

## Advice to the Profession: Social Media

*Advice to the Profession* companion documents are intended to provide physicians with additional information and general advice in order to support their understanding and implementation of the expectations set out in policies. They may also identify some additional best practices regarding specific practice issues.

Many physicians use social media to interact with others, share content with a broad audience, and seek out medical information online. Social media can present important opportunities for physicians to enhance patient care, medical education, professional competence, collegiality, and advocacy, among other benefits.

Whether engaging in social media for personal or professional use, the use of these platforms, which are constantly evolving, highly accessible, informal, and fast-paced, raise questions about how physicians can uphold their professional obligations. This companion Advice document provides further guidance around how the expectations in the policy can be met.

### General Use of Social Media

#### ***Why is CPSO setting out professional expectations for physician's use of social media?***

As members of the medical profession, physicians are held to a professional standard, even when engaging on social media. The policy aims to set parameters for appropriate and responsible use and to clarify a physician's professional responsibilities and obligations in this context. It is not intended to inhibit physicians from using social media.

#### ***Do these professional expectations apply to my personal use of social media?***

Physicians may have both professional (for example, LinkedIn to connect with colleagues, or maintaining a business page) and personal (for example, Facebook to interact with family and friends) accounts. However, it is important to keep in mind that the professional and personal are not always easily separated. For instance, even when posting in a personal capacity or not identifying yourself as a physician, others may know of or be able to learn of your status as a physician. Depending on your social media activity, your conduct can have negative or positive impacts on your reputation, the reputation of the profession, and of the institutions or organizations you work for and/or represent. Conduct that interferes with your ability to collaborate with others, quality health-care delivery, or the safety or perceived safety of others can become a

34 matter of concern. As such, physicians are expected to maintain professionalism in  
35 both personal and professional contexts.

36 ***Are forms of electronic communications such as emails, text messaging, video***  
37 ***conferencing, and messaging applications considered social media?***

38 While these are not traditionally considered social media, it is important to consider the  
39 context in which they are used and their potential impact. For instance, responding to an  
40 email list can reach a wide network of people online, similar in effect to commenting on  
41 a private online forum or posting in a group chat on social media. Physicians are  
42 expected to act professionally in all cases.

43 Interacting with patients and colleagues is considered engaging in professional  
44 activities and expectations in the College's [Physician Behaviour in the Professional](#)  
45 [Environment](#) policy apply when interacting with them online. Physicians must also  
46 continue to meet their obligations around protecting patient privacy and confidentiality,  
47 as outlined in the College's [Protecting Personal Health Information](#) policy.

## 48 **Professionalism**

49 ***Are there limits on how I can express my personal views or on my ability to advocate as***  
50 ***a physician on social media?***

51 CPSO, as well as the Royal College of Physicians and Surgeons of Canada's [CanMEDS](#)  
52 [framework](#), recognizes that advocacy is an key component of a physician's role. It is  
53 important for physicians, who have greater knowledge of and experience within the  
54 health-care system, to be able to discuss issues and provide fair and constructive  
55 feedback in order to create positive change.

56 As a physician, while you can express your personal views or show support for opinions  
57 expressed by others online, your conduct will need to be guided by the values of the  
58 profession articulated in the [Practice Guide](#) and the expectations set out in the policy.  
59 Physicians must also ensure that their social media use, including for advocacy, does  
60 not interfere with their ability to collaborate with others, the delivery of quality health-  
61 care delivery, or the safety or perceived safety of others.

62 In some circumstances, physicians expressing opinions that contradict generally  
63 accepted views can cause confusion and mistrust among the public and impact overall  
64 public health and safety. While physicians may choose to express their personal views,  
65 professionalism involves being aware of and transparent about the limits of your  
66 knowledge and expertise when discussing general health information online.

67 The *Practice Guide* also reminds physicians to demonstrate cultural sensitivity in their  
68 communication with patients and families and an awareness of their own values and  
69 how their values relate to or differ from those of their patients and families. In the  
70 context of social media, it is important for physicians to be mindful of how their conduct  
71 on social media (including by showing support by liking, sharing, or commenting on  
72 other content) could lead patients to feel uncomfortable, judged, or marginalized, and  
73 impact patient trust and their willingness to access care. For example,  
74 microaggressions are everyday comments or actions that subtly express a stereotype  
75 of, or prejudice towards, a marginalized group. While microaggressions can be  
76 inadvertent and unintentional, their impact can be harmful by undermining trust or  
77 creating an unwelcoming environment, and lead to worse health outcomes. For more  
78 information about microaggressions and their impact and health care, visit the [Temerty](#)  
79 [Faculty of Medicine's page on Microaggressions and Allyship](#).

80 ***The policy states that physicians must consider the potential impact on the "reputation***  
81 ***of the profession" when using social media. What does CPSO mean by this?***

82 The determination of the potential impact of a physician's conduct on the reputation of  
83 the profession will differ and depend on the circumstances and context in which it  
84 occurred. In making this determination, CPSO will be guided and informed by its policies  
85 and the values and principles of the profession, as articulated in the [Practice Guide](#), and  
86 other professional resources such as the [CMA Code of Ethics and Professionalism](#) and  
87 [CANMeds Framework](#). A physician's conduct would be concerning where it violates  
88 these standards, values, and principles, and such conduct could be found to harm the  
89 reputation of the profession if it undermines public trust in the profession.

90 ***What can I do about content posted by others that may be unprofessional?***

91 You may come across content posted by colleagues that raise concerns, whether about  
92 others (for example, violating patient privacy) or themselves. In these cases, use your  
93 professional judgment and consider how you can appropriately raise your concerns, for  
94 instance, by contacting that individual privately so that they can take action by removing  
95 or correcting the information, or bringing it to the attention of others to whom they  
96 report, if appropriate.

97 In other situations, you may have the ability to moderate comments made by others (for  
98 example, comments responding to a post that you have made). While being careful not  
99 to censor or silence others is important, you may need to decide how to appropriately  
100 manage comments to foster professional and respectful debate. For instance, it may be  
101 appropriate for you to remove comments containing personal attacks and hate speech.

102 ***What is the difference between providing clinical advice and sharing general health***  
103 ***information online?***

104 General health information refers to information that is intended for general education  
105 or information sharing; it is not patient-specific. For example, information on a  
106 physician's blog on diabetic self-care or information on a business page that  
107 encourages patients to get a seasonal flu shot, are accessible to a wide audience and  
108 not intended as a substitute for a physician's clinical advice. Clinical advice refers to  
109 individualized advice given to a specific patient for a particular health concern.

110 ***What do I do if an individual reaches out to me on social media with a medical question?***

111 You can respond to questions without providing specific clinical advice. You can inform  
112 the individual that you do not provide advice on social media and direct the individual to  
113 make an appointment through the appropriate channels, or you can provide information  
114 for emergency or urgent care services, if applicable.

115 ***What do I have to keep in mind when sharing general health information on social***  
116 ***media?***

117 It is important to keep in mind that the impact of your statements has the potential to be  
118 very influential given the nature of social media and your status as a physician.  
119 Statements you make, particularly those containing health-related information, are likely  
120 to be perceived as more credible and legitimate and spread more easily online as a  
121 result, regardless of whether you are speaking about an issue outside your expertise or  
122 scope of practice. Where there is reasonable debate or uncertainty around scientific,  
123 medical, or clinical issues, it may be appropriate to indicate this to avoid making  
124 statements that are misleading.

125 **Professional Relationships and Boundaries**

126 ***How can I maintain appropriate boundaries with patients on social media?***

127 Physicians must comply with the expectations in the [Boundary Violations](#) policy when  
128 engaging with patients and persons closely associated with patients on social media.

129 As a physician, it is important to be aware of the increased risk associated with  
130 managing a dual relationship with a patient, including the potential for compromised  
131 professional judgment and/or unreasonable patient expectations. Personal information  
132 is more readily available and accessible on social media and connecting online can lead  
133 to inappropriate self-disclosure by patients or physicians.

134 Maintaining appropriate boundaries may mean refraining from connecting with patients  
135 and persons closely associated with them on social media. Patients may feel pressured  
136 or coerced into accepting an invitation from their physician due to the inherent power  
137 imbalance in the physician-patient relationship. If a patient or a person closely  
138 associated with them has sent an invitation to you to connect on social media, you  
139 must consider the potential impact on the physician-patient relationship. Relevant  
140 factors can include the type of clinical care provided, the length and intensity of the  
141 professional relationship, and the vulnerability of the patient. When declining an  
142 invitation, you can discuss with the patient why you decided to do so to avoid damaging  
143 the physician-patient relationship.

144 Having a separate professional account can help you maintain appropriate boundaries  
145 on social media. Since personal content is generally limited on a professional account,  
146 you may be able to connect with patients without compromising the therapeutic  
147 relationship.

## 148 **Privacy and Confidentiality**

### 149 ***How do I de-identify information if I want to post about a patient on social media?***

150 De-identified information is information that cannot be used to identify an individual,  
151 either directly or indirectly. De-identification involves removing any information that  
152 identifies an individual, or for which there is a reasonable expectation that the  
153 information could be used, either alone or with other information, to identify an  
154 individual.

155 An unnamed patient may still be identified through a range of information, such as a  
156 description of their clinical condition, or the date, time, and/or location of a clinical  
157 event. When posting photographs, even if a patient is not directly pictured, other details  
158 such as the time and date, and/or location of the post (which can also be found in a  
159 photograph's [metadata](#)), can be used to reveal information about an individual. Even if  
160 only the patient can identify themselves from the information available, that may be  
161 deemed a breach of confidentiality.

162 Given the increased risks of identification and the highly accessible and permanent  
163 nature of social media, protection of patient privacy is paramount when posting on  
164 social media, and physicians might wish to consider obtaining a patient's consent for  
165 posting even de-identified information on social media whenever possible. The policy  
166 requires physicians to obtain and document consent before publishing patient  
167 information where there is any doubt that the patient can be kept anonymous (for

168 example, posting a photograph with an identifiable part of a patient's body for  
169 educational purposes).

170 ***Why must I refrain from seeking out patient information online without a clinical***  
171 ***rationale if it is publicly available?***

172 Patients have a reasonable expectation of privacy. Some patients may choose not to  
173 disclose certain information to their physician, even if it is publicly available online. If a  
174 patient finds out their physician has sought out information about them online, they may  
175 perceive this to be a boundary violation, or feel that the physician does not trust them or  
176 respect their autonomy, which may lead to a breakdown in trust in the physician-patient  
177 relationship. Physicians can preserve patient trust and protect the physician-patient  
178 relationship by refraining from seeking out patient information online without a patient's  
179 knowledge and without a clinical rationale.

180 ***What is considered an appropriate clinical rationale related to safety concerns?***

181 Situations where there is a risk of serious bodily harm to a patient or to others and  
182 danger is imminent would most clearly establish an appropriate clinical rationale related  
183 to safety concerns. However, in this policy, safety is defined more broadly and is not  
184 limited in scope to these specific situations. There are other situations not involving an  
185 imminent risk of serious bodily harm which, in the physician's judgment, may have as  
186 their core concern the safety of the patient or of others and be considered an  
187 appropriate clinical rationale to conduct an online search.

188 ***What can I do to protect my privacy when using social media?***

189 It is important to keep in mind that privacy and confidentiality can never be fully  
190 guaranteed online, even when posting in a private forum or direct messaging someone.  
191 Posts can potentially be shared more widely than was originally intended (for example,  
192 others can take screenshots and share them on other platforms or in the media) and  
193 can be hard to remove once placed online.

194 Physicians can regularly review their account privacy settings and choose stricter  
195 settings to better protect, maintain control over, and limit access to their personal  
196 information when posting for personal purposes. Resources from the Office of the  
197 Privacy Commissioner of Canada with useful guidance on how to protect your personal  
198 information are available below.

199 **Resources**

200 *Canadian Medical Protective Association*

- 201 [Social media: The opportunities, the realities](#)
- 202 [Top 10 tips for using social media in professional practice](#)
- 203 [Good Practice Guide: Social Media](#)
  
- 204 *Office of the Privacy Commissioner of Canada*
  
- 205 [Staying safe on social media](#)
- 206 [Privacy and social media in the workplace](#)
- 207 [Tips for using privacy settings](#)
- 208 [De-identification Centre](#)

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