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Ethical Guidelines for the Use of Social Media in Healthcare



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ABSTRACT

Social media is prevalent and increasing in usage in healthcare. Whilst guidelines have been developed to cover the issues concerning this topic, few have been based on an ethical framework. The purpose of this work was to undertake a review of the literature pertaining to social media use in health care and physiotherapy in particular. The results of the review identified five key themes, these were: privacy/confidentiality breaches; student use and the need for student guidance; the patient therapist relationship and boundary blurring; integrity and reputation of the profession; and a lack of institutional guidelines. Cases from the New Zealand Health Practitioners Disciplinary Tribunal and Health and Disability Commissioner relevant to the topic were used to explore the themes identified. As a result of the review it is recommended that these cases be used as educational tools in ethical decision-making. The findings of this review recommend the implementation of American Medical Association (AMA) guideline into New Zealand practice. However, it would need to be contextualised to ensure relevant local ethical, cultural and legal obligations are covered. Before professional bodies establish their own guidelines, it would be useful to survey health practitioners as to their current views, attitudes and awareness of social media use in a health care setting.

Key words: Social media, ethical guidelines, ethical boundaries

INTRODUCTION

The use of social media and text messaging is widespread throughout modern society and healthcare. Social media is defined as "forms of electronic communication through which users create online communities to share information, ideas, personal messages, and other content" (Merriam Webster 2013). Examples of social media include blogs, Twitter, LinkedIn, Wikipedia, YouTube, podcasts, online forums and Facebook (Kuhns 2012). Texting or text messaging is defined as an exchange of brief written text messages between mobile phones or portable devices over a network (Federation of State Medical Boards 2012). In the context of health and health care delivery, the use of social media and texting raises important and challenging ethical issues, particularly in relation to maintaining professional boundaries.

There are many advantages and disadvantages associated with these forms of communication. The benefits for health professionals and patients using social media are numerous. Social media and texting can be an opportunity for health care professionals to provide relevant, up-to-date information for the patient and health care professional alike (Harrison 2012, Knudson 2012). The American Medical Association (AMA) policy reports that social networking can enhance camaraderie between health care professionals, provide physicians with the opportunity to have a professional presence online, as well as presenting an unbeatable opportunity to "widely disseminate public health messages" (AMA 2012 p 6). Further to this, utilisation of social media improves public relations (Cain 2011).

It is widely used as a method of boosting public profile and identity. Over 800 hospitals in the United States of America are identifiable on social media websites (Cain 2011). Bemis-Dougherty (2010) believes social networking can improve marketing, further education in a clinical interest, enhance communication between health professionals and patients alike. Texting in particular, has been used to increase patient adherence by providing appointment and exercise reminders (Krishna et al 2009). Fifteen per cent of social network users obtained health information from social networking sites in 2012 (Kuhns 2012), illustrating a growing audience that health professionals online can reach.

Unfortunately not all of the effects of social media are so positive. Due to the wide online audience and the relative permanence of anything posted online, errors in judgement can occur without appropriate guidelines (Jones 2012). This issue is illustrated in the New Zealand Health Practitioner Disciplinary Tribunal (NZHPDT) case 373Phys10/158P. This complex case included inappropriate text messaging of a sexual nature from a physiotherapist to a patient. Issues associated with text messaging use were also seen in the communication between a midwife and a pregnant mother which led to the death of a baby (Story M 2012 August 16). During the inquest into the death of the infant the coroner reported text messaging to be an "inappropriate way" for a midwife to conduct an assessment. Interestingly, the father of the baby who died commented on the use of texting saying "we didn't think it was inadequate at the time – it's the world we live in" (Story M 2012 August 16).

The father's comment sums up the predicament health professionals have today. Social media and texting are very much a part of internet enabled and mobile communities. It is so well integrated into society that over one billion people have a Facebook account (The Guardian 2012). Health professional's use of social media was not necessarily covered by professions' respective ethical guidelines as often these were developed before the use of texting and social media use became so prevalent. Consequently, many incidents have breached ethical principles and even resulted in academic dismissal, termination of employment and deregistration from professional boards (Cain 2008, Essary 2011, Farnan et al 2008, Farnan et al 2009, Greysen et al 2012, Griffith 2012, Knudson 2012, Limb 2010, Mansfield et al 2011, National Council of State Boards of Nursing 2011, Patterson 2012, Smith 2012). As a result, guidelines have rapidly been created to ensure safety for health professionals and the public alike. Development of clear advice for health professionals has struggled to keep pace with the rapid advancement of technology and many appear to have been established without fully considering and applying ethical principles. The creation and implementation of robust guidelines are crucial in maintaining patient privacy, integrity of the profession and appropriate ethical boundaries in the patient-therapist relationship (Frankish et al 2012).

Whilst ethical implications of inappropriate social media use have been reported in the literature (Draper 2012, Frankish et al 2012, Lifchez et al 2012, Mansfield et al 2011, Shore et al 2011, Thompson et al 2011), none have been analysed thoroughly in healthcare. The purpose of this paper was to undertake a review of the literature investigating the application and use of social media, guideline developments, and analysing the key ethical issues identified by this review. The value of using the New Zealand Health and Disability Commissioner (NZHDC) and NZHPDT reports and decisions as tools to aid ethically-reasoned practice will also be discussed. This discussion will be of value when developing future guidelines and a questionnaire to gather views from health professionals about social media use.

LITERATURE REVIEW

A search was undertaken to identify literature relating to social media and texting, and its use in healthcare, including guidelines, ethical issues and boundaries. Electronic databases including Scopus, Academic Research Library (Proquest), Academic Search Premier, Biomedical Reference Collection, BasicCINAHL Plus with Full Text, Health Business Elite, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, Psychology and Behavioural Sciences Collection, SPORTDiscus with Full Text and Dentistry and Oral Sciences Source were searched.

The search included English language articles from peer reviewed journals published in the last five years using the following key words and phrases, "social media", ethic*, physiotherap*, health*, bound*, guideline* and "social media: friend and foe". Reference lists from included articles were also searched. The Physiotherapy New Zealand (PNZ), New Zealand Medical Association (NZMA), New Zealand Association of Occupational Therapists (NZAOT), New Zealand Nurses Organisation (NZNO) and NZ Psychological Society websites in particular, were searched for guidelines or advice to health professionals pertinent to social media using the key words

"social media". For inclusion in the review, articles needed to meet the criteria of discussing social media (including text messaging), ethical principles, boundaries or guidelines. In addition, the NZHPDT and the NZHDC websites were searched for previous cases that related to the issue of social media.

RESULTS

Before the removal of duplicates, 472 articles were found. These were then screened by reading the title and abstract and 58 included in the review (see Table 1). Sixteen articles were found to have guidelines or rules and seven websites had policies from governing professional organisations. The included papers and policies were qualitatively collated into major themes as suggested by Crabtree and Miller (1992). This involved reading the papers and policies and identifying the overall key messages and then further collating these into major themes. Five key themes were identified. These were:

1. Privacy/confidentiality breaches
2. Student use and the need for student guidance
3. The patient therapist relationship and boundary blurring
4. Integrity and reputation of the profession
5. Lack of institutional and professional body guidelines.

Two relevant cases were identified from the search of the NZHPDT and the NZHDC websites. Through New Zealand media sources a third case was identified but is yet to be heard by the NZHPDT.

Thematic Analysis

Below is a brief description of each of the major themes in order of prevalence in the literature.

1. Privacy and confidentiality breaches

Of the five themes uncovered, privacy and confidentiality breaches were the most rigorously discussed in the literature (Aylott 2011, Bemis-Dougherty 2010, Brody and Kipe 2012, Cain 2011, Draper 2012, Gorrindo and Groves 2011, Hader and Brown 2010, Jones 2012, Knudson 2012, Landman et al 2010, Lee and Bacon 2010, MacDonald et al 2010, Mansfield et al 2011, McCartney 2012, Miller 2011 Mostaghimi and Crotty 2011, Osman et al 2012, Patterson 2012, Smith 2012, Thompson et al 2011, Wiener et al 2012). Included in the discussion were concerns about health professionals protecting their own privacy as well as the privacy concerns of the patient. In an online questionnaire, Ginory et al (2012) surveyed psychiatrists about social media use. Those people without a Facebook profile, did not want one because they were concerned that patients could look them up and attempt to establish online relationships and view personal information by 'friending' them. They saw this as having a potential effect on the therapeutic relationship if they declined a patient's 'friend' request; and also may leave them open to the possibility of cyber-stalking.

To maintain patient privacy and confidentiality, care must be taken with any online postings. An article in the Journal of Practical Nursing (National Council of State Boards of Nursing 2011) included an example of a severe privacy and confidentiality breach. It involved a nursing student taking the photo of a young paediatric patient when his mother was not present, and then, without permission, posting it on Facebook.

Table 1: Study designs and key findings

| Author / Date | Study Design | Key findings / Conclusions |
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| Aylott (2011) | Commentary | This article aims to inform nurses of the public accessibility to professionally inappropriate online behaviour and activities. It asks nurses to carefully consider the risks posed by online social media with a focus on boundary crossing in an e-society. Forethought is required to ensure that private information stays private and that the nature of the professional relationship between nurse and patient continues to be respected. |
| Barker et al (2012) | Cross sectional survey | Conclusion: Residency programmes should have a written policy related to social media use. Residency programme directors should be encouraged to become familiar with the professionalism issues related to social media use in order to serve as adequate resident mentors within this new and problematic aspect of medical ethics and professionalism. |
| Bemis-Dougherty (2010) | Commentary | Social networking offers many benefits for physiotherapists and physiotherapy assistants, but it is important to avoid the pitfalls. Emphasis is on the permanence of on-line entries, confidentiality issues, dangers of interacting with patients online. Seven steps are recommended for safer social networking. |
| Bosslet et al (2011) | Random, stratified mail survey | Conclusion: Personal social network use among physicians and physicians-in-training mirrors that of the general population. Patient-doctor interactions take place, and are more typically initiated by patients than by physicians or physicians-in-training. A majority of respondents view these online interactions as ethically problematic. |
| Brody and Kipe (2012) | Commentary | Social networking sites that provide secure and private access (such as the APA page on LinkedIn) can also promote professional collaboration. As a psychiatrist must not do anything to compromise a patient's right to confidential communication, social networking involving patients does not have much utility in clinical practice. |
| Cain (2008) | Literature review | The foremost criticisms of online social networking are that students may open themselves to public scrutiny of their online personas and risk physical safety by revealing excessive personal information. This review outlines issues of online social networking in higher education by drawing on articles in both the lay press and academic publications. New points for pharmacy educators to consider include the possible emergence of an 'e-professionalism' concept; legal and ethical implications of using online postings in admission, discipline, and student safety decisions, how online personas may blend into professional life, and the responsibility for educating students about the risks of online social networking. |
| Cain (2011) | Commentary | Risks of social media, benefits, why education is needed for staff. |
| Chretien et al (2011) | Commentary | Explores whether it is appropriate for students and patients to 'friend' on Facebook. |
| Draper (2012) | Commentary | This commentary is written for oral healthcare professionals on the dangers of social media and includes recommendations for practice. |
| Essary (2011) | Commentary | For students in medical education who struggle to distinguish between personal and professional boundaries, social media provides yet another challenge. Incidents of unprofessional conduct and academic dismissal have been reported. Recommends administration, faculty, and students would benefit from clear policies and procedures, case scenarios of social media violations, and suggestions for using social media wisely. |
| Farnan et al (2008) | Case vignette and subsequent discussion | Representation, the absence of established policies and legal precedents, and the perception of the lay public exemplify some of the issues that arise when considering the digital images used by trainees. While some of these issues affect higher education generally, medical schools are faced with additional challenges to ensure that graduates exemplify the ideals of medical professionalism. A case vignette is presented with subsequent discussion to highlight the complexities of ensuring medical professionalism in the digital age. |
| Farnan et al (2009) | Commentary | Professionalism, appropriateness for public consumption, and individual or institutional representation in digital media content are just some of the salient issues that arise when considering the ramifications of trainees' digital behaviour in the absence of established policies or education on risk. To address possible issues related to professionalism in digital media, the authors recommend potential solutions, including exploring faculty familiarity with digital media and policy development, educating students on the potential risks of misuse, and modelling professionalism in this new digital age. |

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| Farnan and Arora (2011) | Commentary | The rising use of social media, for both clinical and nonclinical purposes, obviates the need for policy to more explicitly guide physicians, and their behaviours, in this new digital environment. The current report from the AMA Council on Ethical and Judicial Affairs (CEJA) addresses a number of these issues, specifically the nature of interaction and representation between physicians and patients. However, given the nature of the focus of this report - the nonclinical use of the internet and social media, there are a number of issues that deserve attention. In particular, encouraging education and addressing how to approach relationships among medical professionals of varying levels of training. |
| Frankish et al (2012) | Literature review | This paper proposes ethical guidelines for psychiatrists and psychiatry trainees when interacting with social media. |
| Gabbard et al (2011) | Literature review | The era of the Internet presents new dilemmas in educating psychiatrists about professional boundaries. The objective of this overview was to clarify those dilemmas and offer recommendations for dealing with them. Conclusions: The expansion of the Internet has redefined traditional areas of privacy and anonymity in the clinical setting. Guidelines are proposed to manage the alteration of professional boundaries, as well as issues of professionalism and clinical work that have arisen from the complexities of cyberspace. The authors discuss implications for residency training. |
| Ginory et al (2012) | Voluntary survey | Voluntary survey of psychiatrists. While Facebook can be used to foster camaraderie, it can also create difficulties in the doctor-patient relationship, especially when boundaries are crossed. This study explored the prevalence of such boundary crossings and offers recommendations for training. |
| Gorrindo and Groves (2011) | Commentary | The AMA's social media guidelines provide physicians with some basic rules for maintaining professional boundaries when engaging in online activities. Left unanswered are questions regarding how these guidelines are to be implemented by physicians of different generations. The issues of privacy and technological skill through the eyes of digital natives and digital immigrants, the challenges associated with medical e-professionalism are examined and clarified. |
| Greysen et al (2010) | Anonymous electronic survey to medical student deans | Results: First, the rise of social media has brought several new hazards for medical professionalism. Applying principles for medical professionalism to the online environment is challenging in certain contexts. Second, physicians may not consider the potential impact of their online content on their patients and the public. Third, a momentary lapse in judgment by an individual physician to create unprofessional content online can reflect poorly on the entire profession. Institutions are advised to take a proactive approach to engage users of social media in setting consensus-based standards for 'online professionalism'. |
| Greysen et al (2012) | National survey of state medical boards | While concerns about online professionalism have prompted the creation of guidelines for social media use from professional societies such as the American Medical Association, there is no information about oversight by licensing authorities for physician uses of the Internet or disciplinary consequences for violations of online professionalism. Sixty-eight executive directors of all medical and osteopathic boards were surveyed in the United States and its territories about violations of online professionalism reported to them and subsequent actions taken. |
| Griffith (2012) | Commentary | Social networking sites are a popular form of online communication used by an estimated 350,000 registered nurses. The use of such sites by nurses must be done with caution because their duty of confidence extends to their online presence and inappropriate remarks or pictures posted online can call their fitness to practise into question. This article reviews the scope of a nurse's duty of confidence and discusses the requirements for the acceptable use of social networks by health professionals. |
| Guseh et al (2009) | Commentary | Social networking forums present clinicians with new ethical and professional challenges. Particularly among a younger generation of physicians and patients, the use of online social networking forums has become widespread. In this commentary, ethical challenges facing the patient-doctor relationship are discussed as a result of the growing use of online social networking forums. Finally, guidelines are presented to assist clinicians in using these social forums responsibly and professionally. |
| Hader and Brown (2010) | Commentary | Healthcare providers using social media must remain mindful of professional boundaries and patients' privacy rights. Facebook and other online postings must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), applicable facility policy, state law, and AANA's Code of Ethics. |
| Harrison (2012) | Commentary | Discusses benefits and risks of up-skilling gastrointestinal nurses via social media. |

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| Hayes (2012) | Commentary | The article offers tips on how can general practitioners using social media protect their online reputation. Among the recommendations include keeping professional boundaries, checking one's privacy settings, and being professional when commenting about patients of colleagues. Moreover, it notes the significance of the Good Medical Practice (GMC) guidance which advises doctors to keep their privacy settings under review. |
| Jannsen (2009) | Commentary | Column discussing recommendations for behaviour to maintain e-professionalism. No reference to literature. |
| Jent et al (2011) | Survey of paediatric medical faculty and trainees' responses to vignettes | Purpose: The study examined the prevalence with which healthcare providers use a social media site (SMS) account (e.g. Facebook), the extent to which they use SMSs in clinical practice and their decision-making process after accessing patient information from an SMS. Conclusions: Trainees are conducting Internet/SMS searches of patients. Faculty and trainees differ in how they would respond to concerning profile information. The need for specific guidelines regarding the role of SMSs in clinical practice, practice policy, and training implications are discussed. |
| Jones (2012) | Commentary | Examines some of the significant issues surrounding e-professionalism - the emerging term used to describe the attitudes and behaviours used in a professional capacity within digital media - and in particular the use of social networking sites. Highlights some of the most recent examples of inappropriate use of social media by student midwives and nurses, and identifies three key findings: a lack of understanding about the importance of privacy settings; a generational gap between attitudes towards social media, and a lack of institutional policies on appropriate use of social media. |
| Kientz and Kupperschmidt (2011) | Commentary | Students increased use of social media tools poses many ethical and professional dilemmas for individuals and for the profession. |
| Knudson (2012) | Commentary | It explores the benefit of online education for patients. It identifies risks including lapses in privacy and confidentiality. |
| Krishna et al (2009) | Literature review | Twenty-five studies were found that evaluated cell phone voice and text messaging interventions; 20 randomized controlled trials and 5 controlled studies. Nineteen studies assessed outcomes of care and six assessed processes of care. Selected studies included 38,060 participants with 10,374 adults and 27,686 children. Text messaging was used for diabetes and smoking cessation support as well as maintaining regular physical activity. Significant improvements were noted in compliance and self-efficacy. |
| Kuhns (2012) | Commentary | This article addresses some of the benefits and pitfalls of social media, as well as introducing the reader to social media tools beyond Facebook and Twitter. |
| Lagu and Greysen (2011) | Commentary | In this commentary, issues are highlighted by the report (AMA Council on Ethical and Judicial Affairs (CEJA), Professionalism in the Use of Social Media). Some specific strategies are proposed to promote the implementation of the committee's recommendations by medical schools, residency programmes, and practicing physicians. |
| Landman et al (2010) | Social behaviour exempt study | Conclusions: Given the widespread use of social media websites in the studied surgical community and in society as a whole, every effort should be made to guard against professional truancy. A set of guidelines are provided, consistent with the Accreditation Council for Graduate Medical Education and the American College of Surgeons professionalism mandates in regard to usage of these websites. By acknowledging this need and by following these guidelines, surgeons will continue to define and uphold ethical boundaries and thus demonstrate a commitment to patient privacy and the highest levels of professionalism. |
| Lee and Bacon (2010) | Commentary | Use of social networking sites has grown rapidly in recent years but students and health professionals should think carefully about their employer before posting about their day at work and about their personal life. In this article issues of confidentiality and professional behaviour are explored, including the possible consequences of posting to a potential readership of 400 million people. |
| Lee and Ho (2011) | Survey on medical professionalism | Increased social networking correlated with decreased scores on the medical professionalism scale as observed in students. |
| Leiker (2011) | Commentary | Offers 'tips' for social media use for health professionals. |
| Lifchez et al (2012) | Review | The laws that govern online communication are reviewed as they pertain to physician presence in this forum and to discuss appropriate ethical and professional behaviour in this setting. |

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| Limb (2010) | Commentary | Examines the dangers of social media for physiotherapists, examples of breaches of codes of conduct in other professions and recommendations for online behaviour. |
| MacDonald et al (2010) | Cross sectional survey | A survey of the use of Facebook by recent medical graduates, accessing material potentially available to a wider public. Survey subjects were 338 graduate doctors from the University of Otago in 2006 and 2007 and registered with the Medical Council of New Zealand. Main outcome measures were Facebook membership, utilisation of privacy options, and the nature and extent of the material revealed. |
| Mansfield et al (2011) | Commentary | Commentary explored the common and growing use of social media by doctors and medical students. Inappropriate use of social media can result in harm to patients and the profession, including breaches of confidentiality, defamation of colleagues or employers, and violation of doctor–patient boundaries. The professional integrity of doctors and medical students can also be damaged through problematic interprofessional online relationships, and unintended exposure of personal information to the public, employers or universities. Doctors need to exercise extreme care in their use of social media to ensure they maintain professional standards. |
| McCarthy (2011) | Commentary | This commentary explores the benefits of social media for midwives as an efficient way to communicate. It also discusses how content online is not secure or private and explores problems posed when women they are caring for send ‘friend’ requests on Facebook. |
| McCartney (2012) | Commentary | An overview is presented of the possible impact of the growing popularity of social media on the condition of medical personnel in United Kingdom. It notes that while internet facilitates quick and easy way to communicate, the threats on information security is also critical. It claims that doctors, like other professionals, are also entitled to express their opinions online, yet they must be overly cautious. The guidance issued from the General Medical Council is also emphasized. |
| Miller (2011) | Commentary | An introduction to social media is provided together with a discussion of some of the issues nurses and other healthcare providers or entities will face as they navigate the ever-growing world of cyberspace. |
| Mossman and Farrell (2012) | Commentary | Commentary provides a discussion on what is and is not appropriate including ‘friending’ patients on Facebook and supervisors. Also discusses e-professionalism and presents guidelines. |
| Mostaghimi and Crotty (2011) | Commentary | The increased use of social media by physicians, combined with the ease of finding information online, is discussed relative to the blurring of personal and work identities, posing new considerations for physician professionalism in the information age. A professional approach is recommended as imperative in this digital age in order to maintain confidentiality, honesty, and trust in the medical profession. |
| National Council of State Boards of Nursing (2011) | Commentary with case scenarios | Examines issues around confidentiality and privacy, and consequences for inappropriate use. Recommendations are provided as to how to avoid problems. Case scenarios are provided. |
| Osman et al (2012) | Cross sectional survey | Aims: To assess Facebook use, publicly accessible material and awareness of privacy guidelines and online professionalism by students, foundation year doctors and senior staff grades. Conclusions: Professionals lack awareness of their professional vulnerability online. They are not careful in restricting access to their posted information and are not mindful that the principles of professionalism apply to social media sites. |
| Patterson (2012) | Commentary and case scenario analysis | An example of disciplinary action from posting photo of patient on Facebook is provided and risks of social media to privacy and reputation are discussed. An example of a social media policy is included. |
| Peluchette et al (2012) | Survey of nurse anaesthetists Facebook use | The use of social networking (Facebook) among nurse anaesthetists is surveyed. In particular, potential anaesthetists’ concerns about their supervisor, patients, or physicians seeing their Facebook profile were examined. Also explored where their attitudes related to maintaining professional boundaries with regard to the initiation or receipt of Facebook ‘friend’ requests from their supervisor, patients, or physicians they work with. A vast majority indicated they would accept a ‘friend’ request from their supervisor and a physician but not a patient. Surprisingly, about 40% had initiated a ‘friend’ request to their supervisor or physician they work with. |

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| Quist (2011) | Commentary | Boundaries of public and private, personal and professional, friendship, and social relations have been challenged and redefined by social media. The following themes are considered: how these developments may affect professionalism, the physician-patient relationship, and cultural experiences. |
| Rutter and Duncan (2011) | Commentary | The importance of individual awareness of the risks associated with using digital media is discussed. The role of pharmacy organisations to provide clear leadership to help pharmacists know what is and is not acceptable is highlighted. |
| Shore et al (2011) | Report on AMA guidelines | This report discusses the ethical implications of physicians' nonclinical use of the internet, including the use of social networking sites, blogs, and other means to post content online. It does not address the clinical use of the internet. |
| Smith (2012) | Commentary | Whilst Facebook provides millions of user's unprecedented social networking access, poor nursing practice is being exposed by those few who inappropriately post material. Irrespective of role or seniority in health care, postings can, and have, been used in court where close scrutiny of duty of care, insubordination and breach of privacy have been uncovered. Staff vigilance regarding social media accounts and those professionals working with us should be a priority when using this transparent medium. |
| St. Laurent-Gagnon et al (2012) | Commentary | The impact of social networking sites compared with e-mail on the traditional doctor-patient relationship is examined. Characteristics specific to these online platforms have major implications for professional relationships, including the relative permanence of postings and the 'online disinhibition effect'. Ethical considerations and guidance are recommended to paediatricians and others concerning the prudent professional and personal use of social networking media. |
| Thompson et al (2008) | Evaluation of public Facebook profiles of medical students | The accessibility and content of public Facebook profiles are evaluated with the significant content found to subjectively inappropriate. Competencies in professionalism are recommended including instruction on the intersection of personal and professional identities. |
| Thompson et al (2011) | Two cross sectional analyses | This study documents and describes online portrayals of potential patient privacy violations in the Facebook profiles of medical students and residents. Posting of photographs was found to occur when medical students and residents were on aid trips. |
| Trossman (2011) | Commentary | Explores the need for guidelines, and proposes some draft principles for social media use. |
| Wiener et al (2012) | Commentary and case study analysis | The wide reach and immediacy of social media to facilitate the dissemination of knowledge in advocacy and cancer education is acknowledged. However the usefulness of social media in personal relationships between patients and providers is still unclear. Although professional guidelines regarding e-mail communication is noted as relevant to social media, the inherent openness in social networks creates potential boundary and privacy issues in the provider-patient context. |

The patient's room number was observable in the picture background and the student's profile identified the hospital at which she was on placement, thus allowing for identification of the patient and resulting in a severe privacy and confidentiality breach. Due to the open nature and relative permanence of anything posted on the internet, caution is paramount (Griffith 2012). This includes posting/sharing photographs and videos that could compromise a patient's confidentiality (Patterson 2012, Wiener et al 2012). A number of papers recommend knowing and utilising the privacy settings on a website to ensure one can control who sees posted information (Aylott 2011, Griffith 2012, Mansfield et al 2011). This is a high risk area for health professionals and breaches in patient confidentiality have resulted in disciplinary action, termination of employment and deregistration from professional boards (Cain 2008, Essary 2011, Farnan et al 2008, Farnan et al 2009, Greysen et al 2012, Griffith 2012, Knudson 2012, Limb 2010, Mansfield et al 2011, National Council of State Boards of Nursing 2011, Patterson 2012, Smith 2012).

2. Student use and the need for student guidance

The literature discussed the prevalence of social media use among students. Ninety-five per cent of Americans aged 18 to 33 have access to the internet and 83% regularly use social networking sites (St-Laurent-Gagnon et al 2012). Consequently, due to the younger average age of students compared to healthcare professionals, students tend to use social media more than their professional superiors (Farnan et al 2008, Jent et al 2011, Thompson et al 2008). Social media provides another challenge for students when it comes to distinguishing between personal and professional boundaries (Cain 2011, Essary 2011), with multiple cases of students acting unethically found in the literature (Essary 2011, Jones 2012, Patterson 2012). Consequently social media education to students is paramount to ensure students maintain the professional standards their profession demands (Farnan et al 2009, Lagu and Greysen 2011, St. Laurent-Gagnon et al 2012).

3. Patient/therapist relationship and boundary blurring

The need to maintain appropriate boundaries in the patient-therapist relationship is widely discussed in the literature (Aylott 2011, Bosslet et al 2011, Chretien et al 2011, Farnan and Arora 2011, Ginory et al 2012, Guseh et al 2009, Mansfield et al 2011, McCarthy 2011, Peluchette et al 2012, Quist 2011, St. Laurent-Gagnon et al 2012, Wiener et al 2012). The parameters of these relationships are upheld by a blend of international protocol and national laws as well as a code of conduct specific to each profession (Cooper and Jenkins 2008). Social media challenges the conventional boundaries of private and public, professional and personal relationships and consequently can affect the physician-patient relationship (Quist 2011). Inappropriate use of social media can blur these boundaries and potentially lead to a violation of doctor-patient boundaries (Ginory et al 2012, Mansfield et al 2011).

A situation that challenges these boundaries is 'friend' requests on Facebook from patients or members of patients' families (Chretien et al 2011, McCarthy 2011, Peluchette et al 2012). In a random, stratified mail survey Bosslet et al (2011) found that 9% of respondents (including medical students, resident physicians and practising physicians) had received 'friend' requests from patients or members of patients' families on

Facebook. Perhaps of more concern is that 4% of respondents had sent 'friend' requests to patients or patients' family members. This appears to be a breach of the recommendations presented in the majority of guidelines (summarised in Appendix B). These data, however, conflict with an online survey by Ginory et al (2012), where 10% of respondents received 'friend' requests from patients; however, none of these requests were approved.

Ginory et al (2012) also found that 18.7% of respondents had searched social networking sites for a patient's profile. Reasons included: following progress, checking patients who were not attending consultations, curiosity and gaining collateral information. Of those who had not looked up patients, 35% believed it to be unethical and unnecessarily invasive and could be considered to be crossing a boundary. The large variation in opinion shows how important and necessary guidelines are for this controversial topic. Aylott (2011) recommends considerable forethought, as to intention and rationale, before any action on a social media site to ensure professional relationships are respected.

Boundary blurring and the effect on the patient therapist relationship are intricately linked. Professional boundaries have been described as "the parameters that dictate the expected behaviour between a health professional and the patient within that relationship" (Cooper and Jenkins 2008, p 275). Ginory et al (2012 p 41) define a boundary violation as "a deviation from the standard of care that is exploitative and harmful to the patient". This can include revealing information that leads to identification of a patient, entering into a sexual relationship, or being associated with online pages that can be interpreted as inappropriate. For example, a physician who has low or no privacy settings on a Facebook page leaves him or herself open to boundary blurring as the patient has access to an array of personal information (Mansfield et al 2011). Health professionals need to realize and acknowledge, that due to the online intersection of professional and personal lives, extra caution in online behaviour is paramount (Farnan 2009).

St-Laurent-Gagnon et al (2012) describe how professional boundaries can become blurred if the health professional become friends with their patients on social media sites. For example, a patient may post information that he or she have withheld from the health professional due to its sensitive nature. Alternatively, the traditional distance in a patient-therapist relationship may be bridged to the point where the patient may discover things about the therapist they deem inappropriate for a health care professional. St-Laurent-Gagnon et al (2012) describe this as online dis-inhibition effect, defined as the tendency of increased self-disclosure seen online. This lack on inhibition on both sides of the relationship only further blurs the normal professional boundaries.

4. Integrity of profession/reputation (both personal and for governing body)

Online professionalism is important in order to safeguard both careers and reputations (Cain 2011, Kientz and Kupperschmidt 2011, Rutter and Duncan 2011). Online comments are permanent and can be easily misinterpreted (Cain 2011). A brief lapse in judgement from a health professional can negatively reflect on the entire profession (Greysen et al 2010, Mansfield et al 2011). Farnan et al (2009) reported that a family

member of a patient requested a different resident physician due to questionable behaviour viewed on their personal "My Space" page. Smith (2012) states that it is important for health professionals to be constantly vigilant with everything posted online to ensure their personal and professional reputations are maintained.

In a survey of 51 year-five and 52 year-six medical students, Lee and Ho (2011) looked at opinions on ethics, integrity, patient-centred communication, humanism and accountability in the context of social media use. Medical students with higher levels of social media use were associated with decreased professionalism scores. Lee and Ho (2011) acknowledged that the scale used was a proxy scale and may not have indicated actual behaviour; however, future research into the relationship of health care professionalism and social networking websites is recommended.

5. Lack of institutional and professional body guidelines

Whilst some organisations have been effective in creating and implementing guidelines, many remain without policy, leaving the institution and working healthcare professionals unaware of and unable to navigate the risks surrounding them in a social media world (Barker et al 2012, Farnan et al 2008, Jones 2012, Trossman 2011). Guidelines are crucial in helping health practitioners maintain professional standards (Barker et al 2012). Professional health bodies are struggling to establish appropriate guidelines and provide education for health professionals due to the recent surge in social media use (Barker et al 2012). Consequently, many health professionals are contacting professional bodies in order to find answers for appropriate use and online behaviour (Barker et al 2012, Trossman, 2011).

In a situation described by Farnan et al (2008), students at an American medical school created a video that was a parody of their anatomy lab experience. It was shown at the medical school's annual talent show which was attended by a lot of the staff. The video was very well received. There was interest from the students in posting the video on YouTube. Verbal consent was obtained from the director of the video, all those who participated in the video and a member of the medical school's administration. A faculty member who specialised in medical ethics also viewed the video and made adaptations so that he believed it was appropriate to be posted online. Following the posting of the video on YouTube, a senior medical student was concerned that the students showed "insensitive behaviour with respect to the treatment of those who had donated their bodies to science", even though no cadaveric content was displayed in the video (Farnan et al 2012 p 520). As a result of the complaint, the video was immediately removed from YouTube despite students' protest at free speech infringements. Following the complaint, discussion was prompted on how to proceed, given that there was no current policy on how to handle the situation. There had been a lot of positive comments online from potential future students; however, some alumni and senior staff responded with shock and disgust. The school is currently working on creating guidelines relating to students' social media use in order to provide clear guidance and a benchmark for students to maintain online professionalism.

Professional body guidelines

The professional body guidelines found were from the health disciplines of medicine, nursing, midwifery, pharmacy,

psychiatry and physiotherapy; however, the rigour of these recommendations and guidelines varied considerably. Some had a very pragmatic approach, simply listing things deemed appropriate and inappropriate with little or no reference to how the standards were established (Australian Medical Association 2010, Bemis-Dougherty 2010, Federation of State Medical Boards 2012, Guseh et al 2009, Jannsen 2009, Landman et al 2010, Leiker 2011, Limb 2010, National Council of State Boards of Nursing 2011, New Zealand Nurses Organisation 2012). Griffith's (2012) and Hayes' (2012) recommendations were established with reference to the Nursing and Midwifery Council (2012) and General Medical Council (2011) guidelines respectively. The Australasian Medical Association Guideline produced in collaboration with the New Zealand Medical Association and the Australian and New Zealand Medical Students Associations (2010) provides examples and advice; however, its recommendations were not established from an analysis of key ethical principles. This document has also been used as the reference for the recommendations on the use of social media made in section 10.2 of the Physiotherapy Board of New Zealand's code of ethics and professional conduct with commentary (Physiotherapy Board of New Zealand 2011). The guidelines created by the Federation of State Medical Boards (2012) were created by the Special Panel on Ethics and Professionalism. The commentary by Mossman and Farrell (2012) on the use of Facebook and the social media guidelines for physicians developed by the Massachusetts Medical Society (2011) contained no reference to ethical guidelines; however, both documents were based on reviews of the current literature. Although some guidelines found referred to the application of ethical principles, it is not clearly shown or described how they have been implemented (Gabbard et al 2011, General Medical Council 2011, Nursing and Midwifery Council 2012). The draft principles presented by Trossman (2011) consisted of guidelines developed by American Nursing Association (ANA) staff with assistance from the Congress of Nursing Practice and Economics work group and the ANA ethical advisory board. The guidelines developed by Frankish et al (2012) were established after a literature review, a round-table interdisciplinary discussion and the use of "ethically informed reasoning" (p 181).

The American Medical Association (AMA) (2012) policy was the most widely referenced source in the literature review (Barker et al 2012, Cain 2011, Ginory et al 2012, Leiker 2011, Massachusetts Medical Society 2011, Patterson 2012). The initial guidelines, released in 2010, explored ethical implications of the nonclinical-physician use of blogs, social networking sites and other methods to post information online (AMA 2010). The guidelines were established by the AMA Council on Ethical and Judicial affairs. The council consisted of "seven practicing [sic] physicians, a resident or fellow and a medical student" (AMA 2013). Prior to publication and becoming an official AMA policy it was also deliberated on and approved by the AMA House of Delegates (AMA 2013). The AMA guidelines have been created and put through a rigorous process in their development. Furthermore they have comprehensively covered the key issues identified in the literature, addressing all five themes listed above. The AMA policy can be found in Appendix A. In Appendix B, the key messages of the guidelines policies have been summarised. As expected there is a strong link between the themes identified in the current review and those addressed in the guidelines.

Case studies of inappropriate social media and text messaging use

The decisions made in NZHPDT and NZHDC cases can be a useful tool in guiding appropriate ethical practice. In particular, the expert opinions involved in the decision-making process provide valuable guidance to all health professionals. For example, in a case involving the suicide of an 18-year-old man, a counsellor provided medical advice to the young man via text messaging (Health and Disability Commissioner 2010). It was found that the counsellor breached right 4 (1) of the code by providing advice concerning medication via text messaging. Right 4 (1) of the code states "every consumer has the right to have services provided with reasonable care and skill" (Health and Disability Commissioner 2009). Text messaging was not considered to be an appropriate form of communication to deal with this situation and the situation highlighted "the dangers of providing advice via text message" (Health and Disability Commissioner 2010). In a separate case a physiotherapist was found guilty of sending sexually suggestive text messages to a patient (HPDT 373Phys10/158P). As a consequence of the ruling by the NZHPDT the therapist was deregistered by the New Zealand Physiotherapy Board. Zilber (n.d.) defines a boundary violation as any behaviour that goes beyond the boundaries of a professional relationship that is harmful to the patient. This case represents how text messaging is not exempt from normal patient rights and maintenance of patient rights; they have real life consequences if not adhered to. The cases described above can be found on the NZHPDT website (www.hpdt.org.nz).

DISCUSSION

In this review we identified five key themes with respect to ethical issues involving the use of social media in health care. These were: privacy/confidentiality breaches; student use and the need for student guidance; the patient-therapist relationship and boundary blurring; integrity and reputation of the profession; and a lack of institutional and professional body guidelines. The ethical issues identified in a literature review by Frankish et al (2012) of patient and physician privacy, confidentiality, medical professionalism, the patient-doctor relationship and managing a personal and professional online image, were consistent with what we found. To date, the AMA guideline has been the document developed with the most rigorous attention to the key ethical issues, addressing all five themes we identified. Whilst there has been an Australasian medical profession guideline developed, it is not based on key ethical principles but rather on examples of relevant cases and general advice (Australian Medical Association 2010). All other guidelines reviewed were based on expert opinion and literature reviews, but lacked a strong ethical framework.

A review of the cases presented on the NZHPDT website, demonstrate examples of boundary blurring that effect the patient-therapist relationship and the integrity of the profession. In one case involving the physiotherapist, it is of interest to note that the penalty handed out was similar to and based on other cases where a physical sexual boundary had been breached (HPDT 398/Phys10/158P). This appears to be the first case of its kind in New Zealand where a severe penalty (loss of registration) has been applied involving inappropriate text messaging use. Such a penalty sends the message that breaches of patient rights through social media and text messaging are no less

serious as those that occur physically. The NZHPDT and NZHDC cases provide a clear message about what is, and what is not, acceptable professional behaviour, making them an appropriate source of guidance. However, as these cases are still few in number, they do not cover a diverse range of situations and therefore the appropriate guidelines need to be developed.

Limitations

There were a number of limitations of this review. The search primarily used information from peer review journals and published guidelines that had been informed by ethical principles. There are many other potential sources of information on social media and text messaging on websites and in the 'grey' literature but these were not sourced. A range of health professional websites were also used but not all health professions are covered in the review. Due to the rapid expansion of information in this area it is also possible that new guidelines or information on this topic may have been published since this paper was submitted for publication.

Recommendations

To maintain safe ethical practice, health practitioners have current ethical standards that need to be upheld. The rapid growth in social media may require professional bodies to evaluate how well their respective current ethical guidelines are dealing with social media and determine if new guidelines are necessary to cover the specific issues raised with texting and social media. The AMA guidelines are the most comprehensive to date based on ethical principles and their implementation into practice in New Zealand is recommended. However, if such a guideline were to be adopted, it would need to be contextualised within the New Zealand health environment to ensure relevant, local, ethical, cultural and legal obligations are covered.

Following on from this review there is a need to survey health practitioners as to their views, attitudes and awareness of using social media in a healthcare setting. The results of such a survey would be of use to inform New Zealand health professional bodies in establishing their own guidelines for the current and future work force. It is crucial that this be done sooner rather than later in order to keep pace with the rapid rise in social media use and to raise awareness of the complex ethical issues associated.

KEY POINTS

- Social media and text messaging use is prevalent and increasing in healthcare.
- Few guidelines currently exist that have been informed by ethical principles.
- Cases from the NZHPDT and NZHDC are useful learning tools around ethical decision making relevant to social media.
- Five key themes were identified, these were: Privacy/confidentiality breaches, student use and the need for student guidance, the patient therapist relationship and boundary blurring, integrity and reputation of the profession and the lack of institutional and professional body guidelines
- Surveying health practitioners as to their views, attitudes and awareness of using social media in a healthcare setting would be a useful step to inform future guidelines.

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APPENDIX A

Professionalism in the use of social media; adapted from the AMA (2012)

- (a) Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- (b) When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.
- (c) If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just, as they would in any other context.
- (d) To maintain appropriate professional boundaries physicians should consider separating personal and professional content online.
- (e) When physicians see content posted by colleagues that appears unprofessional they have a responsibility to bring

that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behaviour significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.

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

APPENDIX B

Summary of findings in guidelines

Privacy issues

- Recommendations:
 1. Utilise privacy settings on social media sites.
 2. Do not post any identifiable patient information.
 3. Know, understand and comply with patient privacy laws.
 4. Read and understand the sites privacy settings.
- Do not take photos or videos of patients on personal devices.
- Permanence of internet postings reiterated throughout numerous articles. "Treat everything online as public, permanent and shared" (Griffith 2012 p 989).
- Respecting the boundaries of the patient-therapist relationship.
 - It may be appropriate to avoid 'friending' supervisors/ students.
 - Recommendation of having personal and professional profiles.
- Assume everything you post including pictures is accessible by the wider public so be careful to maintain professionalism standards.
- Regularly search yourself online to establish what kind of online image you are portraying.
- Never discuss work details.
- If a colleague is breaching any of these guidelines you should talk with them and ask them to remove the content or if they do not or the breach is severe report to a higher authority.
- Workplaces should have their own policy.
- Always observe ethically prescribed professional boundaries.
- Variation in guidelines currently exists as to whether gaining information on patients through searching them through social media is appropriate.
- Training on social media use should be incorporated into student's education. Training institutions should also develop policies for handling breaches of ethics or professionalism through internet activity.
- A breach of conduct/professionalism/ethics on the internet should be treated the same as if it were in the 'real' world.



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