

*Social Media – Appropriate Use by
Physicians: Preliminary Consultation
Report*

Introduction

Invitations to participate in the consultation were sent via email to a broad range of stakeholders, including all Ontario physicians. In addition, a general invitation to provide feedback was posted on CPSO’s website and social media platforms.

Feedback was collected via email, an [online discussion forum](#), and an online survey.

This report summarizes only the stakeholder feedback that was received through the online survey.

Caveats

Participation in this survey was voluntary. As such, no attempt has been made to ensure that the sample of participants is representative of any sub-population.

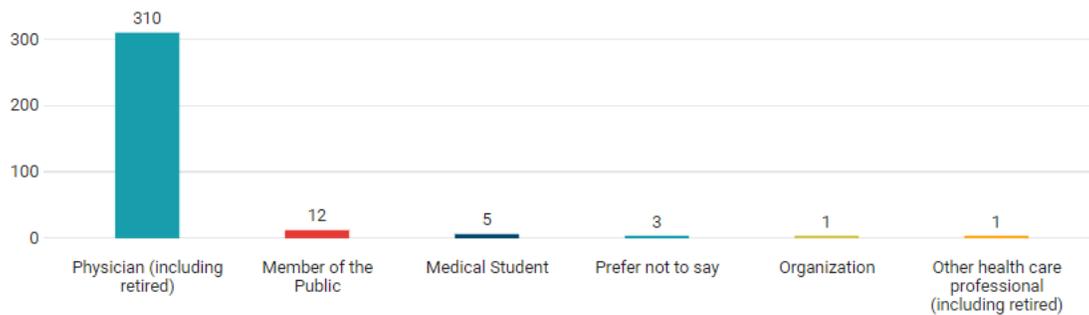
In the interest of space, stakeholder feedback to open-ended questions has been summarized to capture key themes and ideas.

Who we heard from

A total of **332** surveys were received in response to this consultation.

The vast majority of respondents were from Ontario (95%) and were physicians (93%).

Respondent Demographics:

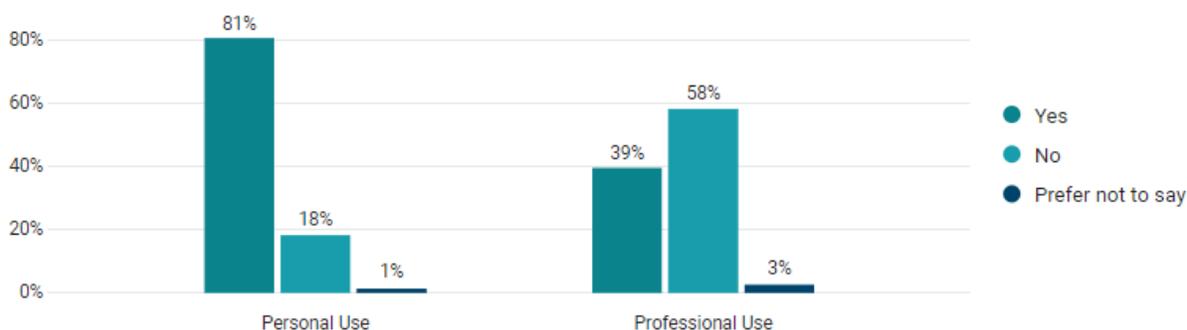


Organizational respondents included:

- Grey Bruce Health Unit

The following questions were only posed to physician respondents:

Q1. Please indicate whether you use social media for the following purposes: (n=310)



Q2. Could you tell us why you are not using social media in a professional capacity? (Optional) (n=147)

Several physician respondents felt the potential risks to using social media in a professional capacity outweighed the potential benefits.

Reasons for not using social media in a professional capacity listed from physicians included:

- Confidentiality, privacy, and security concerns (i.e., risks to patient health information);
- To maintain boundaries (i.e., separation of personal and professional life);
- Too divisive, open to misinterpretation, and disagreement;
- Lack of interest, need, or value (e.g., not relevant to practice area; would not enhance patient care; organization already maintains a social media presence);
- Lack of time: too time-consuming to develop and maintain social media; and
- Lack of comfort, familiarity, or knowledge around social media usage.

Q3. Could you tell us how and why you use social media in a professional capacity? (Optional) (n=110)

The most reported uses of social media in a professional capacity by physicians included:

- Disseminating general medical information, such as sharing general medical advice or promoting public health messaging (especially during COVID-19);
- Providing general clinic or practice information (e.g., contact information; appointment bookings; notification of unexpected closures or changes in office hours);
- To stay informed on current topics in medical information, evidence, and science;
- Research and academia (e.g., disseminating research; connecting with other clinicians or researchers; professional accounts and academic journals; medical education);
- Professional networking and knowledge transfer (e.g., information and resource sharing via private physician/specialty interest groups across various platforms);

- Advocacy and engagement (e.g., health advocacy; professional advocacy during government negotiations; speciality or discipline advocacy); and
- To share or promote organizational or departmental information, events, or training.

Several physician respondents reported using social media applications or modalities (e.g., text messaging; secure video teleconferencing; secure portal messaging) to assist with providing care (e.g., diabetic check-ups;) especially during COVID-19.

Q4. Have you experienced any challenges when using social media in a professional capacity? (e.g., maintaining boundaries with patients, being asked for clinical advice, being subject to aggressive or bullying behaviour, etc.). (Optional) (n=110)

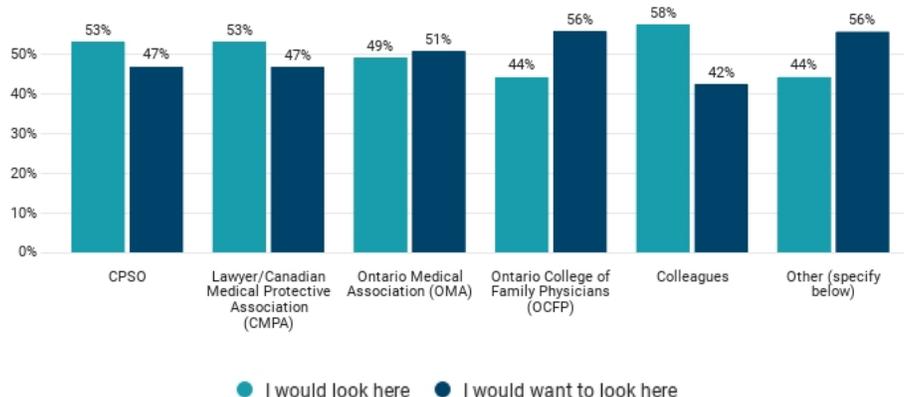
Roughly 40 percent of physicians who provided written feedback indicated that they had not encountered any challenges when using social media in a professional capacity (though some of these respondents had witnessed issues or challenges second-hand, particularly bullying).

Notwithstanding this, many physicians did report challenges related to using social media in a professional capacity. The main issues that were reported by physicians included:

- Aggressive, unprofessional, or abusive behaviour (particularly among fellow physicians):
 - Personal attacks (i.e., name-calling; questioning credibility; calling for termination/resignation) when disagreeing with opinions (especially public health information during COVID-19).
- Maintaining boundaries with patients:
 - Patients attempting to “friend” physicians on social media (several physicians indicated this is usually resolved by redirecting to the appropriate avenues, but some highlighted this can be more difficult to navigate in rural areas).
- Being asked for clinical advice:
 - Patients initiating contact and/or requesting clinical advice via social media, including deliberately seeking out physicians’ personal social media accounts;
 - Requests for medical advice from anonymous individuals or followers; and
 - Receiving messages from friends or family requesting clinical advice.

Many physician respondents also reported challenges combating the dissemination of false information and with those opining and making recommendations outside their scope of practice (particularly around public health advice and recommendations during COVID-19).

Q5. If you had questions regarding appropriate social media use as a professional, where would you look for guidance? Where would you want to look for guidance? (n=300)



Q6. Please specify where else you would look or would want to look for guidance on appropriate social media use. (n=120)

“Other” responses provided by physicians included:

- Canadian Medical Association (CMA);
- Colleagues and peers;
- Employment or organisational policies (i.e., university or hospital regulations);
- Internet (e.g., Google; Wikipedia);
- Ontario Ministry of Health and Long-Term Care (MOTLTC);
- Other regulatory bodies (e.g., medical regulatory authorities; other health professions; other regulatory colleges);
- Peer-reviewed literature and publications;
- Privacy advice and legislation;
- Professional or speciality associations, groups, and societies;
- Royal College of Physicians and Surgeons of Canada (RCPSC); and
- Social media platforms (e.g., guidelines; online discussion forums).

The following questions were posed to all survey respondents:

Q7. In general, what do you think the benefits are (if any) of physicians using social media in a professional capacity? (n=297)

Some physicians who provided written feedback felt there were no benefits to using social media in a professional capacity (i.e., the potential risks outweighed the potential benefits). Notwithstanding these responses, many physician responses listed the following main benefits:

- Ability to rapidly disseminate general health information (sharing and promoting public health information, especially during COVID-19; educating the public and combating the dissemination of health misinformation by sharing verifiable resources);
- Networking and peer support (increased opportunities for knowledge-sharing); and
- Increased ease of communication with patients (especially during COVID-19).

Similar to benefits provided by physicians, members of the public listed the following:

- Provides important (general) health and wellness information to the wider community;
- Educating patients by sharing verifiable content and resources and by dispelling health misinformation (especially during COVID-19);
- Reaching a wider audience to grow their practice and attract potential new patients;
- Engaging and networking with other health care professionals (i.e., sharing research); and
- Educating potential patients and help potential patients choose a physician).

Q8. In general, what do you think the risks are (if any) of physicians using social media in a professional capacity? (n=297)

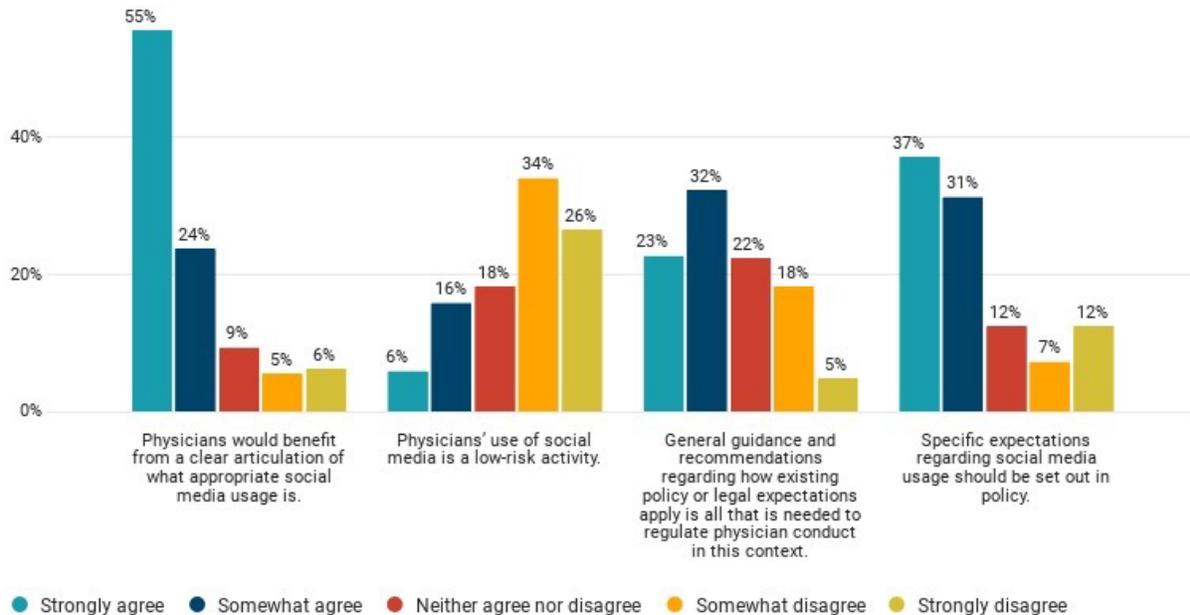
Risks listed by physician respondents included:

- Confidentiality, privacy, and security concerns (e.g., sharing patient health information; potential privacy breaches and hacking; data collection by social media platforms);
- Blurring of professional boundaries (e.g., unrealistic patient expectations; patient contact via social media and requests for clinical advice; potential for burnout);
- Comments or opinions may be misinterpreted, misunderstood, or taken out of context;
- Potential to disseminate inaccurate or false information (particularly during COVID-19);
- Statements made by physicians may be considered authoritative (including comments by physicians opining outside their scope of practice);
- Being subjected to abusive or bullying behaviour (including from other physician colleagues); and
- Legal and professional liability concerns.

Risks reported by members of the public included risks to patient privacy (sharing patients' personal health information; blurring of "public" and "professional") and concerns around statements that may contradict public health directives (particularly during COVID-19).

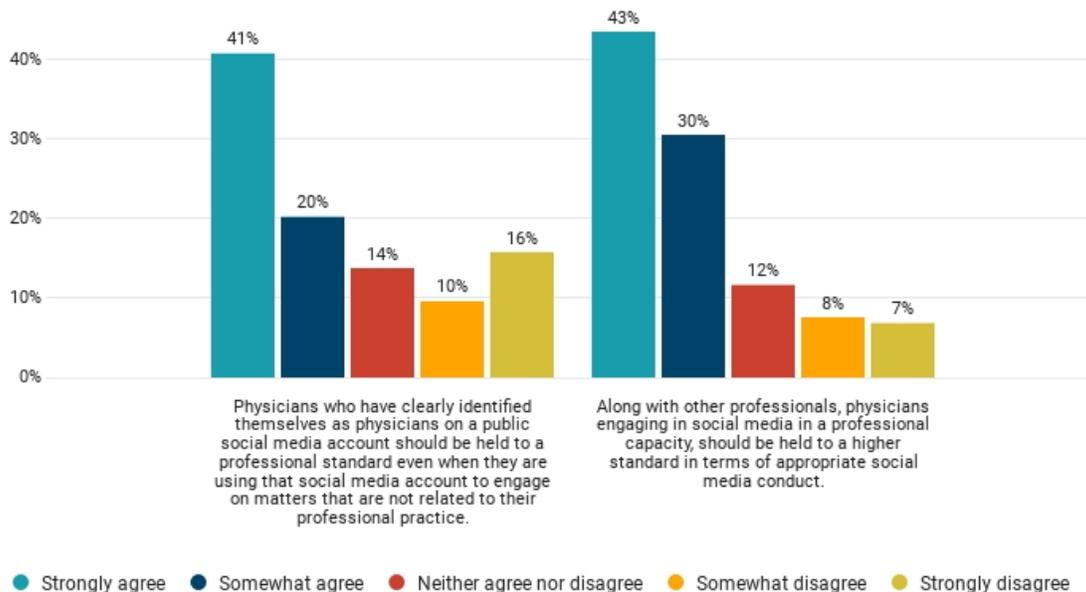
Q9. The CPSO’s current approach to managing physician conduct on social media is to set out general guidance and recommendations regarding how existing policy or legal expectations apply in this context. The CPSO has not set out specific expectations in a policy regarding appropriate physician conduct on social media.

Please indicate the extent to which you agree or disagree with each of the following statements: (n=292)



Q10. Individuals acting in a professional capacity are often held to a higher standard of appropriate conduct, including on social media.

Thinking about physicians as professionals, please indicate the extent to which you agree or disagree with each of the following statements: (n=292)

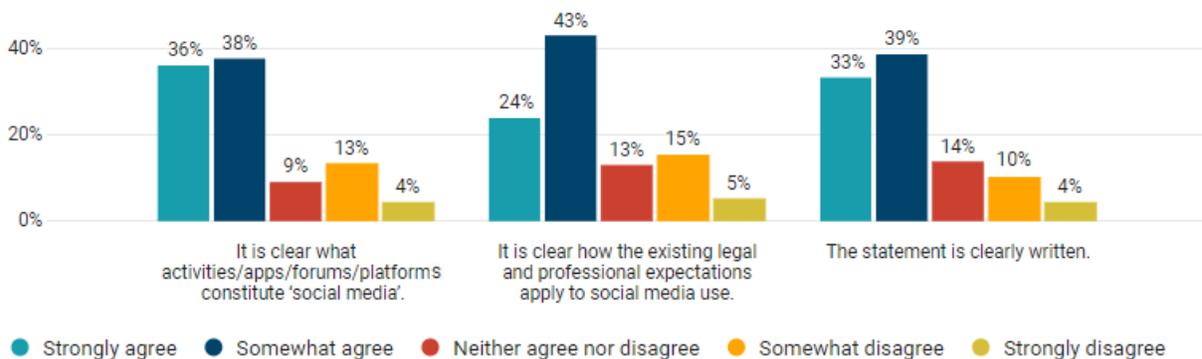


Q11. What are the most important issues relating to social media usage that the CPSO should consider as it updates the current Statement? (n=290)

- Clearly distinguish between expectations for “personal” and “professional” social media use and provide examples of what is considered “appropriate” and “inappropriate” (some indicated CPSO should not regulate physicians’ personal social media use);
- Confidentiality, privacy, and security considerations (e.g., maintaining and protecting patient confidentiality and health information; addressing potential privacy breaches; additional guidance to comply with all relevant legal and professional obligations);
- Addressing collegiality and professionalism towards other physicians on social media;
- Scope of practice and its applicability to public pronouncements (i.e., misrepresenting field of expertise or commenting on medical issues outside one’s scope of practice);
- Guidance on providing medical opinions (based on evidence and science) and how to combat the dissemination of health misinformation (especially during COVID-19).

The following questions were only posed to those respondents who indicated that they had read the [Social Media – Appropriate Use by Physicians Statement](#):

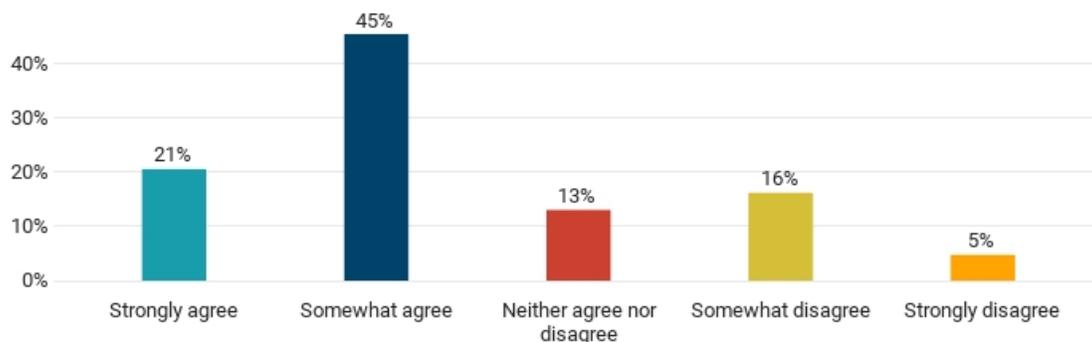
Q12. We'd like to understand whether the statement is clear. Please indicate the extent to which you agree or disagree with each of the following statements regarding the clarity of the statement: (n=256)



- Clarify and provide examples of what content posted on social media could or may be viewed as “professional” and “unprofessional” as the terms are not defined;
- Further clarify on professional behaviour and collegiality among colleagues;
- Clearly make the distinction between “personal” and “professional” social media; and
- Provide additional information on CPSO legal and professional obligations related to social media and include links to the relevant legislation, codes of ethics, and policies.

Q14. We'd like to understand whether the statement is comprehensive. That is, it addresses all the relevant or important issues related to social media and includes definitions of all essential terms.

Please indicate the extent to which you agree or disagree that the statement is comprehensive: (n=253)



Q15. How can the statement be made more comprehensive? Please feel free to elaborate on your answer above or touch on other issues relating to the statement's comprehensiveness. (Optional) (n=108)

Suggestions from physician respondents to make the *Statement* more comprehensive included:

- Clearly delineate expectations for “personal” and “professional” social media accounts;
- Expand on non-collegiality and unprofessionalism (i.e., harassment and bullying) among colleagues and provide guidance on how to deal with potential backlash;
- How to prevent the dissemination of false information (especially during COVID-19);
- Clearly indicate the consequences for physicians who do not adhere to the guidelines;
- Provide guidance on privacy settings and how to prevent privacy breaches; and
- Scope of practice concerns and its applicability to public pronouncements (i.e., providing comments on issues outside own's scope of practice, particularly during COVID-19).

The following question was posed to all survey respondents:

Q16. If you have any additional comments that you have not yet provided, please provide them below, by [email](#), or through our [online discussion forum](#). (Optional) (n=59)

Key comments from physician respondents included:

- Make the distinction clear between personal and professional uses of social media;
- Physicians should be able to determine their own privacy settings for personal use;
- Clearly outline what could be viewed as unprofessional content on social media;
- There should be guidance on how physicians can interact with others (including with colleagues) on social media;
- Consider physicians' use of social media for marketing or commercial purposes;
- Physicians should be mindful of what is within and outside their own scope of practice when posting content on social media; and
- Refraining from establishing personal connections with patients or persons closely associated with them online may be difficult for some physicians in rural areas.