



Digital indiscretions: New horizons in medical ethics

Shivika Chandra¹, Pranab Chatterjee²

1. Shivika Chandra is a recent medical graduate from Kasturba Medical College Mangalore
 2. Pranab Chatterjee is a recent medical graduate from Medical College, Kolkata
- Both Members of the Forum for Medical Students' Research, India (INFORMER)

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Corresponding Author:

Name: Shivika Chandra_

Email: shivika.ch@informer.org.in

Once upon a time, not so long ago, the only way to disseminate patient information beyond the walls of the hospital was through medical journals or presentations. The potential for damage to the patient was minimal and was offset by the learning potential offered by it. Now the scenario has changed drastically. With the advent of social media sites like Facebook, Twitter, YouTube and of course, personal blogs, breaching patient confidentiality is just the click of a button away.

A nursing student of Johnson County Community College, USA, was expelled for posting pictures of herself holding a placenta with an umbilical cord.¹ A paediatric pulmonologist who blogged a sarcastic exposé of his malpractice suit on his anonymous blog² was ousted by the plaintiff, and forced to settle the case.³ Twitter user and anaesthesiologist @Mommy_doctor discussed details of a patient with an embarrassing condition and was immediately taken to task by the online community and was forced to take down her Twitter and blog accounts.⁴ A physician at Westerly Hospital, Rhode Island, was not only fired but also handed a stern reprimand by the state medical board for disclosing patient details on Facebook. Numerous such examples, anecdotal and documented, can be quoted where the use of social media by physicians has led to unforeseen disastrous results.

Engaging in discussion via social media is an enriching, albeit liability-prone zone. Besides the obvious advantage of

networking with other professionals, social media is also a learning tool. When publishers withdrew almost 2,500 titles from the HINARI* access scheme (which provides free online access to major journals in the fields of biomedical and social sciences to not-for-profit institutions in developing countries) in Bangladesh; the HIFA2015** (Healthcare Information For All by 2015) members stepped forward to lead a protest that led to the restoration of almost all the titles.^{6,7} Efforts like the FriendFeed group⁸ and Bora Zivkovic's #icanhazPDF⁹ have gone a long way to ensuring the wider dissemination of research amongst the scientific community.

However, the most vital point in the whole exercise is to use caution. Today, although we come pre-equipped to handle social media, fluency in social dialogue is at odds with health privacy and confidentiality issues.¹⁰ Most of the initiatives in the field of safeguarding patient rights in social media have been in the USA¹¹ elsewhere, it is still in a very nascent state. Although most institutions in the developed world have devised social media guidelines for their students and staff to follow, they are far from being comprehensive or uniform. They extend across the whole spectrum, from a total blockade of using social media¹² to very liberal and minimal rules. In this regard, a video made by Dr Bryan Vartabedian for the Mayo Clinic¹³ is a good starting point for everyone involved in healthcare social media.

Of the 132 accredited medical schools in the USA, 128 (97%) have some kind of a social media policy in place.¹¹ In comparison, the situation is precarious in countries like India where there are very few guidelines about using social media professionally. More and more medical students go on social media sites and disclose patient information which is liable to attract penal consequences. However, the fault is not just theirs.^{10, 14}

In developing nations such as India, the low doctor-to-patient ratios and large case loads often limit the time spent per patient encounter. Medical students develop clinical skills which help them make a sure, efficient



diagnosis and administer the most appropriate and cost-effective treatment. While such skills make an admirable physician, the lack of a sound ethical background to temper their decision-making might lead to inadvertent errors. The increasing use of social media forums by young medicos to further their knowledge, and the parallels which we can draw from the West regarding the repercussions of inappropriate disclosure of patient-related information, necessitate the formulation of a precise set of guidelines that define ethical boundaries in the digital realm. In the interim period, required by institutions to accept and implement these guidelines, a temporary regulatory framework can be considered which would act as an ethical safety valve.

Although there is no hard evidence to show the numbers, Indian physicians or teaching hospitals have a scant presence in social media. The larger voice is that of the medical students and residents. With no tangible guidelines to follow and no role models to look up to, some tend to use social media in very unprofessional and impersonal ways. It is unfortunate that a large segment of the Indian patient population is also not aware of their rights in this regard. In a culture where the doctor usually has their paternalistic way over an informed choice by the patient, this is only to be expected. This, however, only means that the responsibility of the physician is just increased. Not only do we have to protect ourselves from the inappropriate use of these tools but we must also protect and empower our patients and make them aware of the ramifications of the same. This would call for a highly precise set of guidelines which have ample room for flexibility to enable their implementation across a culturally diverse nation like India.

A study done amongst the medical students and residents at a university in Gainesville, Florida highlighted the pattern of usage of social networking sites such as Facebook. Medical students were noted to use such sites more frequently than residents.¹⁶ In another study done in the UK, over half of the undergraduate medical students surveyed reported that they had seen unprofessional behaviour by their colleagues on personal networking sites despite them being aware of the institution's stand on social media.¹⁷ According to the study, examples of unprofessional behaviour constituted both personal experiences (excessive drinking, various states of undress) as well as professional experiences (discussion of clinical experiences with patients). Both these studies raise pertinent issues which should be addressed before framing a social media usage policy.

Medical students are more likely to use social networking sites than already-qualified doctors and their lack of familiarity with ethical principles may lead to inadvertent errors which may

affect their professional standing. Faculty members should provide a supervised learning environment wherein students can use technology to advance knowledge transfer and at the same time learn to define personal and professional boundaries in a digital realm.¹⁸ The fact that students themselves have an idea about what constitutes unprofessional behaviour by their peers on social networking forums showcases the need for increasing awareness of the topic at hand. The mere existence of definite policies alone will not reduce the incidence of digital indiscretion. Policies need to be implemented at the earliest stages of medical schools and possibly be integrated with the medical curriculum at a basic level.¹⁹ At present, disciplinary action against the inappropriate use of patient-related and personal content range from simple warnings to expulsion from medical schools.¹² By putting in place academic safeguards to prevent such behaviour, the administrative and professional consequences of such disciplinary measures can be decreased. In addition, increasing litigation costs which universally plague medical institutions in the current scenario can also be curtailed.

The need of the hour is the formation of a task force comprising patient representatives, physicians, legal and ethical experts who can assess the problem at hand, evaluate evidence and frame a suitable template upon which future policies can be based. While most Indian medical institutes lack the necessary administrative and financial infrastructure to appoint a task force to address the issue, a collaborative approach between government and private medical colleges can be set up. If the internal faculty is not available to conduct training modules, external resources can be employed. A team of ethics specialists with a clinical and research background can be given the task of touring medical colleges and holding training modules which impress upon the young professionals the importance of ethical integrity and "e-professionalism".²¹

Online training modules such as HIPAA can be used as a curricular component of final year medical students to assess their understanding. In addition, medical institutes can set up specialised groups of student and faculty members who monitor content on social media sites and internally regulate the use of social media. By teaching students to be more proactive²¹ about the concept of ethical integrity in the cyber realm, we can avoid unnecessary litigation. However, a thorough risk-benefit analysis of the use of social media by professionals needs to be done before implementing any permanent policies.



In the long run, the impact of using technology for the transfer of medical knowledge is immense. As a profession, medicine is one of the oldest and most respected fields. Therefore in addition to a professional liability towards our patients, we also have a responsibility towards the profession itself. Indiscretions in the social media realm are increasingly being frowned upon by patients, physicians and policy-makers alike and can drastically influence the careers of the medical professionals involved on a long-term basis. Institutions need to put in place a regulatory safety net so that young professionals, who often lack the experience to understand the consequences, are safeguarded. Educating physicians from an undergraduate level is far more effective than placing disciplinary actions after an error. Like the oft quoted adage goes – “Prevention is better than cure”.

*More details about the HINARI Access to Research in Healthcare Programme can be found at <http://www.who.int/hinari/en/>.

** More details can be found at <http://www.hifa2015.org/>.

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CONFLICTS OF INTEREST

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