HONG KONG ACADEMY OF MEDICINE
香港醫學專科學院

Best Practice Guidelines on the
Use of Social Media by Doctors and Dentists

Hong Kong Academy of Medicine
Professionalism and Ethics Committee
Task Force on Social Media

Table of contents

Foreword

To further promote medical professionalism and ethical practice among Fellows and specialist trainees, the Hong Kong Academy of Medicine established the Professionalism and Ethics Committee (PEC) in March 2019. Six task forces were formed under the PEC to cover specific areas and develop relevant best practice guidelines where appropriate from the perspectives of professionalism and ethical clinical practice for medical and dental practitioners.

Social media has been widely used by healthcare practitioners for personal and healthcare purposes, such as health campaigns and medical education. Its use can help engage a wider community efficiently to raise public awareness about health concerns. However, there may be potential risks that users are not aware of when using such tools or platforms which could give rise to adverse effects and even complaints lodged against the users to the disciplinary bodies. In response to the increasing use of social media by healthcare practitioners, the PEC established a Task Force on Social Media and compiled these Best Practice Guidelines on the Use of Social Media by Doctors and Dentists, which aim to provide useful information and suggestions on the use of social media. Medical and dental practitioners are advised to familiarise themselves with these guidelines before they use the social media for any purpose.

The present document will be subject to regular review and update. Your input will be most valued and welcomed.

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Preface

Since the rise of social media in the 2000s, more and more people have begun using social media, including healthcare professionals and patients. The proper use of social media could help enhance professional development and networking, disseminate health-related information, and facilitate communication and peer support for various patient groups. While the virtues of the positive application of social media are indisputable, the risk of violating professional standards and the potential ethical issues are also worth discussing.

In this document "Best Practice Guidelines on the Use of Social Media by Doctors and Dentists", we hope to provide more information on the benefits of using social media and the issue that may be posed by it, and most importantly, to provide some advice and guidance to healthcare professionals on the use social media.

In addition to thanking all Task Force members for their significant contributions in the compilation of these guidelines, I would also like to thank our legal advisor, Mr. Woody Chang, for his invaluable expert advice in making these guidelines useful and practical, without being too technical.

We hope you will find the information and suggestions given in this document useful and that it will facilitate the proper and safe use of social media by medical and dental professionals.

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About this Document

The information contained within this document is for guidance only and not intended to be prescriptive. It is developed from the perspectives of professionalism and ethics, on the basis of which medical and dental practitioners should exercise their clinical judgment, with regard to all clinical and other circumstances.

This document is compiled by the Task Force on Social Media established under the Professionalism and Ethics Committee of the Hong Kong Academy of Medicine, with the following membership:

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1

Introduction

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Society at large has been affected by developments in communication technology, and medical and dental practitioners (practitioners) are not exempt from these changes. The advent of social media has enabled practitioners to reach out and interact with people over vast distances.[1] Social media appeals to practitioners as a useful platform to disseminate health-related information, engage the public, and enhance general health literacy.[2] Similar to other areas of new development, the development of guidelines that complement The Code of Professional Conduct of the Medical Council and The Code of Professional Discipline of the Dental Council ("the Codes") often lags behind practice. This lack of guidance leaves practitioners at risk of violating professional standards or the Codes when using social media. This is especially true regarding the provision of health education by practitioners via social media platforms, which may on occasion be interpreted as a practice promotion prohibited under the Codes.[3, 4]

2 Benefits of social media

2 Benefits of social media

Social media refers to web-based or mobile applications that allow users to create content of their own and exchange the content through an internet platform. It is the personalised content and the ability for readers and creators to interact and share opinions and content that make social media so attractive. Social media encompasses a wide range of technologies including but not limited to blogs and microblogs (such as Twitter), internet forums (such as doctors.net), content communities (such as YouTube, Flickr, or SlideShare), social networking sites (such as Facebook and LinkedIn), and new communication or multi-purpose platforms (such as WhatsApp, WeChat, and Signal).

Social media is now commonly used by practitioners in Hong Kong and elsewhere, mostly for personal purposes.[5] Social media has changed the way people build relationships, communicate, interact, and gather and disseminate information. Social media can enhance the role of traditional media in delivering important public health messages. Evidence-based medical information shared on social media can improve the quality of health information available to patients and the public. Social media can be utilised by practitioners to improve health care in the future by engaging people in public health and policy discussions, establishing national and international professional networks, and facilitating patients' access to information about health and services.

3

Issues posed by the use of social media

3 Issues posed by the use of social media

The use of social media for personal purposes may lead to unforeseen consequences.[6] Social media is designed for sharing information, not for the safekeeping of private or confidential information. Attempts to restrict a piece of information to a circle of friends can easily be defeated by the replication of such information outside the circle. Once a piece of information is published, authors are no longer able to control how and where it is disseminated, nor can they retract it, often with the information remaining searchable for a long time, if not indefinitely. This is because of the ease of secondary publication (sharing) on social media. In addition, metadata (data embedded within a file that includes details of the file such as the location where a photograph was taken, or the user who created it) may lead to inadvertent disclosure of confidential information. The private lives of practitioners, past or present, could be easily exposed to the eyes of the public.

What a practitioner says or does in private life carries weight, and it may be difficult for the public to differentiate between the private and professional opinions or conduct of practitioners. Society has high expectations of professional behaviour and ethical conduct of practitioners, regardless of whether the interaction is in person or through social media. Practitioners should remain vigilant while on social media to avoid, for example, doing or saying things that might damage the reputation of a patient, the practitioner, or the profession.

The difficulty of maintaining privacy in social media makes it easy for practitioners to fall prey to breaching their professional duties in these areas. Practitioners should ensure their behaviour on social media remains lawful, ethical, and consistent with professional standards, especially on matters of confidentiality.

There is a paucity of evidence as to whether the use of social media can improve patient outcomes. It is undeniable, however, that the internet and social media platforms have become an integral part of how patients and members of the public seek healthcare information. Moreover, the availability of such information increases the engagement of patients in their own care.

Because any potential user can create content and share content on social media, including non-experts, it can be difficult for readers to distinguish correct from false or misleading information. Information published by practitioners and professional organisations may be regarded as more trustworthy, and this makes it very important for practitioners to ensure the correctness of the information that they post.

4

General guidance on the use of social media

4 General guidance on the use of social media

These notes provide guidance for the general use of social media by practitioners and do not cover the practice of telemedicine.[7] There are guidelines in the Codes relating to the provision of information to the public, such as the use of practice websites. Practitioners are reminded to observe the requirements under the Codes or other relevant guidelines issued by the Medical and/or Dental Council of Hong Kong.

4.1 Understanding the social media platform

Before using a social media platform, it is advisable for a practitioner to understand the platform thoroughly.[8] In particular, the practitioner should be familiar with the nature and working principles of the platform, security and privacy settings, situations in which privacy settings could be breached, and risks associated with a security breach.[9] These considerations will allow the practitioner to evaluate the overall risks involved in using a particular social media platform.

4.2 Professionalism

The public has high expectations of the professional and ethical standards of doctors and dentists, whether the interaction is face to face, through social media, other online platforms, or by other newer means. The advent of social media has created situations where private actions or opinions of a practitioner may be exposed to the public, which could potentially be considered unprofessional. For example, photographs taken at a social function may be misinterpreted as overindulgence or endorsement of alcohol or tobacco consumption; through social media, such photographs can easily reach a much wider audience than the practitioner intended, and without their knowledge.[10] A practitioner thus should strive to maintain professionalism under all circumstances, be aware of their behaviour and actions, and carefully consider before posting content on social media.[1] This remains true of personal information intended only for private circles. A recommended rule of thumb is that any information posted on social media should not cause any professionalism, privacy, or confidentiality concerns, even if viewed by the public.[11]

As required by the Codes, information provided by a practitioner must be accurate, factual, objectively verifiable, and presented in a balanced manner; such information must not, in particular, disparage other practitioners, with the exception of fair comments.[12]

4.3 Maintaining clear boundaries

A practitioner should maintain a boundary between private and professional life. Although it is sometimes challenging to cleanly separate the two, the use of a dedicated professional social media account will assist when connecting with patients online for professional purposes.[13]

4.4 Privacy and confidentiality

It is the duty of a practitioner to respect and maintain the confidentiality of patient information

General guidance on the use of social media

as required under the Codes and the Personal Data (Privacy) Ordinance.[14] It is inappropriate for practitioners to discuss care or treatment with individual patients on social media or other platforms accessible to the public. A practitioner should never post or upload, through social media or other platforms, any patient information or images that could be used to identify a patient, even in closed private or professional circles. A practitioner must be aware that individual pieces of information that do not allow ascertainment of identity *per se*, may accumulate in such a way that the identity of a patient can be indirectly ascertained when they are pieced together. A practitioner should also be aware that pictures or other files posted on social media sites may contain metadata or other information that could expose identifiable information, thus breaching confidentiality.

4.5 Using social media for health education purposes

A practitioner who intends to use social media for health education purposes should have a clear understanding of the intended audience and be aware there is often just a fine line between health education and practice promotion. Even when the practitioner is not using their real name or has maintained anonymity, it may still be possible for them to be identified. Generally, if a practitioner identifies themself as a doctor or a dentist and conducts regular health education online, it would be preferable for the practitioner to also identify themself by name so that the public, and other practitioners, can establish the trustworthiness of the information provided.[15, 16]

It would also be desirable for the practitioner to separate health education information on social media from practice information and other general information and links. The practitioner should clearly state the terms of use of any health education information and declare any actual or potential conflicts of interest.

4.6 Law and professional codes of practice

Although this guideline provides some direction for the safe and appropriate use of social media, practitioners should also know and understand the relevant legislation and follow the current social media policy of their own healthcare organisation, the Code of Professional Conduct of the Medical Council of Hong Kong or the Code of Professional Discipline of the Dental Council of Hong Kong, and other practice guidelines promulgated by appropriate professional bodies from time to time.[1,9,15,16]

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