

To tweet, or not to tweet: Physicians misusing the internet

April 12 2012, By Kevin Eisenmann



Nearly 90 percent of physicians use a social media website for personal use, and 67 percent use social media professionally. A study published in the *Journal of the American Medical Association (JAMA)* found that 92 percent of state medical boards in the United States have received reports of violations.

(Medical Xpress) -- It's a brave new world online. As the influence of social media widens, the lines between users' personal and professional lives are blurring. Doctors are no exception. According to a new study published in the *Journal of the American Medical Association (JAMA)*, violations of online professionalism are prevalent among physicians. The study found that 92 percent of state medical boards in the United States have received reports of violations ranging from inappropriate contact with patients to misrepresentation of credentials.

“[Physicians](#) need to understand the guidelines for what constitutes

professional behavior online,” said Robert Wachter, MD, professor and chief of the Division of Hospital Medicine at UCSF and author of the popular health care blog Wachter’s World. “In nearly every situation, especially on the Internet, they should be wearing their doctor’s hat.”

Ryan Greysen, MD, MHS, MA, the lead author of the study and assistant professor of hospital medicine at UCSF, discusses the challenges doctors face when they log on and leave the private sanctuary of the clinic behind.

Q. How did you find out what types of violations physicians were committing online?

A. We started out by asking state medical boards if they were hearing about physicians misusing the Internet. Secondly, we wanted to know the broad nature of those complaints. What we found is that yes, the boards were getting reports of misuse and these violations ranged pretty widely. In some instances, doctors were prescribing medications without ever having met the patient. There were also reports of inappropriate contact with patients, sometimes romantic in nature. Another really common one was misrepresentation of credentials, where a physician would claim to be board certified in something that they weren’t. Finally, there were violations of patient confidentiality where details of a clinical interaction were shared in a public forum.

Q: Why do you think this is happening?

A: In most cases, these violations probably weren’t intentional or malicious. There was one case in Rhode Island where an emergency room staff member discussed an incident on Facebook and included just enough details for someone to identify the patient. This was a clear case of recklessness and she was fired. I think there’s a lot of value in what

people call narrative medicine, or explaining what life is like as a physician, but you have to act professionally while doing it. Just like other industries, for example banking or law, we're sort of stumbling in this new technological world. And just like those other industries, such stumbling could cause real harm.

Q: Why did you decide to conduct this research?

A: In 2009, we published a study in JAMA focusing on medical students' online behavior. It was pretty groundbreaking and spawned this whole series of other questions. For instance, if these students are using the Internet inappropriately, are they still doing it when they become doctors?

There's this concept of "social contract" that is granted to the medical profession. Because we put society's interests first, we're granted a high degree of autonomy and we widely regulate ourselves. For this reason, health professionals are expected to have a really high level of professionalism. You don't stop being a doctor, whether you're in the grocery store line or on Facebook. The findings of this study really challenge the notion that there is a clear distinction between a "professional" and "private" life online.

Q: What are your recommendations to physicians who do want to be online?

A: We don't want to discourage doctors from being online. There are health professionals out there doing very exciting stuff and that should continue to be explored. But we need to follow our larger professional goal: First, do no harm. And I think we're doing a fair amount of harm here. As physicians, we need to increase education and dialogue. What's exciting is that the Federation of State Medical Boards, the umbrella

organization that represents the 70 medical boards of the U.S. and its territories, has formed a task force to create more specific guidelines as a result of this study. So hopefully soon, we'll be able to better educate physicians and use technology in a really successful way.

Provided by University of California, San Francisco

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