

Daniel R. George, "Making 'Social' Safer: Are Facebook and Other Online Networks Becoming Less Hazardous for Health Professionals?" *The Journal of Clinical Ethics* 23, no. 4 (Winter 2012): 348-52.

## Making "Social" Safer: Are Facebook and Other Online Networks Becoming Less Hazardous for Health Professionals?

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### ABSTRACT

Major concerns about privacy have limited health professionals' usage of popular social networking sites such as Facebook. However, the landscape of social media is changing in favor of more sophisticated privacy controls that enable users to more carefully manage public and private information. This evolution in technology makes it potentially less hazardous for health professionals to consider accepting colleagues and patients into their online networks, and invites medicine to think constructively about how social media may add value to contemporary healthcare.

After watching a young child in the perinatal intensive care unit (PICU) take her final breath, the 29-year-old resident exited the room where she privately grieved before pulling out her smart phone. Opening her Facebook app as the tears flowed, she typed a short, cathartic status update that was instantly published to her network of hundreds of friends: "An angel has a new pair of wings."

During the next 24 hours, more than 40 responses were posted beneath the resident's original thread, with friends and family from around the world comforting her for having witnessed the child's death. Eventually, the child's parents—from whom the resident had previously accepted a Facebook friend request—each commented, thanking the doctor for her compassion and posting funeral information for their child. Realizing that the innocent status update had become a vessel for identifiable patient information, the resident promptly deleted the post.

This story sets off a fusillade of ethical questions: Did the resident violate confidentiality, even though this was not her intent? What would her liability have been if other families with children in the PICU had seen the post and surmised that it was about their child? Is it appropriate or practical for medical professionals to invite patients and their family members into one's Facebook friend network in the first place? Do online friendships contribute to, or only endanger, healing relationships? And indeed, if we consult the academic literature, we will find it replete with admonishments of how social media can endanger health profession-

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als;<sup>1</sup> enabling all manner of distasteful content to be publicly posted by medical students, residents, and other healthcare providers;<sup>2</sup> violating the sanctity of the patient-physician relationship by facilitating online “friendships;”<sup>3</sup> and generally reducing privacy.<sup>4</sup>

However, the resident’s story does not merely indicate a lapse in her judgment or reinforce the need for stricter social media guidelines for health professionals. It also profoundly implicates the privacy control problems that have dogged social networking sites such as Facebook and proven especially hazardous to users from the health professions. Specifically, Facebook—which has now enlisted more than one billion users worldwide—has clumsily organized each person’s network by grouping disparate members of one’s social circle (family, friends, colleagues, high school classmates, fringe acquaintances, et cetera) into a common pool of “friends.” Whereas we would never simultaneously occupy a single room with all of these people, Facebook has simulated this surreal encounter by mashing everyone together into one online space. Thus, whenever a user has published a status update—such as the rueful sentence posted by the resident—this content has been potentially viewable to every member of the user’s friend network unless the user has meticulously blocked certain content from specific friends. For this reason, health professionals—whose use of social networks generally mirrors that of the general population—have largely opted to establish separate personal and professional Facebook accounts, if not abstaining from online social networking altogether.<sup>5</sup>

### CHANGING TIMES

However, the landscape of social media is changing in favor of greater privacy controls, and, perhaps ironically, it has much to do with the emergence of Google’s fading social network, Google+. Launched in summer 2011, the stated mission of Google+ is to make sharing on the web more like sharing in real life. Unlike the indiscriminate mash-up of friends on Facebook, Google+ allows users to segment their network

into “circles” (that is, “family,” “friends,” “work colleagues,” et cetera) and share particular information with the relevant subgroup of one’s network. For example, a post about a political subject could be shared with “family” and “friends” circles, but rendered invisible to a circle of “work colleagues.” Google+ also enables users to customize their profile information for different circles. For instance, one’s personal contact details, present location, and relationship information can be rendered visible only to one’s “friends” circle, while employment history and education can be visible only to one’s “professional colleagues.” This empowers the user to control their private and public information in ways that have not hitherto been possible (or comprehensible to the average user) on Facebook.

Although more than 400 million users had registered with Google+ as of fall 2012, less than 100 million are active on a monthly basis, and it is questionable whether the network will survive, much less pose a viable challenge to Facebook. Nevertheless, even if Google+ fails, it has already succeeded in engendering improved privacy controls on Facebook, which quickly responded with an initiative called “friend lists” that mimics the functionality of Google+. Now, Facebook allows users to easily and intuitively group existing friends into smaller, segmented “lists” akin to Google+ circles; when adding new friends, users are automatically prompted to sort the person into a particular list.

Facebook has also created an “audience selector” within all profiles that enables users to manage the privacy of status updates, photos, and information, using lists. Users who post status updates—such as the one composed by the grieving PICU resident—can simply use the selector dropdown menu beneath their update box to choose whether posts go “public” (to anyone on the internet), to “friends” (to anyone in one’s network), to “friends except acquaintances” (to only those in one’s network identified as “close friends”), or to other “customized” lists of specific friends one can tag in the post. Users may also select the persons they want to hide particular posts from, eliminating

confusion about which friends can see content. Thus, for the PICU resident, the new privacy settings of both Google+ and Facebook would have allowed her to share the post only with “close friends,” “family,” or “work colleagues” lists, while blocking it from a “patient families” list.

### IS “SOCIAL” SAFER?

These shifts in favor of improved social media privacy controls invite the question of whether Facebook and Google+ might soon enable health professionals to feel greater comfort accepting colleagues and patients into their networks—a subject that has been mostly taboo in modern healthcare. After all, if one can safely curate the data that one’s online friends have access to, it perhaps reduces (if not totally eliminates) some of the privacy concerns that have been so stifling for the medical professions, despite signs that these technologies can be used to enhance self-directed lifelong learning, professional networking, and communication with patients, and can play a role in improving the efficiency and effectiveness of health systems.<sup>6</sup> These systemic changes may also make it more feasible for medical professionals to enlist patients in their network in ways that can add to the art of medicine and enhance the provision of healthcare. For instance, one can imagine a social-media-savvy family doctor creating a Facebook list specifically for “patients” and using it to disseminate general information such as guidance on keeping blood pressure low, reminders on how to prepare for doctor’s visits, postings about the availability of seasonal vaccines, or even links to salient medical research, archives of healthy recipes, or podcasts about innovative exercise programs. Additionally, doctors could even post short mobile phone videos reaffirming the values they bring to their work, showing a more human side of the clinic and its workers, or encouraging patients who are trying to lose weight. Because social networks are built for efficiency and have norms of pithy communication, doctors could post such content daily, weekly, or monthly in relatively little time, thereby reinforcing clinical

directives with dozens—if not hundreds—of patients and family members who would be blinded to their doctor’s online musings with friends and family. Healing relationships that start in the clinic could continue growing in online spaces in a format that is admittedly less personal than an office visit, more personal than an email, and certainly better than nothing.

Quite understandably, the expected response of most healthcare professionals who practice in the long shadow cast by patient protection laws such as the Health Insurance Portability and Accountability Act (HIPAA) would be that the social media environment is still too high risk. As one of my medical students wrote me (ironically, in response to a post about privacy control settings sent to my “Students” circle on Google+): “It still seems somewhat risky . . . the punishment for the misuse of social media is so severe for medical professionals that the risks outweigh the benefits. We have much to lose and little to gain by connecting our personal and professional lives.” And indeed, the dangers posed by social media are myriad: the technology can blur professional boundaries; serve as a conduit for the display of unprofessional behavior; contribute to building an irreversible online image; open the door for fines, litigation, and imprisonment; and serve as a massive time drain.<sup>7</sup>

However, in an era in which authoritarian regimes have fallen thanks in part to social media, and when more than a billion people (the majority of whom are presumably someone’s patient) are on Facebook, it can be fairly asked whether these powerful tools of our time can help society’s healers build deeper and more enduring connections with their patients and make greater progress on important public health goals such as lowering chronic and infectious disease burden, improving patient outcomes, avoiding emergency room visits, and reducing overall healthcare costs. The changes set in motion by Google+ and accelerated by Facebook may be a harbinger of a social media landscape in which healthcare professionals can more discerningly protect their private content while building more effective healing relationships with modern patients, a growing ma-

jority of whom are using social networks and other online sources to seek health information.<sup>8</sup>

### THE SOCIAL MEDIA LEARNING CURVE

Continuing education researchers, practitioners, and policy makers have much to contribute to applying and evaluating the impact of social network-based information exchange on the art and science of medicine. Researchers can publish detailed qualitative accounts of successful social networking strategies by health professionals, delineating the strengths and limitations of existing approaches, and critically exploring the evolving nature of online relationships. So too can strategies be evaluated on the basis of whether they improve the provision of healthcare in both the short- and long-term. For instance, can connectivity through social media assist health professionals in building greater rapport with patients before they enter the exam room as well as in between visits? Can these ongoing online relationships guide patients to more scientifically valid sources of online health information and support networks? Can they potentiate measurable benefits, as evidenced by fewer hospital visits, improvements on vital signs, or increased patient-satisfaction scores? Further, can social media better connect colleagues via online networks and thus increase the transfer of ideas, practices, and career strategies? Those who successfully implement social media in their professional lives can help colleagues replicate best practices, and provide content suggestions, guidance on safety protocols, as well as interpretation of changes in privacy settings and evolutions in technology, all of which will continue to be moving targets.

Those formally involved in faculty and professional development may find specific value in developing institutional strategies to utilize social media in educating health professionals and adding value to career development. For instance, academic medical centers might find it useful to develop training workshops for successful social media strategies in healthcare as an indispensable component of new employee orientation. Moreover, as we have demonstrated

at the Penn State Milton S. Hershey Medical Center,<sup>9</sup> those involved in junior faculty development programs might find it advantageous to reach out to nonmedical disciplines (communications, marketing, information technology, humanities, and so on) to provide useful social media knowledge, skills, resources, strategies, and ethical and professional guidance that can be valuable not just to younger health professionals but also to established practitioners. To incentivize such inter-professional (and perhaps even intergenerational) learning, continuing medical education credits can be used to encourage participation. Given the amount of time that young professionals like the PICU resident spend on Facebook each day, program directors might also set up “faculty and professional development” closed groups on Facebook as a complementary platform for disseminating information to junior faculty about setting career goals, promotion and tenure, characteristics of excellent professionals, conflict resolution, grant and manuscript writing, and so on. Further, as has been identified as a growing trend in academic medicine,<sup>10</sup> social media could be encouraged as a means of strengthening mentor-mentee relationships—particularly for mentors who are savvy with social media and might connect with younger professionals more effectively on this platform than email.

Policy-wise, those who develop professional and institutional guidelines should take care to conceptualize rules, not merely with expectations of misuse, but with openness to the changing nature of information exchange between patients and professionals, and awareness of the emerging culture of social learning and exchange in medicine. Administrators might even entertain the notion of how to compensate social networking professionals for their time, or factor in such efforts to the promotion and tenure process—particularly for those who amass large networks of patient (and colleague) followers. Preaching abstinence from all social media is simply no longer an option, and it risks contributing to a generation of doctors further disconnected from patients and colleagues who are increasingly migrating to social media platforms.

The next decade will invariably give rise to greater “social” advancements in medicine, and this will be exciting—if occasionally consternating—to witness. In the short-term, the trend towards improving social networking privacy controls can be reassuring to health professionals such as the PICU resident, who regard tools like Facebook not as an absolute danger, but as an indispensable asset in their personal and professional lives.

### MASKING OF THE CASE

Some details of the case presented at the beginning of this article were changed to protect the identities of the persons involved.

### NOTES

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