding Online Professionalism,"
3   (AMA Policy Database) which asks our American Medical Association (AMA) to address "online
4   professionalism." D-478.983, "Physicians and Electronic Social Networking." introduced by the
5   Medical Student Section, asks our American Medical Association (AMA) to address "online
6   professionalism." Resolution 6-A-10, introduced by the American Congress of Obstetricians and
7   Gynecologists, similarly asked that AMA study physicians' use of social networking. Though many
8   physicians have been using the Internet for both clinical and social purposes for years, recently
9   concerns have been raised regarding blurred boundaries of the patient-physician relationship and the
10 impact of unprofessional behavior by physicians online to the profession as a whole. In both the
11 news media and medical literature, physicians have noted there are unanswered questions in these
12 areas and that professional self regulation is needed in this area.[1,2] This report discusses the ethical
13 implications of physicians' nonclinical use of the Internet, including use of social networking sites,
14 blogs, and other means to post content online. It does not address clinical use of the Internet, such as
15 telemedicine, e-prescribing, online clinical consultations, health-related Web sites, use of electronic
16 media for clinical collaboration, and emailing patients (some of which are already covered in the
17 AMA's *Code of Medical Ethics*).
18
19 BACKGROUND
20
21 As Americans have moved online, so have American physicians. A recent study by Google
22 indicated that 86 percent of U.S. physicians use the Internet to gather health and medical
23 information.[3] It is likely that most if not all of these physicians also use the Internet for nonclinical
24 purposes. Several online tools exist to facilitate fast and far-reaching communication and
25 information exchange. One such means for online interaction and communication is through the use
26 of social networking sites (e.g. MySpace, Facebook, and LinkedIn), which allow registered users to
27 create an electronic profile that includes personal information and to exchange messages and digital
28 content (e.g. pictures and videos). Individual users can use privacy controls to limit who is able to
29 view the content on their personal "pages."[4]
30
31 A second means of online communication is through a Web log or "blog." A blog is the most basic
32 form of digital media—a noninteractive Web-based journal in which individuals post opinions
33 regarding any topic.[4] Microblogs, such as Twitter, are similar to blogs except that users are limited
34 to a certain number of characters per communication. Media-sharing sites (e.g,. for music: Napster;

1   LimeWire; for video: YouTube, GoogleVideo; for photos: Snapfish) are another type of online tool
2   that enables users to exchange digital files (i.e., video, audio, or photos), that are uploaded to the site
3   by the user. Users then have access to the media that have been uploaded by other users.[4] Two
4   additional tools used for communicating online are podcasts, which are individual files with
5   prerecorded (audio or video) content and wikis, which are Web sites that allow for the easy creation
6   and editing of interlinked Web pages via a Web browser and are often used to create collaborative
7   Web sites.

8

9   The Internet and tools such as social networking sites and blogs provide a medium for
10   communication that is faster and farther reaching than other media; these tools also create
11   searchable, enduring records of exchanges. At the same time, the Internet fosters disinhibition and
12   feelings of anonymity and invisibility, which can promote either bad behavior or behavior that an
13   individual would not engage in offline.[5] Actions taken online may affect physicians' reputations
14   among their colleagues and their patients and may also affect the public's vision of and trust in the
15   medical profession. Whereas in the past a physician may have been concerned about a conversation
16   being overheard in an elevator by a handful of people, now a post on a social networking site may
17   reach millions of people within a matter of minutes. The new environment opens opportunities for a
18   variety of challenging scenarios, such as a medical student's blog post about a difficult patient to
19   which the patient's family member has access, a medical resident who asks for a date with a clinical
20   patient after he learns she is single via a social networking site, and a physician whose medical
21   judgment is questioned after photographs posted online show him in "prospective stages of
22   inebriation at a party."[2] Furthermore, something as seemingly innocuous as humor, when taken out
23   of context, could reach and be misinterpreted by an unintended audience (patients, superiors, future
24   employers) and lead to a tarnished reputation. Though these are just hypothetical cases, recently a
25   number of examples of both questionable behavior and ethical and legal violations have popped up
26   in the news media and medical literature. Violations of confidentiality were noted in a study of the
27   content of physicians' blogs that provided sufficient information to identify patients.[6] Privacy and
28   confidentially were also violated when photos of patients in the midst of operations were posted a
29   social networking site.[7]

30

31   The online behavior of medical students has often been studied as this group is more likely than
32   more senior physicians to use social networking sites (though increasingly less so). One study
33   examined medical students who have posted unprofessional content (e.g., sexually suggestive
34   pictures or comments, profanity, discriminatory language, pictures of themselves or peers engaging
35   in drug use).[8] The study uncovered some lapses in professionalism, including violations of patient
36   privacy and pictures of students engaging in drug use, and other instances of conduct deemed
37   unprofessional that were more ambiguous, such as photos of sexually suggestive content and the use
38   of profanity in messages or posts that could be seen publicly. The line separating freedom of speech
39   and inappropriate posting may be unclear.[8] Another study examined the case of a class of medical
40   students who participated in creating a video parody of an anatomy lab experience set to music for a
41   school talent show that was subsequently posted online to YouTube. The video depicted students
42   dancing in the anatomy lab, lying inside of body bags, and drinking "blood" (actually chocolate)
43   from plastic skulls and also included identifying information (name of medical school, university
44   emblems). Though the video was well received by students and potential students, alumni and some
45   faculty reacted with "shock and disgust."[8] The study noted that although critics accepted that private
46   viewing of such a video, in a closed setting (such as a school talent show), might be appropriate, the
47   content of the video was believed not to be appropriate for public consumption. Critics expressed
48   concern that the general public, with little knowledge of the experience of undergraduate medical
49   education and residency training, would find the content offensive and unprofessional. Studies note
50   that medical students may not be aware of how online posting can reflect negatively on medical
51   professionalism or jeopardize their careers, in that unprofessional behavior in medical school has
52   been shown to be associated with future state board disciplinary action and the posting of

1   unprofessional content online may have similar prognostic significance.[8] Moreover, unprofessional
2   behavior online or otherwise by medical students or physicians may negatively affect the public's
3   trust in the medical profession as a whole.
4
5   AMA POLICY
6
7   The AMA's *Code of Medical Ethics* already contains an abundance of guidance for physicians
8   regarding professional interaction with their patients that applies to communication in all settings,
9   including online. Principle II of the Principles of Medical Ethics states that "[a] physician shall
10   uphold the standards of professionalism [and] be honest in all professional interactions,…" while
11   Principle IV holds that "[a] physician shall respect the rights of patients, colleagues, and other health
12   professionals, and shall safeguard patient confidences and privacy within the constraints of the law."[9]
13   Opinion E-8.02, "Ethical Guidelines for Physicians in Administrative or Other Non-Clinical Roles,"
14   focuses on the role of trust in medicine, stating that "[t]hroughout their formal education and their
15   practice of medicine, physicians profess and are therefore held to standards of medical ethics and
16   professionalism.... Complying with these standards enables physicians to earn the trust of their
17   patients and the general public. Trust is essential to successful healing relationships and, therefore,
18   to the practice of medicine. The ethical obligations of physicians are not suspended when a
19   physician assumes a position that does not directly involve patient care."[10] Opinion E-10.015, "The
20   Patient-Physician Relationship" similarly states that "[t]he relationship between patient and
21   physician is based on trust and gives rise to physicians' ethical obligations to place patients' welfare
22   above their own self-interest and above obligations to other groups…."[11]
23
24   Opinion E-5.05, "Confidentiality," states that "The information disclosed to a physician by a patient
25   should be held in confidence…. The patient should be able to make this disclosure with the
26   knowledge that the physician will respect the confidential nature of the communication. The
27   physician should not reveal confidential information without the express consent of the patient…"[12]
28   Further, Opinion E-5.059, "Privacy in the Context of Health Care," affirms that "physicians also
29   should be mindful of patient privacy, which encompasses information that is concealed from others
30   outside of the patient-physician relationship…. Physicians must seek to protect patient privacy in all
31   of its forms, including (1) physical, which focuses on individuals and their personal spaces, (2)
32   informational, which involves specific personal data, (3) decisional, which focuses on personal
33   choices, and (4) associational, which refers to family or other intimate relations. Such respect for
34   patient privacy is a fundamental expression of patient autonomy and is a prerequisite to building the
35   trust that is at the core of the patient-physician relationship."[12] Finally, Opinion E-8.14, "Sexual
36   Misconduct in the Practice of Medicine," describes one aspect of the boundary that must be
37   maintained between physicians and their patients. The opinion states that "[s]exual contact that
38   occurs concurrent with the patient-physician relationship constitutes sexual misconduct. Sexual or
39   romantic interactions between physicians and patients detract from the goals of the physician-patient
40   relationship, may exploit the vulnerability of the patient, may obscure the physician's objective
41   judgment concerning the patient's health care, and ultimately may be detrimental to the patient's
42   well-being."[14]
43
44   ETHICAL ANALYSIS
45
46   Though there is much guidance regarding the patient-physician relationship, there are aspects of the
47   Internet, including speed of communication, reach, searchability, and the capacity for content to
48   endure, that alter the scope of communication between physicians and patients as well as its
49   consequences. Potential positive uses of the Internet for clinical purposes abound (e.g., e-
50   prescribing, online consultation, clinical collaboration); in the nonclinical setting there are also
51   benefits to be gained from an online presence. The Internet and social networking are new ways to
52   disseminate public health messages and content. For physicians, sharing patient stories that are de-

1 identified and respectful, on personal blogs or social networking sites, can encourage reflection,
2 empathy, and understanding.[8] For medical students, watching videos of colleagues' skits (like the
3 one previously mentioned) that bring humor into a serious and high-pressure experience may serve
4 coping and stress-relief functions.[8] Moreover, social networking can be used as a tool for the
5 empowerment of the profession. For example, during the 2008 presidential campaign the group
6 Doctors for Obama "used Facebook to rapidly mobilize thousands of doctors to communicate their
7 views on health policy to the Obama headquarters."[2]
8
9 Despite the range of positive uses of Internet communication media for both individual physicians
10 and the profession as a whole, there are also a number of areas of ethical concern that should be
11 considered, notably boundary issues in the patient-physician relationship, privacy and
12 confidentiality, the implications of the nature and scope of information available online, and
13 physicians' self-presentation online. The boundary that exists in the patient-physician relationship is
14 something to consider when physicians take part in social networks and post content online. This
15 boundary is the defining characteristic of the professional relationship, in which respect, trust, and
16 the patient's well-being are paramount. Patients are inherently vulnerable and dependent, and
17 physicians must not exploit their professional relationship with patients for personal purposes (e.g.,
18 sexual advantage or financial gain). Violations of this boundary often occur when a physician allows
19 a personal interest to take precedence over his or her primary obligation to the patient in a way that
20 harms—or appears to harm—the patient or the patient-physician relationship.[15] Accordingly, there
21 should be no difference when interactions move online.[1] Online friendships with patients are
22 particularly problematic because they may open the door to interactions (online or in person,
23 romantic or otherwise) that are outside of the patient-physician relationship and lead to potentially
24 problematic self-disclosure by both patients and physicians due to the disinhibition, belief of
25 anonymity, and asynchrony of interactions online.[1]
26
27 Physicians who use online social networking sites and who interact with patients may uncover
28 content not intended for them that might have implications for patient care (e.g., seeing a photo of a
29 patient smoking a cigarette when the individual has denied being a smoker). Likewise, physicians
30 who allow patients access to personal information online (by either accepting a patient's request to
31 connect, extending a request to connect to a patient, or keeping privacy settings such that others may
32 view personal content without making a formal connection) may risk a variety of repercussions if
33 patients view this information, including loss of trust or respect if patients believe depictions show
34 irresponsible conduct on the part of the physician; potential conflict or disagreement if they learn that
35 their physician holds religious or political views opposed to their own; or uncover other personal
36 information about the physician that they find offensive.
37
38 More than just individual patient-physician relationships are at issue; as one observer notes,
39 "Medical students, nurses, residents, fellows, attending physicians, and service chiefs can all be
40 found linked to one another as active members of social-networking sites."[2] Like patients,
41 colleagues, employers, employees, and others with whom physicians have professional relationships
42 may be critical of content posted online and may not be able to separate the personality portrayed
43 online from the one displayed in the workplace. As members of a self-regulating profession,
44 physicians who observe unprofessional content posted by colleagues have an ethical obligation to
45 address the situation. Ultimately, this responsibility derives from physicians' professional
46 commitment to protect the welfare and trust of the public, as well as to protect the interests and well-
47 being of patients and underlies physicians' obligation to report colleagues who are impaired or
48 incompetent or who fail to live up to the standards of professionalism.[9,16] Physicians similarly have
49 an obligation to take action when they observe behavior by colleagues that adversely affects patient
50 safety.[17] Physicians who observe clearly inappropriate online behavior by a colleague should bring
51 their concern to the individual's attention. If the behavior significantly violates professional
52 norms—for example, posting identifiable patient information or disrespectful, degrading comments

1   about a fellow professional—and the individual does not take appropriate action to resolve the
2   situation, physicians should report the conduct to appropriate authorities.
3
4   Though there are some clear-cut lapses in professionalism that can and have been made online by
5   physicians (such as violations of patient privacy or confidentiality, or photos of illegal drug use),
6   there are many more situations that fall into a grey area. Examples include photographs posted
7   online of an inebriated physician, or sexually suggestive material, or the use of offensive language in
8   a blog. Any of these actions or behaviors would be considered inappropriate in the hospital, clinic,
9   office, or other setting in which a physician is interacting with patients or other health care
10 professionals in a professional manner. However, whether physicians must maintain the same
11 standards of conduct in how they present themselves outside the work environment is a more open
12 question. Physicians certainly have the right to have private lives and relationships in which they
13 can express themselves freely, but they must also be mindful that their patients and the public see
14 them first and foremost as professionals rather than private individuals and view physician conduct
15 through the lens of their expectations about how an esteemed member of the community should
16 behave. Thus physicians must weigh the potential harms that may arise from presenting anything
17 other than a professional presence on the Internet against the benefits of social interactions online.
18
19 Some other professional groups have set standards regarding whom their members may connect with
20 online. For example, Florida judges may not "friend" lawyers who appear before them due to
21 concerns of conflicts of interest or simply the appearance of impropriety.[18] Physicians can similarly
22 protect their professional relationship with patients, colleagues, and others by not engaging in social
23 relationships or connections online and keeping personal social networking accounts, blogs, and
24 other Web content separate from professional content online. A physician who receives a "friend
25 request" or other appeal from a patient to connect online can direct the patient to their professional
26 site.
27
28 Concerns about the potential for breaches of confidentiality and privacy are also paramount in the
29 activity of physicians online. Blatant violations of patient privacy and confidentiality have occurred
30 when physicians have posted photos of patients or described situations with enough identifying
31 information that others may decipher the patient's identify. It seems that many of these violations
32 take place because the Internet is widely perceived to be different from other public environments,
33 like hospital corridors, in which physicians interact and because Internet users often experience a
34 lack of inhibition and feeling of anonymity. However, physicians' obligations to protect patient
35 privacy and confidentiality extend to all environments and modes of communication. Given the
36 mistaken perception that social networking sites are private spaces, a breach of confidentiality may
37 come from simply interacting with patients on such sites (e.g., discussing aspects of treatment) could
38 unwittingly compromise either the physician's or the patients' privacy and the confidentiality of
39 personal health information.[1] Further, although the use of privacy settings may help protect personal
40 information, the complexity of such settings, often changing privacy agreements (in which sites often
41 own information posted, unbeknownst to users), and the potential for privacy breaches means that
42 most information exchanged online should not be thought of as private.[19] Inappropriate posting of
43 patients' protected health information also could violate the Health Insurance Portability and
44 Accountability Act (HIPAA) or other privacy laws.[20]
45
46 The context and breath of information online are also cause for concern for physicians. Whether or
47 not physicians participate in online social networks or maintain blogs, a wealth of information exists
48 online about most physicians. In terms of professional information, states now routinely publish
49 information online about a physician's education, training, board certification, and publications and
50 such sites may contain information about disciplinary actions against a physician by a state's
51 licensing and registration authorities.[21, 22] Moreover, information about lawsuits and malpractice
52 claims filed against physicians are often available online and increasingly data about physician

1   performance are being made available. Personal information is also readily available including
2   mortgage deed registries and personal contact information.[21] Physicians who maintain a more robust
3   online presence by participating in online social networks offer up a much greater wealth of
4   information about themselves, information that is often easily accessible and remains permanently
5   online.
6
7   RECOMMENDATION
8
9   The Council on Ethical and Judicial Affairs recommends that the following be adopted and that the
10 remainder of this report be filed:
11
12   The Internet has created the ability for medical students and physicians to communicate and
13   share information quickly and to reach millions of people easily. Participating in social
14   networking and other similar Internet opportunities can support physicians' personal expression,
15   enable individual physicians to have a professional presence online, foster collegiality and
16   camaraderie within the profession, provide opportunity to widely disseminate public health
17   messages and other health communication. Social networks, blogs, and other forms of
18   communication online also create new challenges to the patient-physician relationship.
19   Physicians should weigh a number of considerations when maintaining a presence online:
20
21   (a) Physicians should be cognizant of standards of patient privacy and confidentiality that
22   must be maintained in all environments, including online, and must refrain from posting
23   identifiable patient information online.
24
25   (b) When using the Internet for social networking, physicians should use privacy settings to
26   safeguard personal information and content to the extent possible, but should realize that
27   privacy settings are not absolute and that once on the Internet, content is likely there
28   permanently. Thus, physicians should routinely monitor their own Internet presence to
29   ensure that the personal and professional information on their own sites and, to the
30   extent possible, content posted about them by others, is accurate and appropriate.
31
32   (c) If they interact with patients on the Internet, physicians must maintain appropriate
33   boundaries of the patient-physician relationship in accordance with professional ethical
34   guidelines just, as they would in any other context.
35
36   (d) To maintain appropriate professional boundaries physicians should consider separating
37   personal and professional content online.
38
39   (e) When physicians see content posted by colleagues that appears unprofessional they have
40   a responsibility to bring that content to the attention of the individual, so that he or she
41   can remove it and/or take other appropriate actions. If the behavior significantly violates
42   professional norms and the individual does not take appropriate action to resolve the
43   situation, the physician should report the matter to appropriate authorities.
44
45   (f) Physicians must recognize that actions online and content posted may negatively affect
46   their reputations among patients and colleagues, may have consequences for their
47   medical careers (particularly for physicians-in-training and medical students), and can
48   undermine public trust in the medical profession.
49
50 (New HOD/CEJA Policy)

    Fiscal Note: Staff cost estimated at less than $500 to implement.

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