

PEAK

In social media age, watch what you say

Toni M. Roucka, DDS, MA, FACD

Evelyn Donate-Bartfield, PhD

Pamela Zarkowski, MPH, JD, FACD



Royal College of
Dental Surgeons of Ontario

Ensuring Continued Trust

This PEAK article is a special membership service from RCDSO.

The goal of PEAK (Practice Enhancement and Knowledge) is to provide Ontario dentists with key articles on a wide-range of clinical and non-clinical topics from dental literature around the world.

PLEASE KEEP FOR FUTURE REFERENCE.

Supplement to November/December 2014 issue of Dispatch magazine

In social media age, watch what you say

Reprinted with permission from General Dentistry, January/February 2014.
On the web at www.agd.org. © Academy of General Dentistry. All rights reserved.
Foster Printing Service: 866-879-9144, www.marketingreprints.com.



Social media is here to stay. As the number of social networking websites grows each year, individuals increasingly interact through electronic communication. There are many benefits to using social media and electronic communication, including their ability to spread and share information.

However, parallel to these positive qualities, social media can pose ethical and legal challenges for health care professionals. There exist strict regulations regarding the protection of patient's personal health information via The Health Insurance Portability and Accountability Act (HIPAA), as well as an understanding of the ethical obligation to maintain patient confidentiality, but the challenge presented by the use of social media is that it makes it more and more difficult to keep patient information private. It can also distort the lines between personal and professional communication, and create novel challenges for dentists and members of their staff. How would you handle the fictional scenario that follows?

Dr. Hall's last patient of the day, Dan, comes in for his semi-annual appointment. Dan has been a longtime friend of Dr. Hall and is a prominent banker in their small town. Dan chats with Dr. Hall during an update of his medical history and mentions a car accident he was involved in and a recent visit to an emergency room. Dan ruefully and reluctantly discloses that he was drunk at the time of the accident, and now has a host of legal, financial, and family problems related to the incident. Dr. Hall is stunned and saddened by the details of the event.

During dinner that evening, Dr. Hall relates Dan's story in general terms to his wife. He is careful not to use Dan's name. Dr. Hall does mention in passing that the accident involved a red Corvette and says when it happened. They briefly discuss the incident, and the entire conversation lasts only a few minutes before they quickly move on to other topics.

Later that evening, Mrs. Hall is on Facebook. In response to her daughter's post that included a joke about drinking and homecoming, she mentions the story her husband told her about his "drunk driving patient" emphasizing that a drunk driving incident and its consequences could happen to anyone. She thinks it's a good idea to warn her daughter (and indirectly, her friends) about the potential consequences of drunk driving.

The next day, Mrs. Hall's teenage daughter, Jenny, comes home from school upset, asking "Mom, what did you post on my Facebook page?" Jenny tells her mother that her friend Steve approached her at lunch and told her that the drunk driving incident described on her Facebook page was his father's accident. Steve was angry and upset as he explained that the incident had not been in the papers, and not many people knew about it. He expressed concern that because of the comment that was posted on Facebook, many of Jenny's friends would now be aware of the accident. Even though no names were mentioned, the details of the accident (such as the type of car that was involved) would easily reveal that Steve's father was the driver involved. Steve was upset that Dr. Hall would discuss information he learned at his dad's dental visit, especially this information, because it was embarrassing and hurtful for his family. He wanted to know who else at school Jenny had told about his father's drunk driving accident.

Upon hearing her daughter's concerns, Mrs. Hall realized that many of Jenny's friends likely now knew about the accident and may have told their parents. She is also troubled that her husband did not tell her that their mutual friend Dan was the person involved in the accident. Upset, she calls her husband at work.

What did Dr. Hall do wrong? What should he do now?

An initial response to the scenario presented may be that Dr. Hall did absolutely nothing wrong, and perhaps that will be your final analysis. However, he

In social media age, watch what you say

is now in a predicament with his wife, daughter, and friend/patient. There are several ethical and legal issues at play in this scenario, and we will explore each of them individually.

Confidentiality of patient information is probably the most critical factor. Dan and Dr. Hall have a dual relationship: they have one relationship as friends and another as a doctor-patient dyad.¹

Being involved in two different types of relationships at the same time makes maintaining confidentiality more complicated. The information about the accident that Dan shared with Dr. Hall was done on two levels and, most likely, unwittingly so. Dan probably disclosed the information to Dr. Hall as a friend while Dr. Hall was hearing it as both a friend and Dan's dentist. Dr. Hall was distressed by what happened to Dan and, as a result, went home and shared the information with his wife. However, as is the case in all dual relationships, he shared the information while being in the role of both friend and dentist. It might have been appropriate to share the information given by a friend, but it is not acceptable to share information learned in his role as dentist.

Dr. Hall believed that he honored Dan's confidentiality by not using his name; however, other identifiers were present that he did not consider in the discussion with his wife. Those factors included the color and model of the car, as well as the day and time of the accident. The identifiers made it obvious to some of the individuals that read the Facebook post who was involved in the accident, including Dan's son, Steve, Jenny, and their friends. His wife posting the details to social media, however noble her intentions, made the situation even worse. In the age of social media, news – whether it is good or bad – can spread like wildfire. As people grow more connected, the world becomes smaller, and the puzzle pieces of such incidents are easier to put together.

- 4 There are all types of sensitive information that we learn about patients in medical/dental settings that are not medical in nature, but are still important to protect. Patients trust that a provider will respect

their autonomy and keep their information private, and when a provider violates that trust, he/she jeopardizes current and future relationships with patients and undermines the integrity of the profession as a whole. Dual relationships make the situation more difficult. It is possible that Dan was not sharing the information socially but was only providing the information because he felt he needed to update his dentist on his medical history. Would it have been acceptable for Dr. Hall to talk about the accident with his wife because Dan is a family friend? Should Dr. Hall have asked permission to share this information with Mrs. Hall? If Mrs. Hall had known the accident involved their close friend, this may have prevented her making the innocent post on her daughter's wall. Does this justify her knowing about Dan's situation?

What are internet ethics for professionals? Is there even such a thing? Should there be? More and more professional societies are setting standards regarding the use of social media and the internet in a professional context. Posting on a Facebook page is the equivalent of putting information on the front page of the newspaper – it's a public forum. Do we need to have a higher level of concern about confidentiality in public places? The answer must be yes, and it is important to realize that information placed on the internet can become public quickly. The American College of Dentists has published a position paper on the use of digital communication in dentistry.² In order to honor the professional standards of dentistry, they believe that dentists should adhere to the following eight principles when engaging in the use of digital communication, which includes social media. These principles are:

1. The professional relationship between dentist and patient should not be compromised by the use of digital communication.
2. Digital communication should not permit third parties to influence the dentist-patient relationship.

3. Dentists should exercise prudence to ensure that messages are professional and cannot be used in unprofessional ways by others.
4. Personal data should be protected and professional communication should be separated from personal communication.
5. Dentists should be generally familiar with the potential of digital communication, applicable laws, and the types of information patients have access to on the Web.
6. Practitioners should maintain an appropriate distinction between communication that constitutes the practice of dentistry and other practice-related communication.
7. Responses to criticism on digital media should be managed in a professional manner.
8. Dentists should be prepared to make more accommodations to patients than patients do to dentists in resolving misunderstandings about treatment.²

While these principles apply to all types of digital media, including those used for marketing purposes, they are important to note for this case, especially No. 1, 3, and 4. Dentists must be vigilant to prevent any information related to patient care from directly or indirectly being placed on the internet. Avoiding social media sites such as Facebook is not a solution. While our case (and a similar case in a medical setting described by George in 2012) involves postings on Facebook, this type of situation can happen just as easily with forwarded email, text messages, or blogs.³ Email is quickly and widely distributed to many people, and once it's out there, it's permanent. In fact, recent changes to HIPAA have officially addressed email correspondence with patients.⁴ Dentists are required to employ stricter safeguards to protect patient information transmitted electronically. It would have made little difference to Steve if his father's predicament was spread to his classmates through Facebook or through a mass distributed or forwarded email. The

results, and the need for professional caution, are the same.

In this case, a seemingly innocent Facebook post intended to provide advice to a child had the unintended consequence of private information being shared publically. It's important to keep in mind that we have little control over how an electronic communication will be understood or used. Mrs. Hall was playing the role of a concerned parent trying to coach her daughter, but divulged details that harmed Dan and Steve. She cannot retract the post because it was available to all of Jenny's Facebook friends, who could share or comment on it. She meant to convey a helpful message, which was read and became harmful gossip, and the internet helped make a small gaffe become a public story. The lesson: discussions about a patient, even in the privacy of one's home, should be limited or nonexistent. In this case, a dinner conversation resulted in a violation of patient trust, with subsequent concerns about breaches of patient confidentiality, and reputational harm. The warning for professionals: do not talk with friends or family about information shared by patients. A second warning is to use particular care if a communication is sent via email, posted on the web, or transmitted through any electronic media.

We believe it is also important to consider how the use of social media sites such as Facebook could harm a dentist's reputation or impinge upon their personal lives. The maintenance of professional boundaries protects both the professional and the patient. What information do we want our patients to know about us? Do we want them to know our religious or political preferences, or how we like to spend our spare time? Do we want them to be able to see photos of our families or special events in our lives? Do we want them sending us Facebook messages on our personal sites asking about dental concerns? If patients are also our Facebook "friends," this is an invitation to a dual relationship. Patients may feel vulnerable or distressed if they

In social media age, watch what you say

learn information about their provider that is troublesome to them and outside the normal realm of the professional relationship.⁵ Maintaining professional boundaries means respect, trust, and patient well-being is honored at all times, even online.^{6,7} Casual chatting in the office with patients is one form of professional self-disclosure that is often harmless and may serve to enhance rapport, but online chats, especially when accompanied by photos and conversations taken out of context, can have a different meaning. Self-disclosure that is not appropriate in the office setting may be even more intensified online.⁸ Recall that as professionals, we have information about our patients that they do not have about us. When we abandon professional boundaries on the internet, their trust in our ability to maintain professional standards is affected.

Facebook was founded in 2004, and its membership now exceeds 1 billion users.⁹ In one survey of young doctors in 2010, 65% had Facebook accounts.⁵ The percentage of dental professionals with personal or office Facebook accounts is not known, but if it reflects society in general, the numbers are increasing exponentially. Dentists may maintain two Facebook accounts, one personal and one professional. The professional account may serve as a source of information about the office or for patient education and is maintained in a manner that keeps it at a professional level. A personal account does not “friend” patients (that is, allow them access to personal information), so that boundaries are more clear. Facebook and other social media sites contain privacy settings to limit access to sensitive information, photos, etc. Dentists should become familiar with these settings and utilize them to protect privacy if they choose to participate in these sites.^{5,10,11}

6 What should Dr. Hall do now? In our opinion, the damage has been done, and Dr. Hall should admit what happened and apologize to Dan. You may argue that it was not Dr. Hall’s fault that his wife chose to post what she did. However, he is the health professional who initially heard and shared the details

he learned from Dan. The dual relationship in this situation (both friendship and professional) led to confusion about what role Dr. Hall was playing when Dan told him his story. This role ambiguity influenced Dr. Hall to tell his wife the information that he had been given without revealing Dan’s identity. Mrs. Hall believed she was mentoring her daughter and her daughter’s friends by highlighting the consequences of drinking and driving; she had good intentions. Once again, it is important to realize that information about patients may be identifiable simply by circumstances, and specific identifiers, such as names, are not always necessary. In addition, readers of material posted online can often connect pieces of information based on the original source of the information and subsequent comments. Providers should also be cautious about verbal and “posted” discussions.

As technology and social media sites continue to grow, dentists and other health care providers must be cognizant of the implications and consequences of engaging in activities on the internet involving patients, or the potential for patient interaction or visibility. The lines between personal and professional information are becoming more difficult to determine. Leiker offered some excellent advice. She wrote, “Pause before you post. Remember that anything you post could and very well may become public, be shared with your patients, colleagues, and employer(s), and may follow you around for the rest of your career.”¹¹

Author information

Dr. Roucka is a fellow of the American College of Dentists and the associate dean for Academic Affairs at Southern Illinois University School of Dental Medicine, Edwardsville. Dr. Donate-Bartfield is an associate professor of Behavioral Sciences at the Marquette University School of Dentistry, Milwaukee, Wisconsin. Prof. Zarkowski is a professor at the School of Dentistry, and provost and vice president for Academic Affairs at the University of Detroit Mercy, Michigan.

References

1. Donate-Bartfield E, D'Angelo D. The ethical complexities of dual relationships in dentistry. *J Am Coll Dent.* 2000;67(2):42-46.
2. Chambers DW, Officers of the Regents of the American College of Dentists. Position paper on digital communication in dentistry. *J Am Coll Dent.* 2012;79(4):19-30.
3. George DR. Making "social" safer: are Facebook and other online networks becoming less hazardous for health professionals? *J Clin Ethics.* 2012;23(4):348-352.
4. Palmer C. HIPAA rules may affect email communications. *ADA News.* Available at: <http://www.ada.org/news/9156.aspx>. Accessed November 5, 2013.
5. MacDonald J, Sangsu S, Ellis P. Privacy, professionalism and Facebook: a dilemma for young doctors. *Med Educ.* 2010;44(8):805-813.
6. Shore R, Halsey J, Shah K, Crigger BJ, Douglas SP. AMA Council on Ethical and Judicial Affairs (CEJA). Report of the AMA Council on Ethical and Judicial Affairs: professionalism in the use of social media. *J Clin Ethics.* 2011;22(2):165-172.
7. Snyder L. Online professionalism: social media, social contracts, trust and medicine. *J Clin Ethics.* 2011;22(2):173-175.
8. Guseh JH, Brendel RW, Brendel DH. Medical professionalism in the age of online social networking. *J Med Ethics.* 2009;35(9):584-586.
9. Statistic Brain. *Facebook Statistics.* Available at: <http://www.statisticbrain.com/facebook-statistics/>. Accessed November 5, 2013.
10. Lagu T, Greysen SR. Physician, monitor thyself: professionalism and accountability in the use of social media. *J Clin Ethics.* 2011;22(2):187-190.
11. Leiker M. When to 'friend' a patient: social media tips for health care professionals. *WMJ.* 2011;110(1):42-43.



**Royal College of
Dental Surgeons of Ontario**

Ensuring Continued Trust

6 Crescent Road
Toronto ON Canada M4W 1T1
T: 416.961.6555 F: 416.961.5814
Toll Free: 800.565.4591 www.rcdso.org

Environmental Stewardship

This magazine is printed on paper certified by the international Forest Stewardship Council as containing 25% post-consumer waste to minimize our environmental footprint. In making the paper, oxygen instead of chlorine was used to bleach the paper. Up to 85% of the paper is made of hardwood sawdust from wood-product manufacturers. The inks used are 100% vegetable-based.

