

Social Media and Doctors



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“The time of the singing of birds is come, and the voice of the turtle is heard in our land”. This quote from the Song of Solomon refers not to the almost mute reptile, but to the much more melodious turtledove. In this day and age, though, many of the voices come to us through Twitter, Facebook and other channels of the so-called “social media”.

Recently, the newspapers reported on a controversial post on Facebook. A doctor, upset because a patient had refused medical advice, then presented with complications, vented her frustrations in a Facebook post. This post was shared widely and comments proliferated. The Ministry of Health became involved. Since I am told the matter is now under investigation, I will leave it to one side for now and discuss the risks to doctors of social media.

Perhaps the thing that many doctors fear most about social media is the possibility that disgruntled patients might post uncomplimentary versions of their interactions with the doctor. No matter how good a doctor you are, no matter how right your diagnosis and treatment, you will never be able to make every patient happy. Perhaps there was an undesirable outcome, through nobody's fault. Perhaps the patient felt they had to wait too long. Perhaps they thought your bill too high. In the past, they would most probably do no more than grumble to friends and relations. Now they turn on their tablets or computers and put their unhappiness and your name out there for the world to see.

What can you do if this happens? Very often, the best thing to do is nothing. The famous Internet advice is “Don't feed the trolls”. No matter how wronged you feel, no matter how right you are, getting into a fight on social media rarely works out well. Doctors are handicapped in this sort of fight because you cannot put sensitive or confidential information out into public, even in response to uncomplimentary comments. Occasionally, the comments head into the territory of the defamatory, and in such cases, your legal advisor might help you to decide if a letter to the malefactor is needed. Occasionally, too, the operators of the site may remove a post if it is pointed out to them that it breaches the law or violates their terms of use. Similarly, if a patient puts your name and place of practice on his post and praises you to the heavens, please do not engage. It might be construed that you are encouraging him to advertise you. Generally, then, do not engage with your patients on social media. I might go so far as to say that even being friends on social media with your patients is dangerous.

What about promoting yourself on social media? The rules are complex. Many sites are not hosted here, so local laws may not apply. Until new legislation clarifies what you may or may not do on the Internet, the safest path is to stick

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to the traditional guidelines. Do not hold yourself out as the best in a particular field, do not offer guaranteed outcomes, do not offer bulk discounts on Groupon or similar sites. Conduct yourself in cyberspace as you would in real life.

Finally, of course, we come to the sort of interaction that got the young doctor into the spotlight. We put something up on our personal Facebook page or on Twitter, documenting our interaction with a difficult patient. Perhaps there is a picture or two attached to the post. Of course, the picture is anonymised, and no names are used. Is this acceptable? In all but the rarest circumstances, probably not. Let me say when it *might* be okay.

If your Facebook account security settings are so tight that your friends (and only your friends) can do nothing but view and comment on your posts (no sharing), perhaps it might be acceptable – if all your friends are doctors. Photos, even anonymised, can only be posted if the patient gives explicit consent. Even if you do not name names, people know who you are and where you work. The cases we complain about are often quite extreme or unusual, so the details may suffice to identify the patient despite all.

I think that if you know anything about Facebook (and by extension other social media sites) you will know that it is almost impossible for all these conditions to apply. Remember, social media sites are, by definition, for sharing. Remaining private is difficult. Therefore, it is best not to share anything about your practice or patients on the Internet, except perhaps as anecdotes of the “Well, I once saw...” type, which give no names, places or dates. It should go without saying that photos are *verboten*.

As for the young lady whose Facebook post prompted this article, let me say that we are observing what happens. Without wishing to prejudge the matter, I think that it is often the people who care the most about their patients who get the angriest when patients do not listen. Though the doctor needs to realise that what she did might not be right, draconian disciplinary measures that might affect her career or even her passion for the profession should be avoided. Temper justice with mercy.