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TTaPP: Together Take a Pause and Ponder: A Critical Thinking Tool for Exploring the Public/Private Lives of Patients

Leslie Kuhnel

ABSTRACT

The broad use of social networking and user-generated content has increased the online footprint of many individuals. A generation of healthcare professionals have grown up with online search activities as part of their everyday lives. Sites like Facebook, Twitter, and Instagram have given the public new ways to share intimate details about their public and private lives and the lives of their friends and families. As a result, careproviders have the ability to find out more about their patients with just the tap of a key or the click of a mouse. This type of online searching for patient information is known as patient-targeted googling or PTG.

This article provides an overview of the emergence of PTG, identifies the potential benefits and possible pitfalls of engaging in PTG, and explores current ethical frameworks that guide decisions about PTG. The article describes the development of a critical thinking tool developed by the Behavioral Health Ethics Committee at CHI Health, that can serve as a best-practice model for other hospitals and health systems. Called TTaPP (Together Take a Pause and Ponder), this tool is designed to help healthcare professionals across settings practice collaborative critical thinking skills as they consider the ethical questions of whether or not to engage in PTG. Finally, this article suggests areas for further study, including ways to prompt collaboration and appropriate documentation by maxi-

mizing electronic medical records systems, exploring the effectiveness of the TTaPP tool as a way to promote a culture of collaborative critical thinking practices, and the attitudes of patients and the public regarding PTG.

"I don't think it's right that she can't say goodbye . . . something fishy is going on here and I think her family is keeping things from her. Let's google them and see what the real story is. . . ."

It started innocently enough, a conversation within one of our treatment teams. They had a hunch about this situation, and it would be easy to simply search online for the information they wanted. Yet while this seemingly innocuous strategy to find out more was well intended, the consequences proved complicated. The information the team found online—that the young patient's loved one had passed away, his bedside surrounded by several other family members, his funeral now an event of the past—could not be unseen. They now had information their patient did not have. They had not asked for parental permission to search online. They struggled with their relationship, given this new knowledge; and they grappled with their own conflicted feelings about grief, loss, and the "best" way to parent a child dealing with death. Ultimately, the trust within the therapeutic relationship was significantly compromised by their online search activities, and the treatment team eventually turned to our local behavioral health ethics committee for guidance.

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Situations like this one are not uncommon in our ever-evolving social-networking age. Most healthcare professionals are a keystroke away from previously hidden details of their patients' lives, and ready access to an abundance of online information has made the urge to "google search" quite tempting. To be sure, accessing online avenues can be beneficial to healthcare teams by providing more information to consider as effective care plans are developed. However, when curiosity overshadows caution, the risks associated with the instant urge to "google" must be considered.

Within this new social-networking world, concepts of privacy, the boundaries between public and private lives blur, and the role of professionalism within the therapeutic relationship is challenged in new ways. Known as patient-targeted googling (PTG), this type of online patient-information-gathering activity raises several ethical questions, including concerns related to respect for privacy and confidentiality, the accuracy and verifiability of information, and risks to the integrity of the patient-care-provider relationship.¹

These were the questions that the members of the ethics committee grappled with in an effort to respond to the treatment team. The goal was to find a way to balance the potential benefits and possible pitfalls associated with engaging in PTG. The result was the development of a critical-thinking tool for healthcare professionals called TTaPP (Together Take a Pause and Ponder, see the appendix). The TTaPP tool is designed to facilitate collaborative decision making about whether or not to engage in PTG.² It is intended to prompt healthcare professionals to work together to pause and ponder their intentions and motivations, and to consider the benefits and potential consequences of searching online for information about their patients, before engaging in PTG.

This article provides an overview of the emergence of online search activities within healthcare, identifies potential benefits and possible pitfalls of engaging in PTG, and explores current ethical frameworks that guide decisions about PTG. This article also describes one organization's response to the need for PTG activity guidelines (the TTaPP tool) and suggests further areas of research and study. Finally, the article suggests that the TTaPP tool can encourage healthcare professionals across disciplines and delivery settings to practice collaborative critical thinking skills as they consider whether or not to engage in PTG, and offers the TTaPP tool as a model practice for adoption by other hospitals and health systems.

HISTORY AND BACKGROUND OF PTG

The Evolution of the Web and the Emergence of Patient-Targeted Googling

The evolution of the social-networking age has seen the emergence of a plethora of user-generated content information. Social-networking sites and sophisticated online search engines have dramatically changed the way people interact with one another. In the past, finding out about personal behaviors and private encounters would have required driving by a person's home, reading a person's diary, or eavesdropping on a person's conversations. In this social-networking era, however, catching a glimpse into a person's private world is as easy as googling a name, visiting a Facebook page, or viewing an Instagram gallery. As Brian K. Clinton and colleagues note, instant online searches and frequent social media browsing reflect the "omnipresence of the internet in our daily lives," and the capability of conducting online searches is literally at the fingertips of most people.³ As a result, the once-private lives of others have become remarkably public.⁴

Careproviders face unique opportunities and challenges in this social-networking era. PTG offers new windows into the personal lives of patients, their families, and their circles of friends.⁵ For younger generations of healthcare professionals, "digital natives" who have grown up with the internet, such online exploration is a natural and instinctive part of their everyday connection with others.⁶ "The vast majority of physicians I know google their patients," says one young doctor; "To my generation, using a search engine like Google [in the professional setting] comes as naturally as sharing pictures of children or a recent vacation on . . . Facebook."⁷

This anecdotal demonstration of routine online activity by healthcare professionals is echoed in the empirical literature. For example, Gabriel T. Bosslet and colleagues found that 93.5 percent of medical students, 79.4 percent of resident physicians, and 41.6 percent of practicing physicians in the United States reported using online social-networking sites.⁸ Maxim Ben-Yakov and colleagues report that the majority of responding emergency physicians, residents, and graduate students were users of online social networks.⁹ Based on these studies, it appears that most medical professionals are frequent users of search engines and browsers of social-networking sites within the context of their private lives.

However, when it comes to professional perspectives regarding the appropriateness of engaging in PTG, medical professionals' comfort levels changed.

Only 57.9 percent of physicians, medical students, and residents in the study by Bosslet and colleagues found it “ethically unacceptable” to visit the social network sites of patients.¹⁰ Likewise, only 12.1 percent of respondents in the second study searched on Google and 1.9 percent searched on Facebook for information about their patients. Nearly 30 percent of respondents in the study by Ben-Yakov and colleagues felt that engaging in a Facebook search was “very unethical” because such activities would violate confidentiality, respect for patients’ dignity, and standards of informed consent.¹¹

Attitudes and actions seemed to vary within the behavioral health context, however. A study of psychology graduate students by David K. DiLillo and Emily B. Gale found that while the majority of respondents felt it was “usually” or “always” unacceptable to search for online patient information using Google (76.8 percent) or Facebook (76.8 percent), as many as 94 to 97 percent engaged in PTG for at least one of their patients during the year prior to the study.¹² These results seem to suggest that there may be something unique about information sharing within the therapeutic relationship in the behavioral healthcare setting. Cynthia Geppert writes that this may suggest that there is a need for guidance regarding engaging in PTG in the behavior healthcare context in particular.¹³

It is likely that the frequency of engaging in PTG will continue to grow, given the ease of access to online information and the generational differences as younger careproviders become medical professionals. While this has the potential to benefit patient care in many ways, there are a number of possible risks as well. In anticipation of related ethical dilemmas, careproviders, scholars, and professional organizations recognize the need for deliberation about engaging in PTG. As resident Haider Javed Warraich noted, “it surprises me that more physicians don’t pause and think about what [PTG] means for the doctor-patient relationship.”¹⁴ Developing intentional practices and critical thinking skills that protect the integrity of this relationship is critical to the professional practice of medicine in an era of social networking.

POTENTIAL BENEFITS AND POSSIBLE PITFALLS OF PTG

Ready access to the social-networking landscape promises several potential benefits within the healthcare arena, since online databases and social-networking sites contain a wealth of information that may be helpful to patient care. For example, PTG

may help identify an unrepresented patient’s potential representative, and may provide medical history and other relevant information for unconscious patients. PTG may allow careproviders who are concerned about the safety and well-being of their patients to monitor risks more closely. PTG may help locate research participants who were formerly lost to follow up, so that up-to-date treatment information can be shared.¹⁵ Social-networking sites and other online outlets can be valuable sources of information for patients for whom communication would otherwise be a challenge.¹⁶ Online platforms can be an essential information-gathering tool for patients with severe social phobias or communication disorders, and can inform patient care in significant ways.¹⁷

Paul S. Appelbaum and Andrew Kopelman write that PTG holds significant promise as “rich sources of collateral data” that could otherwise remain undiscovered or might be misrepresented within a clinical setting.¹⁸ For example, Facebook posts and Twitter feeds may include items that suggest mental health symptomology, including depressive or suicidal thoughts, ongoing patterns of substance use, or other concerning behaviors. By using social-networking sites as a way to “access a patient’s mental state in real time,” Chantal Cox-George writes, PTG can provide a valuable method for gathering previously unavailable information.¹⁹

In addition, online search activities conducted in partnership with a patient can be an effective tool in the therapeutic setting. For example, a careprovider may find it helpful to review social media posts with a patient who is struggling with boundary issues, or might be able to engage with a patient experiencing a public loss or tragedy by reviewing available online information together. Suggesting collaborative online search activities may prompt a patient to verbally share sought-after information, such that further PTG becomes unnecessary.²⁰

Although there are several potential benefits associated with online search activities, there are pitfalls as well. Consider, for example, how the locus of the control of information shifts in the online environment. Patients are no longer the primary owners of decisions about when and how to share their personal information within the therapeutic setting. Instead, control is now shared with—or even handed over to—their careproviders, who now have the ability to search for information with or without the permission of their patients. As a result of this shift, several ethical dilemmas have emerged. Areas of particular ethical concern are discussed below.

Privacy and Confidentiality, Part One: Information Control

One area of concern is the increased potential for breaching patients' privacy and confidentiality when engaging in PTG. Here it is important to recognize the distinction between privacy and confidentiality. As Kayhan Parsi and Nanette Elster note, privacy is "typically focused on the person—how and when an individual may share of him or herself," whereas confidentiality is "focused on information that has been shared with someone else in a relationship of trust."²¹ In the context of the patient-careprovider relationship in this social-networking age, trust is paramount, with privacy dependent on the degree to which patients are allowed to decide what information to share and what not to share online, and confidentiality dependent on the degree to which a careprovider shares patients' information discovered online with others.

Because the locus of information control has shifted from patient to careprovider to a certain degree, there is increased potential for breaches of both privacy and confidentiality. Windows into the once-private lives of patients can be opened by careproviders and others on the care team (often without permission), revealing information that was easily hidden in the past. This includes information patients would rather their careproviders not see, creating a new type of vulnerability for patients.²²

Access to patients' personal thoughts and experiences may not be limited to decisions by patients about whether or not to share these with their careproviders. Instead, such information may be discovered through a careprovider's decision to search within the "private" spaces of patients' social-networking footprints.

For some patients, recognizing these new windows into previously private worlds may result in increased discretion about what content to share online. For other patients, though, this recognition may lead to a reluctance to engage within the healthcare system, even to the extent that the delivery of care may be compromised.²³ To avoid this, patients must be able to trust that information sharing and searching is done within the context of respect for their privacy and confidentiality. Given the current conversations and investigations into privacy on social network sites, the final determination of both public and legal perceptions regarding the privacy of the information that is posted on social media sites remains to be seen. However, until such time as these questions are sufficiently answered, these legal and regulatory constructs around privacy remain relatively undefined.

Privacy and Confidentiality Part Two: Legal and Regulatory Constructs

One may ask how regulations and laws apply to privacy and confidentiality as they relate to engaging in PTG. Surprisingly, the regulatory and legal realms do little to limit such activities. First, as Daniel F. Shay argues, online postings are considered to be in the public domain.²⁴ Second, as Geppert and Lorna L. Hecker and Roger Shindell write, because information posted on social-networking sites is created by a patient about himself or herself, and not by the careprovider about the patient, information is not covered by the typical privacy regulations such as HIPAA (Health Improvement Portability and Accountability Act).²⁵ Currently there do not seem to be regulations that fully protect the privacy of most of the information that is available on social-networking sites.²⁶

Likewise, within the legal realm, determinations of privacy regarding information on social-networking sites are not as straightforward as some might assume. As attorney Margaret DiBianca writes, there is a general legal consensus that " 'private' is not necessarily the same thing as 'not public,' " and thus it cannot be expected that information posted on social-networking sites will automatically remain private.²⁷ Given this, Shay says that currently there do not seem to be legal reasons that careproviders should refrain from online search activities, as long as the method of searching itself is legal.²⁸

Privacy and Confidentiality Part Three: Social Constructs

Although the regulatory and legal constructs of privacy and confidentiality do not limit a careprovider's ability to engage in PTG, at least of yet, the social construct of privacy and confidentiality may create limitations for professionalism. Many consider the information posted on social-networking sites like Facebook, for example, to be relatively private. However, although privacy settings can limit some types of exposure, the frameworks of online platforms of many social-networking sites make it difficult to completely control all access to personal information. The messages one sends can be retweeted indefinitely. Pictures one posts online can be posted by other persons on their sites. Friends of friends of friends may have unknown connections that lead to uninvited viewing of your information, and networks of connected users may stretch beyond recognized relationships to cross over professional or personal boundaries. All of this increases the vulnerability of patients, and the expectations of professionalism, including protecting the integrity

of the therapeutic relationship, becomes even more significant. For patients to continue to trust their careproviders, they must be able to rely on the social constructs of privacy and confidentiality that are inherent in patient-careprovider relationships.

The Accuracy and Validity of Online Information

Beyond privacy and confidentiality, another area of concern is the accuracy and validity of online information. Because postings and images that are discovered online can lead to a variety of assumptions, the accuracy and validity of the information itself, and perceptions about that information, must be carefully considered. In some cases, names that are similar and variations in spelling may lead to the discovery of information about the wrong person. For example, which Jane Smith was arrested for drunk driving three years ago? Was that Jane Smith or Jayne Smyth in that picture posted last New Year's Eve? Or information that is found online is about the right person, but does not truly reflect that person's actual lived experience. Thus, that *is* "the right Jane Smyth" in the photo, but the champagne glass she is holding is her friend's, not hers.

The images and postings found online do not tell the entire story. As Shay notes, information posted online generally represents an isolated snapshot, a single moment in time.²⁹ Jim Taylor writes that a person's "online self" may or may not be grounded in the reality of that person's actual identity, or may be the result of significant variations between the person's "online" persona and "real-world" persona.³⁰ Appelbaum and Kopelman note that the disinhibition effect, the asynchronous nature of online communication, and the sense of increased anonymity within the virtual world make it easy to create an inflated or fantasy online persona and to hide one's true self.³¹ All of these factors make it difficult, if not impossible, to draw accurate conclusions based solely on information found as a result of PTG.

Transparency, Patient Consent, and Disclosure

Other areas of concern are transparency, patients' consent, and disclosure. Whether or not careproviders are transparent about their intentions to search online, whether or not patients are given the opportunity to consent, and whether or not the information found online is disclosed to patients matters in terms of protecting the integrity of the patient-careprovider relationship.

Patients' perceptions and expectations are the primary factors to consider here. For one, as Merle Spriggs notes, searching online without a patient's

consent changes the role of the careprovider "from someone who works with the patient to someone who observes and spies on them."³² The perception has shifted from that of a shared relationship of a patient and careprovider interacting with one another, to an imbalanced relationship in which one person (the careprovider) acts upon the other (the patient). Again, trust is the central issue, and the potential for violation of that trust through searching online without the patient's consent is significant. Cox-George and others have argued that because patients commonly expect the bulk of what physicians know about them to come from information the patients have shared personally, engaging in PTG without the prior consent of patients should be avoided unless there are significant health or safety issues at stake.³³ Rebecca Volpe and colleagues offer a litmus test to use as guideline: Simply ask, Why would it be better to google a patient than to ask her or him directly for the information sought?³⁴ Finding out more about patients' perceptions of how online searches strengthen or weaken trust within the patient-careprovider relationship would add to this dialogue and confirm whether or not these perceptions are accurate.

Motivations of the Careprovider

Another area of concern is a careprovider's motivation for engaging in PTG. Searching for information online can be quite tempting, given the abundance of easily accessible information. As Parsi and Elster argue, curiosity as a motivation rarely justifies PTG, particularly when the information sought is information a patient would rather not share.³⁵ The urgency to find out more by searching online must be balanced with respect for the patient and respect for the integrity of the therapeutic process.

Allowing information to emerge organically (if it does emerge at all) may be a critical part of the therapeutic process. Rushing the process by prematurely inserting found information into the clinical encounter may pose a serious threat to the integrity of the patient-careprovider relationship. Rather than search online for information to answer questions not yet approached, Warraich writes, "a physician should instead pause and do what has worked . . . over time: simply sit down next to the patient and ask [the patient directly]."³⁶ Should patients decide they do not want to share, argue Ben-Yakov and colleagues, then that decision should be respected: "if the only reason a doctor searches online is to gather personal information that patients don't want to share with their physicians, then [searching online] is absolutely the wrong thing to do."³⁷

There is a fine line between professional responsibility and potential voyeurism. The cloak of anonymity that may give patients a false sense of security within online encounters creates a strange space for careproviders as well, perhaps leading them to falsely believe that patients would not find out about online searches. Ben-Yakov and colleagues, along with others, argue that although the circumstances of a specific case may justify engaging in PTG, special caution must be taken to consider whether searching online is really about enhancing patient care in ways that cannot be otherwise accomplished, or if the act of online searching is driven by casual habit, curiosity, or voyeurism.³⁸ Pausing to consider the motivation for engaging in PTG is an important way to navigate online environment while avoiding potentially damaging pitfalls.

EMERGING GUIDELINES AND STANDARDS

Questions about the appropriate use of online information in the healthcare setting have become a popular focus of conversations about professionalism. In 2010 Clinton, Silverman, and Brendel offered a set of questions that practitioners should explore when considering the ethical dilemmas associated with engaging in PTG.³⁹ These included questions about the potential impact on the therapeutic relationship, the role of informed consent and disclosure, whether and how to document information found online, and the motivations for engaging in PTG.

Since then several professional organizations have developed guidelines for working within the online and social media context and engaging in PTG. For example, the American Psychiatric Association's Ethics Committee states that "first and foremost, the 'Googling' of a patient should only be done in the interest of promoting patient care and well-being, and never to satisfy the curiosity or other needs of the psychiatrist."⁴⁰ The APA opinion also notes the importance of considering how online information will ultimately be used and how it might influence treatment and the therapeutic relationship.⁴¹ The opinion concludes with a recommendation that clinicians ask certain questions about their own motivations for engaging in PTG, the intended application of information found through PTG within the clinical setting, and the potential consequences resulting from PTG before engaging in this type of information gathering.⁴² In order to be considered ethically permissible, the goal of the online search activity must be aligned with the patient's goals for his or her treatment, must be clearly in the best in-

terest of the patient, and must *not* be for the sole benefit or convenience of the careprovider.

In contrast to the APA, although the American Medical Association (AMA) has expressed an opinion on the role of social media in relationship to medical professionalism, it has not specifically addressed ethical considerations related to engaging in PTG. Maria J. Baker, Daniel R. George, and Gordon L. Kauffman refer to this as AMA's "Google blind spot," and criticize this lack, given both the number of practicing physicians who use social media on a daily basis and the number of medical students and new physicians who have grown up in the social-networking age.⁴³ In response to the AMA's lack of guidance, Baker and colleagues offer a list of 10 factors that would justify PTG.⁴⁴ This list includes the duty to warn of possible harm, suspicion of "doctor shopping," evasive responses to clinical questions, improbable claims about personal or family history, inconsistent statements from a patient or other family members, suspicions of physical or substance abuse, and concerns related to suicide risk.

In addition to conversations in the psychiatric and medical literature, other healthcare professionals have suggested or developed guidelines for PTG. Janet Green has written for nurses; Amy L. Hader and Evan D. Brown wrote for nurse anesthetists.⁴⁵ Hecker and Shindell wrote for wound care specialists;⁴⁶ Frederic G. Reamer wrote for social workers;⁴⁷ Kendra Gagnon and Carla Sabus for physical therapists;⁴⁸ Ann McNary for risk-management professionals;⁴⁹ C. Lee Ventola for pharmacists;⁵⁰ and Thomas E. Taimann for dentists.⁵¹ While there are no universal standards for engaging in PTG for use across healthcare professions, there are several common recommendations found in these guidelines that professionals should consider before searching online for patient information, which include:

- Their intentions and motivations for engaging in patient-targeted googling activities
- The impact of PTG on the current and future therapeutic relationship
- The requirement of consent prior to engaging in PTG
- The accuracy and validity of online information
- The potential benefits or risks of PTG
- The appropriateness of disclosure of information found online to the patient and to current and future careproviders
- The process for documentation of relevant information

In addition, prior to engaging in PTG, professionals are commonly guided to pause and ponder

the above considerations, either on their own or in collaboration with their colleagues and patients.

RESPONDING TO LOCAL DILEMMAS: DEVELOPMENT OF THE TTaPP TOOL

Conversations about whether and when to conduct online searches for information about patients emerged as a focus for our local Behavioral Health Ethics Committee in 2014. Members of our committee, representing various areas of behavioral health-care, several professional disciplines, and our patient population, were asked to review the case described earlier: because of their concern that important information was being “hidden” from their patient, members of the team had decided to search online for more details. As a result of their search, they discovered the obituary of their patient’s loved one, and found pictures of other family members with the loved one in the days prior to the death. These findings led team members to conclude that the patient had been intentionally deceived, and prevented from saying good-bye in a way that they all felt was important.

Following the search, the dynamic of the therapeutic relationship changed in significant ways. Some team members became suspicious of most of the parents’ behaviors, and a few even questioned whether the situation should be reported as a type of parental neglect. Although the team initially wanted to know whether it would be ethical to disclose information about the family member’s death to the patient without the parents’ permission, it did not take long for the focus of the ethics committee’s conversation to shift to broader ethical questions related to engaging in PTG. This included concerns related to the confidentiality and privacy of the patient’s family, conflicts about whether or not to disclose discovered online information to the mother and the patient, and questions about searching online without asking for consent or permission. Members of the treatment team and the members of the behavioral health ethics committee struggled to determine the best way to respond to the resulting disruption within the therapeutic relationship.

Although this situation came to the ethics committee as an isolated case, several additional examples of healthcare professionals engaging in online searches emerged. In fact, it became clear that engaging in PTG was not uncommon in the behavioral health setting. Sometimes online searches were conducted because of safety concerns, and other times they were conducted simply out of curiosity about a patient’s background. This discussion

prompted ethics committee members to think about ways to pro-actively address the ethical dilemmas associated with engaging in PTG. For experienced ethics committee members from older generations, the initial answer seemed to be prohibiting engagement in PTG altogether. However, as discussion continued and the possible benefits of searching for information online were explored, it became clear that strict guidelines prohibiting PTG in all situations would be too limiting. It also became clear that such prohibitions would not adequately respond to the social-networking practices of younger professionals—and of many patients. What was needed instead was a critical-thinking tool to guide collaborative decisions about whether, when, and how to appropriately engage in PTG within the clinical setting.

Building upon the pragmatic framework suggested by Clinton, Silverman, and Brendel,⁵² ethics committee members developed a critical-thinking tool called TTaPP (Together Take a Pause and Ponder—see the appendix). The TTaPP tool is intended to provide staff with a series of ethics-related questions to consider before engaging in PTG. The TTaPP tool guides professionals to talk with their colleagues, managers, and other care team members about the possible benefits, implications, and consequences of engaging in PTG. The TTaPP tool sets the expectation that healthcare professionals will pause and ponder questions together before making a definitive decision about whether or not online searching for a patient’s information is ethically justifiable.

Although the TTaPP tool was developed within the behavioral healthcare context, the questions have been carefully crafted for application across healthcare settings. By fostering critical thinking and collaborative deliberation about the practice of engaging in PTG in any context, the TTaPP tool can help professionals navigate the potential benefits and possible pitfalls that accompany expanded access to online information about the public and private lives of patients throughout all areas of healthcare.

OPPORTUNITIES FOR ADDITIONAL RESEARCH AND STUDY

There are several opportunities for additional research and study associated with PTG and the TTaPP tool. For example, an exploration of the attitudes of practitioners prior to and following their introduction to the TTaPP tool could help us understand variations among professions, generations, and service areas. Such a study might also help us understand whether the TTaPP tool creates a context in which critical thinking before searching becomes

a professional habit. Possible ways this could be done include the use of pre- and post-education surveys, focus groups, one-on-one interviews, and observations of practice patterns across a variety of professional disciplines.

A second area to study includes an exploration of ways to maximize the electronic medical records (EMR) functions related to PTG and the implementation of the TTaPP tool. Prompts for documentation of evidence that staff paused to ponder certain questions in collaboration with others before engaging in PTG, could provide useful information about online search practice patterns. In addition, maximization of EMR documentation tools may help us explore how information found through PTG impacts interactions with and the treatment of patients and their families. Although more complex than other types of analysis, a qualitative chart review could offer information about how PTG impacts patient-careprovider relationships within and across patient encounters, and may give us some idea of whether or not such activities are indeed helpful (or potentially harmful) within the context of patient care.

Finally, there is an opportunity to explore attitudes and perceptions of patients and the public regarding PTG. To date, most of the research on attitudes towards online search activities by healthcare professionals has focused on practitioners and learners. The perceptions of patients and the public tend to be drawn from anecdotal conversations and speculation. However, the general conclusion that patients may be skeptical about such activities has likely been drawn from observations like Shay's: "while patients may appreciate the opportunity to research their doctors, often they are less enthusiastic about having the doctor research them."⁵³

Surveys, interviews, and focus groups may help us determine if such conclusions and our presumptions about patients' perceptions of PTG are indeed accurate. They may also give us insight into the opinions and attitudes of the general public related to acceptable reasons to engage in online searches for information in the healthcare context. Insights gained from this type of research could provide valuable information about potential benefits and possible pitfalls of PTG, and could expand our understanding of the ethical tensions that have been identified throughout this article.

CONCLUSION

With the continuing evolution of social networking, the increasing accessibility of online informa-

tion, the integration of online activities within the fabric of everyday life, and the emergence of medical professionals who are, more likely than not, social-networking natives, the tendency to engage in PTG within the healthcare context will grow. By proactively considering the potential benefits and possible pitfalls of online searching, and by fostering critical thinking skills and collaborative deliberation regarding PTG, the integrity of the patient-careprovider relationship can be protected. This may not be easy, however, as new platforms are introduced and new dilemmas are uncovered. Introducing models like the TTaPP tool may help healthcare professionals remember to pause and to collectively consider the ramifications of their actions so that professionalism remains a priority.

BLINDING OF THE CASE

Details of this case have been altered to protect the identities of the patient and the patient's family.

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NOTES

1. B.K. Clinton, B.C. Silverman, and D.H. Brendel, "Patient-Targeted Googling: The Ethics of Searching Online for Patient Information," *Harvard Review of Psychiatry* 8, no. 3 (2010): 103-12, doi: 10.3109/10673221003683861.

2. *Ibid.*, 104.

3. *Ibid.*, 104.

4. P.S. Appelbaum and A. Kopelman, "Social Media's Challenges for Psychiatry," *World Psychiatry* 1, no. 1 (2014): 21-3, doi: 10.1002/wps.20085.

5. Clinton, Silverman, and Brendel, "Patient-Targeted Googling," see note 1 above.

6. G.E. Brisson, M.J. Fisher, M.W. LaBelle, and S.E. Kozmic, "Defining a Mismatch: Differences in Usage of Social-networking Sites Between Medical Students and the Faculty Who Teach Them," *Teaching and Learning in*

APPENDIX



Together Take a Pause and Ponder

 *Should I Search Online?* 

We live in a networked world, and sensitive information about the people you serve may be a just a tap on a keyboard or cell phone away. Though it can be tempting – and even helpful – to search Google, Facebook, Twitter and other online and social media sources to find out more, online searches on your work or personal computers and electronic devices have the potential to:

- Compromise the integrity of the therapeutic relationship.
- Cross professional boundaries.
- Jeopardize trust between patients and their care team
- Introduce false or inaccurate information.

The general guidelines is NOT to search online for patient information, before you do the following:

- FIRST, talk with your manager, another team member, and/or your patient's provider
- THEN, Together Take a Pause and Ponder (TTaPP) the following questions.

Questions to Ponder Together

1) How is my decision to search for online information guided by our Mission, Core Values, and Standards of Conduct?

- Would this search demonstrate or compromise my reverence for this person?
- Does this search demonstrate hospitality, collaboration and respect for the dignity of this person?
- Does this search demonstrate or compromise my integrity or the integrity of others caring for this person in terms of honesty, humility and stewardship?
- How might this search strengthen or compromise my compassion for this person?
- Does this search illustrate our commitment to person-centered care, creating healing environments and advocating for others?
- Does an online search cross professional boundaries with this person or compromise the requirements of my professional licensure?

2) Why do I want to search online for information about this person?

- Am I concerned about this person's immediate safety and well-being, or am I just curious to find out what might be online?
- Do I believe this online information is critical to providing effective treatment for this person?
- Is my desire to search for online information based on my assumptions about this person, or influenced by any sources of stigma?
- Does this online search cross professional boundaries within my relationship with this person?
- How does this online search compare to other types of information-gathering activities? For example:
 - searching in a phone book
 - looking through a purse or wallet
 - reading a diary or journal
 - listening in on a personal conversation
- How will I know if any information I might find online is true and accurate?
- Is there no other way to find out this information (including directly talking with the person)?



3) Could my online search either advance or compromise treatment?

- How will I use the information I find online within the treatment setting?
- How will I keep this information private (or should I keep it private)?
- How would any online information I might find impact this person's treatment plan?

This information was adapted by the CHI Health Behavioral Healthcare Ethics Committee from information found in the following resources:

- Clinton, B. K., Silverman, B. C., & Brendel, D. H. (2010).
- Ethics Committee of the American Psychiatric Association. (2017). *Opinions of the Ethics Committee on the Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*. Arlington, VA: American Psychiatric Association.
- Patient-targeted googling: The ethics of searching online for patient information. *Harvard Review of Psychiatry*, 18(2), 103-112.





Together Take a Pause and Ponder

For more information and assistance contact the Ethics Services department at EthicsServices@alegent.org or 402-343-4476.

- How might this online search be of benefit or cause harm to this person? To our therapeutic relationship?
- Is there a different way I could find the information I am searching for online that would pose less risk to this person's confidentiality and privacy?
- Is there something about this situation that would justify searching for information online? For example:
 - Looking for an otherwise-unknown emergency contact.
 - Concern for the immediate safety and wellbeing of this person.
 - Concern for the immediate safety and well-being of others as a result of my interactions with this person?

4) Should I ask for permission from this person before searching online for information?

- Would asking this person about the situation or for permission before searching open up discussions about my concerns?
- Are there compelling reasons **not** to ask permission before searching for information online?
- Will this person feel hurt, angry or violated if I search online without permission?
 - *If there is a low likelihood of benefit and a high likelihood that this person will feel angry or violated, then you should probably not search for information online.*
- How can I preserve privacy and maintain trust with this person if I search for online information without permission?

5) Should I share online search results with this person?

- If I decide to search online for information, should I share what I found with this person and/or with others?
- What if I didn't ask for permission to search online before-hand? What should I think about before I decide to tell this person about my online search after I've found something?
 - *Consider talking with a legal, risk management or privacy specialist, or requesting an ethics consultation, to help you with this decision.*
- If I decide not to tell this person that I searched online for information, or not to share the information I found, how will it change my interactions with this person?
- If I decide to tell this person about my online search, how can I do so in a way that preserves trust within our relationship?

6) If I do search online, should I document any information I find in this person's medical record?

- Is the information I found online relevant to the treatment plan?
- Have I considered that this person has a right to read information in the medical record?
- How might this person's relationship with other members of the current or future treatment team be impacted by this information?
- How might unverified information found online and placed in a medical record impact this person's current and future treatment and well-being?
 - For example, might documentation about a photo of this person holding a cigarette lead to a false assumption that this person smokes; and how might that impact future insurance coverage or employment opportunities?

7) How do I monitor my motivations along with the risks and benefits of searching online for information?

- Have I checked in with my manager or supervisor, another colleague or the primary provider before searching online for more information about this person?
- Have I identified and acknowledged my motivations for wanting to search online for more information about this person?
- Can I justify my desire to search online from a clinical and/or therapeutic perspective, or am I just being curious or "nosy"?
- Have I carefully considered how this person will be impacted by any information I find by searching online?
- Have I carefully considered how my perceptions will be impacted by information I find by searching online?

Whenever you are pondering whether or not to proceed with an online search for information, be sure to **Together Take a Pause and Ponder (TTaPP)** and ask yourself these questions. Stop and talk to a peer or supervisor, and if you are not the direct provider for the patient, be sure to talk with the provider before proceeding with any search. Consider consulting with a legal, risk management, privacy or ethics resource before proceeding with any online search for information about your patient.

Your answers to the questions above will help you decide whether or not you should search for information online.

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