

# Researchers recommend 'dual citizenship' on social media

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With ubiquitous social media sites like Facebook and Twitter blurring private and professional lines, there is an increasing need for physicians to create a healthy distance between their work and home online identities, two Beth Israel Deaconess Medical Center physicians assert.

Writing for the [Annals of Internal Medicine](#)'s April 19 Ideas and Opinions section, [physicians](#) Arash Mostaghimi, MD, MPA and Bradley H. Crotty, MD call attention to the challenges created by the expanded use of Internet tools by physicians to reach patients at work, while simultaneously using the same tools to keep in touch with friends and family in their personal lives.

"Unlike previous advances in communication, such as the telephone and e-mail, the inherent openness of social media and self publication, combined with improved online searching capabilities, can complicate the separation of professional and private digital personae," they write.

"This online presence presents a host of challenges for physicians including the demand to "proactively review and maintain their digital lives," and also the need to create boundaries that both protect the doctor-patient relationship and help prevent awkward moments such as fielding a friend request from a patient.

"We're not suggesting that physicians should be prohibited from using social media sites. Doctors just need to be savvy regarding the content and tone of what they post online. People share information openly using

social media, but posts intended for one audience may be embarrassing or inappropriate if seen by another," said Mostaghimi.

Physicians should assume that all posted materials are public and therefore take care to protect themselves and patient privacy. A 2010 study by the Mostaghimi and Crotty published in the [Journal of General Internal Medicine](#) showed that over 30 percent of physicians have some type of personal information on the Internet. The authors also cite research showing that 17 percent of physician blogs contain information that could reveal the identity of the patient or the doctor. They suggest that, "social networks may be considered the new millennium's elevator: a public forum where you have little to no control over who hears what you say, even if the material is not intended for the public."

Mostaghimi and Crotty recommend that institutions develop standards and educational materials to guide physicians and that physicians be both knowledgeable about social media and protective of their online presence. They advise physicians to regularly perform "electronic self-audits" of their online identity and create "dual citizenship" with a distinct professional profile intended to come up early on a search engine query.

The authors go on to discourage the use of sites like [Facebook](#) and Twitter for direct communication with patients since the information is controlled by the social media companies. These types of sites, they say, should be reserved for general announcements like flu vaccination.

Mostaghimi and Crotty caution that in spite of these measures, personal and professional lines will continue to be blurred, but proactive steps can help physicians maintain professionalism throughout this modern information age.

"Physicians are just beginning to understand the opportunities and

challenges of [social media](#). At this juncture, physicians should be aware of their online personae and behavior, and consider that they may have an impact on their relationship with patients," said Crotty.

Provided by Beth Israel Deaconess Medical Center

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