



Medical Council
OF ★ NEW ★ SOUTH ★ WALES

LAW IN SOCIAL MEDIA:
WHAT GOES UP DOES NOT
COME DOWN

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Framed and hung on the wall of your practice is your most recent social media interaction. Perhaps it would be a photo of you at a social event with friends or family, some post you “liked” or when you last shared your opinion. Now, what if this same hypothetical situation were applied to your doctors? Would you be comfortable with this? Would you continue to trust them with your own health, or that of your loved ones? An assessment of this trustworthiness is required of a patient each time they seek care from their doctors. Social media has blurred the boundaries between our private and professional lives and fostered an interconnectedness between people greater than ever before. For all its potential benefits and pitfalls, we must rely on regulators to appropriately intervene so that doctors can continue to fulfil their foremost duty of care to patients.

I have had to mature throughout medical school to understand this reality. I am a “digital native” and a child of the social media generation, owning a profile at one time or another on nearly all major networks – Facebook, Instagram, YouTube, TikTok. I am judicious now with what I post on these platforms but this has not always been the case. I have had profiles since early adolescence on many of them, which means they have hosted content from a time in my life when I had no idea of where I would be today, or my profession one day. Other than embarrassing photo reminders of my awkward teen years, I wonder now if there are still questionable posts or affiliations on my social media that may one day return to haunt me, despite my best curating efforts.

Now in my final year of medical school, there has been a discernible shift in my thinking and that of my peers too. We are thinking of what lies ahead next year, the first year of full-time work in a career that will hopefully span the rest of our lives. I have seen friends start new social media accounts, weary of the potentially damning old posts of their younger, more naïve selves. All of my social media are private and I do not explicitly advertise my affiliation with the medical profession. Yet, I am sure that one could deduce what I do from posts I have made, including medical-society-watermarked photos of myself and peers.

With the weight of this easy inference and an understanding of the often underestimated permanence of social media posts, I am careful about what I say and the

image I convey. I have never posted medical information, opinion nor advice but my non-medical friends have told me that if I were to ever do this, even prior to attaining my degree, they would be inclined to believe me. This sentiment strengthens my conviction of the responsibility I have to my followers, the public and the medical profession. Despite not personally posting health-related content, I follow several medical pages on social media – from consultants posting clinical images for educational purposes to accounts promoting greater practitioner diversity. Engagement with these pages has been helpful in developing my broader medical knowledge and fostering important representation for myself and others.

As of 2022, 82.7% of all Australians are active social media users, with Facebook and YouTube as the most popular platforms (Currey, 2022). A significant portion of the public, in particular young people, consume health information via social media (Jain and Bickham, 2014, Wu et al., 2018, Chen and Wang, 2021), including for topical concerns such as COVID-19 (Al-Dmour et al., 2020). Within the medical field, a 2014 Australian survey indicated that all junior doctors and up to 72% of specialist physicians used some form of social media (Brown et al., 2014), numbers that have since grown (Hameed et al., 2021), while nearly all medical students use social media (Barlow et al., 2015). There has also increasingly been an emergence of social media platforms for “practitioners only” (Ventola, 2014).

With near ubiquitous use, social media has immense power in determining the relationship between medical professionals and the public. Ultimately, the duty of health regulators such as the NSW Medical Council is to protect the public and ensure accountability from medical students and doctors. As a tool, social media is neither innately good nor bad, but shaped by the ethical considerations of its users. Law, codes and guidelines set expectations for good medical practice and safeguard the trust instilled in doctors by the public (Medical Board of Australia, 2020, AMA, 2017, Medical Board of Australia, 2019, Ahpra and National Boards, 2020). Regulators should engage with medical students and doctors about their use of social media when their behaviour violates these expectations and jeopardises the relationship between the medical community and the public. The sanctity of this relationship facilitates the best care of patients by their doctors and warrants mindful protection.

When healthcare professionals are cognisant of the moral difficulties and consequences of improper social media use, its potential for positive health outcomes is enhanced (Guraya et al., 2021). A better understanding of the perils of social media can be developed by studying case examples of past behaviours that have been regulated (Low et al., 2021). Though the majority of medical students and doctors are aware of the existence of social media guidelines for professional behaviour, there can still be uncertainty on how to apply them to ourselves and meet professional obligations online (Barlow et al., 2015, Low et al., 2021, Yee, 2022, Marshal et al., 2021). This is apparent from recent regulation of Australian doctors for their use of social media (Davey, 2022, Niselle, 2022, Clure, 2020). To address this, there is an important need for integrating ongoing teaching of social media professionalism in medical school curricula and post-graduate training (O'Connor et al., 2021, Gomes et al., 2017), especially when the public can have even higher expectations for online professionalism than the medical community (Jain et al., 2014).

The same ethical principles should apply for in-person clinical interactions as on social media. However, the rapid and dynamic form of online interactions can give rise to more frequent ethical dilemmas (Chretien and Tuck, 2015). This is of contemporary relevance in a pandemic when an equally infectious “infodemic” of misinformation can be spread by social media (WHO, 2022). In this regard, it is important for regulators to be ever vigilant of the emerging dangers of social media and to update codes and guidelines accordingly. Furthermore, role modelling is an essential part of professionalism development (Gholami-Kordkheili et al., 2013) and there is an onus on all members of the practising community to act with integrity.

During my own time in medical school, I did not receive formal teaching on social media professionalism, a lapse that has been echoed by medical curricula internationally (Henning et al., 2017). It took time and experience for me to understand that as a future doctor, my private and professional lives are indistinct and my responsibility for proper conduct constantly applies. This must be accepted as an intrinsic part of the profession since our foremost duty for care of the greater community outweighs the liberties of the individual. In navigating the ethical

uncertainties of online professionalism, it is wise to consider all social media interactions as permanent. With the ever-shifting forms and uses of the online world, I have learnt to ask myself, “as a senior clinician one day, will I be happy with the digital footprint I have left today?”

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