The Ethics of Social Media in Health Care: Garden of Eden, Minefield or Both?

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I do not have, and have not had, in the last 12 months, any relevant financial or other relationship with any proprietary entity producing health care goods or services including the manufacturer of any commercial product or device I will discuss during my presentation.
Physician/Patient Boundaries
Do you?
• “friend” them on FB?
• give them your cell phone, home phone#?
• email address?
Objectives

Through case examples explore ….

• the positive & troubling implications of technology/social media for:
  – Patients & Staff (physicians, nurses, learners)
  – Healthcare
  – Society/Public Health

• On-line professionalism
  – Medical students
  – Policies (hospital, medical school, AMA)
SOCIAL MEDIA & TECHNOLOGY
BENEFITS/PRECAUTIONS
Social Media Patient Benefits

• Improved knowledge
• Engagement of patients in accountability for their own health
• Quick access to test results
• Pt Portals: Kaiser in 2011 reports
  – 2.7 appt requests
  – 29.7 million lab tests viewed online
  – > 12 million secure emails to physicians
Implications for Society/Public Health

1. “Social media boosts organ donations” (Facebook has organ donation status)  
   Dayton Daily News, June 12, 2012

2. Informational and support groups
   - Patients as Partners: An online network for sufferers of IBD provides some clues to the power of collaboration.*

3. Research
   - Researchers tune in to the internet buzz
   - Nat Library of Med is funding study “Mining internet messages for evidence of herbal-associated adverse events (MICE)*  
     Wall St J, April 16,
What is your liability?

• If a physician responds to an on-line “seeker” for diagnostic or therapeutic input, what is your liability?

• If a patient is depressed, and you don’t advise her to seek immediate help and she commits suicide…?
Physician Risk

“An online consultation using social networks can go wrong in myriad ways. The dissemination of patient information in an electronic form to an open forum is fraught with risk.”

Arthur R. Derse, MD, JD, Medical College of Wisconsin, Milwaukee, AMA Ethics Forum column
Should physicians communicate with patients on email?

Open my email at my office at 7:30 AM from a 49 y/o thin active woman patient of mine who writes that she “didn’t sleep well because my right arm was aching. Will you have any time to see me today?”
Should physicians communicate with patients on email?

• Yes, it builds trust.
  Joseph Kvedar, MD, Founder/director of the Center for Connected Health in Boston

• No, you miss too much.
  Sam Bierstock, MD, founder/president of Champions in Healthcare, IT consulting group, Delray Beach, FL

Pros & Cons of Email Communication with Patients

Benefits:
• Quick way to give normal test results
• Private (except for nosy family members)
• Saves office staff call time or faxing/mailing
• Avoids office visit if pt has “simple” questions

Downside:
• Lost office visit revenue
• Liability of giving medical advice which could be misconstrued.
Cell Phones Benefits

- Communicate “directly” with patients, nurses, physicians, operator, office, home
- Text messages leave paper trail of when you responded to urgent call
- Texting is best way to reach teenage pts.
- Pictures of rash, pressure ulcer to track progress.
- Many useful apps that alert docs to changes in pt status that forecast trouble.
Intervention & Corrective Action

- No change in monitoring
- Patient placed in monitored bed
- Patient transferred to ICU
- Attending notified
- Documentation in chart
- Consults called
- Supplemental oxygen
- BiPap
- Intubation and mechanical
- Peripheral venous access
- Nasogastric tube
- Chest x ray
- ABG
- Labs
- IV Fluid Challenge
- Vasopressors started

Status of Patient After Event
- Stable
Pt w resp distress, abg showed acute resp acidosis narcan given no response pt emergently intubated started on hep drip for ct pe protocol and being transferred to icu Reach Patient

Was event related to failure of proper sign out?

Yes
No
Not known
Downside of Cell Phones

HIPPA violations:
A fire in the OR that caused black soot on the ET tube; someone took a picture and texted it to another person.

Privacy violations:
A cardiologist was at the nurses’ station when a pt came asking for help; he was upset that nurses were “all sitting at EPIC terminals” & he snapped a picture of them to show me.
What are some of the pitfalls with technology?

• Videoing ICU rounds with visible patient without written permission

• Emailing a physician w info on a pt when he/she is not part of the treatment team

• Texting the wrong pt about someone else’s labs
On-line Professionalism
EMPLOYEE ACCESS TO PERSONAL HEALTH INFORMATION

Policy
Patients have a right to access their own protected health information. The Kettering Health Network has established procedures to assist patients with that access . . .

Employees of the Kettering Health Network with job-related access to Network information systems, (e.g. EPIC, Epremis, iSite, etc.) are prohibited from accessing their own health information (electronic protected health information or hard copy) utilizing their job-related access. Employees are prohibited from accessing protected health information of his/her spouse, partner, child, family member, or friend utilizing their job-related access. Accessing ePHI in this manner, specifically, may result in advertent and inappropriate edits to the medical record data.

SANCTIONS:
Individuals who fail to follow this policy are subject to sanctions in accordance with the Human Resources Conduct and Discipline policy.
Student Responses
Social media is here to stay

– An integral part of our lives & our generation is creating the boundaries.

– We are watching our mentors/role models using social media.

– Conferences encourage it (eg hashtag designations such as #ihi24forum)

– It flattens the hierarchy & gives students a voice & access to people and organizations.
Student* Responses
Hiding” during the residency application process

– At one university, the vast majority of medical students change their FB name and privacy settings so programs can’t find them.
– There is nothing in particular to hide—just an assumption that it is worth separating the personal from the professional.
– As technologies evolve (and we grow with them), students will learn (as the rest of the country learns) to guard their cyber identities carefully.
– Faculty should model appropriate SM behavior and teach the importance of privacy.

* Not exclusive to medical students (college, postgrad law, business, etc)
On-line Professionalism

US medical school survey* with 78/130 responding (60%)

47 of 78 schools reported “incidents of students posting unprofessional online content,”
- violations of patient confidentiality (13%)
- use of profanity (52%)
- frankly discriminatory language (48%)
- depiction of intoxication (39%)
- sexually suggestive material (38%)

*K Chretien, et al, Online Posting of Unprofessional Content by Medical Students, JAMA 2009;302:1309-14
On-line Professionalism

- Of 45 schools that reported an incident, 30 gave informal warning & 3 reported student dismissal.

- Off 73 deans queried re on-line policies:
  - 38% had policies about student-posted online content.
  - 11% were actively developing a policy
Students and employees of the Boonshoft School of Medicine who participate in a social media site, whether in a personal or official capacity, should:

• Implement appropriate privacy settings to avoid inadvertent dissemination of personal information to audiences outside their control. For example, ensure that you are not “tagged” in images posted by others that may portray you in an unprofessional manner.

• Include a disclaimer with any posting that relates to their role as a member of the Boonshoft School of Medicine community, clearly stating that all opinions belong to the poster alone.

• Refrain from violating patient confidentiality or communicating about patients in a manner that could convey a patient’s identity. Patients with rare diagnoses, unusual physical appearances and/or in specific locations within the community may be easily identifiable even in the absence of names.¹

• Not express defamatory comments about employees, students, health professionals or patients associated with the medical school, post images that would denigrate the above persons, or depict other students or employees engaging in unprofessional behavior.

• Not interact with or “friend” individuals through social networks when they are or have been in a physician-patient or similar relationship.

Approved May 12, 2011
Ohio State Medical Association Policy

“If the information that is shared is generic enough that nobody can identify a patient in the course of reading\(^1\), the post is permitted and is a valuable tool for physicians to share information and skills with other physicians faster than ever before. \(^2\)"

\(^1\)Berkman, Massachusetts Medical Law Report, Social Networking 101 for Physicians, 2009

\(^2\)“Social Networking and the Medical Practice: Guidelines for Physicians, Office Staff and Patients,” published by the Ohio State Medical Association
AMA Policy: Professionalism in the Use of Social Media

The Internet has created the ability for medical students and physicians to communicate and share information quickly and to reach millions of people easily. Participating in social networking and other similar Internet opportunities can support physicians’ personal expression, enable individual physicians to have a professional presence online, foster collegiality and camaraderie within the profession, provide opportunity to widely disseminate public health messages and other health communication.

November 8, 2010
Challenges
AMA policy November 8, 2010

• refrain from posting identifiable patient information online

• ensure that the personal and professional information …posted about them by others, is accurate and appropriate.

• maintain appropriate boundaries of the patient-physician relationship

• content posted by colleagues…significantly violates professional norms…should report …to appropriate authorities.

• actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers..can undermine public trust in the medical profession.
Summary

Social Media Holds Promises AND Pitfalls

Thank you