
Feature Article

Social Media and Healthcare Professionals Can They Really be Good Bed Fellows?

More and more of us are using social media sites in our daily lives; on our computers, smartphones and i-pad or tablet devices; 'connecting' with the world is just a quick tap or finger swipe away.

We use Facebook to reacquaint ourselves with old friends and foes, to share with new ones and to keep up-to-date with family and social events; we update our friends on our choice of breakfast pastry and the day's events in a short but succinct 140 characters on Twitter. We may even post up images and videos to the likes of You Tube, Flickr and Pinterest. Human beings live and work in communities, you may not realise it when watching the average group of toddlers at play, but as a species; we love to SHARE!

Using social media on a personal level is now very commonplace, but many healthcare professionals, including those involved in the aesthetic industry are also looking for a way to reach out to their patients/clients and social media seems like a great medium in which to do this. But it is? How do you mix private with professional without compromising either? Should Doctors and Nurses (and others) really be engaging with their patients/clients in a less than professional arena such as online communities? Can over familiarity in social media really damage your credibility?

Even in a purely elective and aesthetic arena, where the term 'client' is used more frequently than 'patient', these questions are still relevant to all medical practitioners involved in offering, what are essentially medical treatments, to the public under the umbrella of beauty or cosmetic enhancements.

Is this really a problem I hear you ask; well a recent study published in the *Journal of Medical Ethics* thinks so. It believes that insufficient privacy protection with social networking sites like Facebook may indeed have an impact on the doctor-patient relationship.

The purpose of the [study](#) carried out in France in October 2009 was to describe the Facebook activity of residents and fellows at the Rouen University Hospital and to gather their opinions regarding the impact of Facebook on the doctor-patient relationship. Just over 200 returned an anonymous questionnaire, of which 73% had a Facebook profile. 99% of those with a profile displayed their real name, 97% their birthdates, 91% a personal photograph and 55% their current job position. If a patient requested them as a 'friend', 85% would automatically decline the request, with 15% deciding on an individual basis. 48% of respondents believed that the doctor-patient relationship would be altered if patients discovered that their doctor had a Facebook account, but 76% considered that it would only change if the patient had open access to the doctor's full profile.

So here's the thing – separating personal from professional

Firstly, practitioners should beware of revealing too much personal information to their public audience. This means for example, when using Facebook learning how to have a truly private profile (by familiarisation with the inbuilt privacy settings) which is only visible to your friends and family, i.e. people you know fairly intimately, and then having a separate business page about you and/or your clinic which you use to communicate with your patients/clients, industry colleagues and the press.

This way you can provide your customers with all the important information that they need to know about you and your business, including contact information, business hours, staff photos etc., as well as giving them updates on news, events, special offers and general chit chat via a secure newsfeed which isn't linked to your personal profile.

You don't really want your patients seeing all your personal information that you'll happily share with your friends and family, or all the photos that you recently loaded of your family or mate's trip abroad last summer, or god forbid, the drunken night out with your fellow aesthetic industry colleagues at the last conference weekend (you know who you are!!).



Image: Matt Hamm

Many practitioners already have a personal Facebook profile but creating a separate [Facebook page](#) for your business couldn't be simpler, you just need to follow the on screen steps, add some images and you're off.



But don't be scared of social media, just be careful...

According to Craig MacLean, a second year medical student at Dundee University and Deputy Chair of the British Medical Association (BMA) Scottish Medical Students' Committee; "Social media is gradually finding a role in doctors' daily practice. It's an additional way to communicate with our colleagues and to share ideas, research and personal viewpoints with others, outside of working hours. Many organisations, such as the GMC and the BMA, politicians, and medical journals are actively using social media, and there are already several online medical communities available. So, social media can help doctors stay up to date."

Although he warns; "Even if you have adjusted your privacy settings, you need to be careful what you are publishing. Never underestimate who can see your post and how quickly it can spread. Three major issues you need to think about are patient confidentiality, consent to publish details about patients and respecting your colleagues."

Recently Doctors and predominantly medical students have come under fire for their use of social media which has led the General Medical Council (GMC) to investigate the need for guidance for the profession on the do's and don'ts of social networking. It has opened up a consultation on draft guidance which would be added to the *Good Medical Practice* guidance update later this year that it already offers to its registered Doctors.

Among the recommendations, they note; "Social media has risks, particularly where social and professional boundaries become unclear. In all interactions with patients, you must follow the guidance in *maintaining a professional boundary between you and your patient*. If a patient contacts you through a private profile, you should explain that it is not appropriate to mix social and professional relationships and, where appropriate, direct them to your professional profile. You must not use social media to discuss individual patients or their care, with those patients or anyone else."

The draft guidance finishes with these key points:

- a. The principles of *Good Medical Practice* and its supporting guidance apply online.
- b. Be aware of how content is shared online.
- c. Regularly review your privacy settings and social media content.
- d. Treat colleagues fairly and with respect in all interactions.
- e. Direct patients to your professional profile where appropriate.

Take part in the GMC consultation on 'Doctor's use of social media' by reading [the draft](#) and [commenting online](#). The consultation runs from 18th April to 13th June 2012.

The GMC is not alone in tackling the issue of its medical professionals and their interactions with social media; the Nursing & Midwifery Council (NMC) has also issued [guidance](#) on social networking to its members as of last summer.

According to the NMC, and based on UK population figures and NMC registration data as of a year ago, they estimate there are around 355,000 registered nurses and midwives on Facebook.

“We are seeing an increasing number of cases before our fitness to practise panels which involve the use of social networking sites and other online activity. Employers and educators have also expressed concerns about the use of social networking sites by nurses, midwives and students”; said the NMC.

They go on to say; “We do not advocate blanket bans on nurses joining or using social networking sites, and employers should not suggest that this is our position. Even if such bans could be imposed on workplace computer networks, personal computers and mobile devices offer easy access. Blanket bans are likely therefore to be both unenforceable and counter-productive. We support the responsible use of social networking sites by nurses.”

However their guidance does warn that nurses will put their registration at risk, if they fail to adhere to the nurses' *code for standards of conduct, performance and ethics* in the same way, in a social media world, as they would do in the real world. They offer some helpful tips to their members on their use of online communities, many of which we and the GMC have echoed.

Those nurses working as single operators within the aesthetic industry should not be tempted to use their personal profiles on sites such as Twitter and Facebook, but should indeed, just like a clinic would, set up a professional page to promote their services through such media.

The British Association of Cosmetic Nurses recently took an interesting step with their Facebook presence, which many of their more web savvy members openly criticised, in which they announced that they would no longer be using their [Facebook business page](#) for updates, choosing instead to point members to a profile page for BACN Wells.

 **BACN (British Association of Cosmetic Nurses)**
24 April *

The BACN is not using this page any longer please like and use the newish one (with Wells in the FB address).
Thanks

This move showed the confusion amongst organisations when it comes to social media, as having done the right thing they then moved to doing the wrong thing, as by directing members to use the profile, where they would have to submit a friend request to do so (instead of a clicking a 'like' button), they opened up their members to increased privacy protection issues (which they may or may not know how to address), which were simply not faced by them interacting with the original BACN Facebook page. BACN administrators are said to be looking into comments from members about this move.

Both the GMC and the NMC are also keen that social media should not be used by anyone in a 'whistleblowing' capacity as they have in-house mechanisms for the raising of concerns about individuals or organisations and do not see online communities, including forums and blogs as the platform for such discussions.

We're all well aware how controversial the aesthetic industry can be at times and how easy it is to get drawn into petty squabbles and debates on heated topics, the PIP breast implant scandal and where the blame lies being a recent high profile example, but perhaps healthcare professionals should consider stepping back before throwing fuel on any fires which could be seen as rocking the establishment, bringing their speciality into disrepute or libelling or bullying other industry participants for their standards of practice. Sites like Twitter make it too easy to engage in controversial discussions and one must remember, that unlike Facebook, where privacy settings apply, once a comment is on Twitter it reaches a global audience, and although you might delete and thus retract your comment, the action of retweeting is unstoppable.

Social media is here to stay, we love to share and now we have the means to do so at the touch of our fingers, it would be hard to foresee a time when that would be taken away from our daily lives. The key is to use social networking effectively and sensibly to maximise both your personal and professional lives, without risking compromising either of them.

Embrace it...yes, be careful of it...yes, benefit from it...most definitely, ignore it...at your peril!



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Lorna has been Editor of The Consulting Room™, the UK's largest aesthetic information website, for nine years. She has become an industry commentator on a number of different areas related to the aesthetic industry, collating and evaluating statistics and writing feature articles, blogs, newsletters and reports for The Consulting Room™ and various consumer and trade publications, including *Aesthetic Medicine*, *Cosmetic News* and *Aesthetic Dentistry Today*.

If you have any comments or suggestions regarding this article, please email clinicarea@consultingroom.com