

## ACP and FSMB encourage doctors to 'pause before posting' and not 'friend' patients in policy paper

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The creation and use of information online and the widespread use of the Internet offer exciting new opportunities for patient care, but also require physicians to consider how to best protect patient interests and apply principles of professionalism to online settings, the American College of Physicians (ACP) and the Federation of State Medical Boards (FSMB) said today in a newly released policy paper, "Online Medical Professionalism: Patient and Public Relationships."

"Digital communications and social media use continue to increase in popularity among the public and the medical profession," said Phyllis Guze, MD, FACP, chair, Board of Regents, ACP. "This policy paper provides needed guidance on best practices to inform standards for the professional conduct of physicians online."

Published online today at <a href="http://www.acponline.org">http://www.annals.org</a> and in the April 16 issue of *Annals of Internal Medicine*, the paper examines and provides recommendations regarding the influence of social media on the patient-physician relationship. It also addresses the role of online media and <a href="public perception">public perception</a> of physician behaviors and strategies for patient-physician communications that preserve confidentiality while best utilizing new technologies.

"It is important for physicians to be aware of the implications for confidentiality and how the use of online media for non-clinical



purposes impacts trust in the medical profession," said Humayun Chaudhry, DO, MS, FACP, president and CEO, FSMB.

Notable recommendations from ACP and FSMB include:

- Physicians should keep their professional and personal personas separate. Physicians should not "friend" or contact patients through personal social media.
- Physicians should not use text messaging for medical interactions even with an established patient except with extreme caution and consent by the patient.
- E-mail or other electronic communications should only be used by physicians within an established patient-physician relationship and with patient consent.
- Situations in which a physician is approached through electronic means for clinical advice in the absence of a patient-physician relationship should be handled with judgment and usually should be addressed with encouragement that the individual schedule an office visit or, in the case of an urgent matter, go to the nearest emergency department.
- Establishing a professional profile so that it "appears" first during a search, instead of a physician ranking site, can provide some measure of control that the information read by patients prior to the initial encounter or thereafter is accurate.
- Many trainees may inadvertently harm their future careers by not responsibly posting material or actively policing their online content. Educational programs stressing a pro-active approach to digital image (online reputation) are good forums to introduce these potential repercussions.

The paper includes a chart of online activities, potential benefits and dangers, and recommended safeguards for physician behavior.



For example, communicating with patients using e-mail offers the potential benefits of greater accessibility and immediacy of answers to non-urgent issues. The potential dangers are confidentiality concerns, replacement of face-to-face or phone interaction, and ambiguity or misinterpretation of digital interactions. The safeguards include reserving <u>digital communications</u> for patients that maintain face-to-face follow-up only.

## Provided by American College of Physicians

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