

# Social Media

*Policies* of the College of Physicians and Surgeons of Ontario (the “College”) set out expectations for the professional conduct of physicians practising in Ontario. Together with the *Practice Guide* and relevant legislation and case law, they will be used by the College and its Committees when considering physician practice or conduct.

Within policies, the terms ‘must’ and ‘advised’ are used to articulate the College’s expectations. When ‘advised’ is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

## Definitions

**Social Media:** Online platforms, technologies, and practices that people use to share content, opinions, insights, experiences, and perspectives. Examples of social media include Twitter, Facebook, YouTube, Instagram, LinkedIn, blogging sites, and discussion forums, among many others.<sup>1</sup>

## Policy

1. Physicians **must** comply with the expectations set out in this policy, other College policies,<sup>2</sup> and other relevant legislative and regulatory requirements<sup>3</sup> when using social media.

## Professionalism

Physicians hold a respected position in society and, in turn, have responsibilities not only to themselves, but to patients, colleagues, the public, and the profession. Medical professionalism involves upholding the values of compassion, service, altruism, and

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<sup>1</sup> See the *Advice to the Profession* document for more information on what may captured by this policy.

<sup>2</sup> Relevant expectations are set out in other College policies, including [Advertising](#), [Boundary Violations](#), [Physician Behaviour in the Professional Environment](#), [Professional Obligations and Human Rights](#), and [Protecting Personal Health Information](#).

<sup>3</sup> Including, but not limited to the *Personal Health Information Protection Act, 2004*, S.O. 2004, the *Medicine Act, 1991* and its regulations, and the *Copyright Act*.

24 trustworthiness, and demonstrating cultural humility and safety in everyday interactions  
25 with others.<sup>4</sup>

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27 2. Physicians **must** conduct themselves in a respectful and professional manner while  
28 using social media.

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30 3. Physicians **must** consider the potential impact of their conduct on their own  
31 reputation, the reputation of the profession, and the public trust.

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33 4. Advocacy for patients and for an improved health care system is an important  
34 component of the physician's role. While advocacy may sometimes lead to  
35 disagreement or conflict with others, physicians **must** continue to demonstrate  
36 professional behaviour and act respectfully while using social media for advocacy.

37

38 5. Physicians **must not** engage in disruptive behaviour that interferes with or is likely to  
39 interfere with the physician's ability to collaborate with others, the delivery of quality  
40 health-care, or the safety or perceived safety of others while using social media.<sup>5</sup>

41 Disruptive behaviour in the context of using social media may include, but is not  
42 limited to:

- 43 • profane, disrespectful, insulting, demeaning, intimidating, or abusive  
44 language;
- 45 • behaviour that others would describe as bullying, attacking, or harassing; and
- 46 • comments that may be perceived as discriminatory (for example, related to  
47 race, ethnicity, religion, gender, sexual orientation, age, social class, economic  
48 status, disability, weight, or level of education).

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50 6. Including when engaging in advocacy, physicians **must** avoid communicating and/or  
51 behaving on social media in a manner that involves:

- 52 • disparaging others and/or making personal attacks;
- 53 • unsubstantiated and/or defamatory<sup>6</sup> statements;

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<sup>4</sup> The [Practice Guide](#) articulates the profession's values and the principles of medical practice in more detail. Cultural humility refers to a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system.

<sup>5</sup> The [Guidebook for Managing Disruptive Physician Behaviour](#), developed in association with the Ontario Hospital Association, provides more information on disruptive behaviour. See also the [Physician Behavior in the Professional Environment](#) policy.

<sup>6</sup> Defamation is a civil action that can lead to an award of damages. Statements can be found defamatory under the *Libel and Slander Act*, RSO 1990, c. L. 12.

- 54 • hate speech; and/or
- 55 • discrimination (for example, racism, transphobia, sexism).

## 56 *Health-related information and clinical advice*

- 57 7. When disseminating general health information on social media for educational or  
58 information-sharing purposes, physicians **must**:
  - 59 a. disseminate information that is:
    - 60 i. verifiable and supported by available evidence and science; and
    - 61 ii. **not** misleading or deceptive.
  - 62 b. be aware of and transparent about the limits of their knowledge and  
63 expertise; and
  - 64 c. **not** misrepresent their qualifications when sharing content related to  
65 scientific, medical, or clinical claims.
- 66
- 67 8. When disseminating information on social media, physicians **must** be mindful of the  
68 risks of creating a physician-patient relationship or creating the reasonable  
69 perception that a physician-patient relationship exists.<sup>7</sup>
  - 70 a. Unless they are able and willing to meet the professional obligations that  
71 apply to a physician-patient relationship and the requirements in the  
72 [Telemedicine](#) policy, physicians **must not** provide specific clinical advice to  
73 others on social media.<sup>8</sup>

## 74 **Professional Relationships and Boundaries**

- 75 9. Physicians **must** maintain professional and respectful relationships and boundaries  
76 with patients, persons closely associated with patients, and colleagues while using  
77 social media.<sup>9</sup>
- 78
- 79 10. While using social media, physicians **must** consider the impact on and **must not**  
80 exploit the power imbalance inherent in:

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<sup>7</sup> For example, by providing information in a manner that would lead a reasonable person to rely on it as clinical advice. If asked a medical question, physicians can direct individuals to the appropriate channels to obtain care. For more information see the *Advice* document.

<sup>8</sup> The provision of clinical advice through information and communication technologies is considered telemedicine. Physicians must continue to meet the standard of care, which can include performing a comprehensive assessment, considering risks and benefits of treatment options, obtaining consent, etc.

<sup>9</sup> Boundaries can be sexual, financial/business, social, or other. For the definition of a “patient”, see the [Boundary Violations](#) policy.

- 81 a. the physician-patient relationship when engaging with a patient or persons  
82 closely associated with them;<sup>10</sup> and  
83 b. any relationship with a medical student and/or postgraduate trainee while  
84 responsible for mentoring, teaching, supervising or evaluating a medical  
85 student and/or trainee.<sup>11</sup>

## 86 **Privacy and Confidentiality**

87 11. Physicians **must** comply with the legislative requirements set out in the *Personal*  
88 *Health Information Protection Act, 2004* regarding the collection, use and disclosure  
89 of personal health information and the expectations set out in the College's  
90 [Protecting Personal Health Information](#) policy while using social media.

### 91 *Posting patient health information*

92 12. If a physician is posting original content on social media<sup>12</sup> containing health  
93 information about a patient, physicians **must**:  
94 a. de-identify the patient information;<sup>13</sup> and/or  
95 b. obtain and document express and valid consent from the patient or substitute  
96 decision-maker (SDM) for the publication of the content on social media,  
97 including when there is any doubt that the anonymity of a patient can be  
98 maintained.

100 13. In fulfilling the requirement to obtain express and valid consent from the patient or  
101 SDM, physicians **must**:  
102 a. show them the content to be published;  
103 b. inform them that consent to publication can be withdrawn at any point;  
104 c. inform them about the risks of publication of the content (for example, that  
105 once posted on social media it may be unable to be completely withdrawn);  
106 d. engage in a dialogue with them about the publication of the content, such as  
107 the purposes of posting the content, where it will be posted, and any other  
108 relevant information, regardless of whether supporting documents (such as  
109 consent forms, patient education materials or pamphlets) are used; and

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<sup>10</sup> For example, it may be inappropriate for a physician to connect with patients on personal social media accounts. For more information see the *Advice* document.

<sup>11</sup> For more information see the College's *Professional Responsibilities in Medical Education* policy.

<sup>12</sup> For content posted for the purposes of advertising, physicians must comply with the General Regulation under the *Medicine Act, 1991*, S.O. 1991 and the College's [Advertising](#) policy.

<sup>13</sup> A privacy breach can occur if the sum of the information available is sufficient for the patient to be identified, even if only by themselves. For more information on de-identification see the *Advice* document.

- 110 e. consider how the power imbalance inherent in the physician-patient  
111 relationship could cause patients to feel pressured to consent and take  
112 reasonable steps to mitigate this potential effect (for example, by informing  
113 the patient that if they do not consent, it will not impact their care).

#### 114 *Seeking out patient health information*

- 115 14. Physicians **must** refrain from seeking out a patient's health information online  
116 without a patient's consent unless:
- 117 a. there is an appropriate clinical rationale related to safety concerns;
  - 118 b. the information cannot be obtained in another manner;
  - 119 c. they have considered whether it is appropriate to ask the patient for consent  
120 to seek out the information online; and
  - 121 d. they have considered how the search may impact the physician-patient  
122 relationship (for example, whether it would lead to a breakdown in trust).
- 123
- 124 15. Physicians **must** document the rationale for conducting the search and any other  
125 relevant information (for example, search findings and the nature of search) in the  
126 patient's record.
- 127
- 128 16. Physicians relying on patient health information found online for clinical decision-  
129 making **must**:
- 130 a. take reasonable steps to confirm the accuracy of the information prior to  
131 using the information; and
  - 132 b. if it is safe and appropriate to do so, disclose to the patient the source of the  
133 information, the clinical rationale for obtaining the information, and any other  
134 relevant information.

#### 135 **Conflicts of Interest**

- 136 17. Physicians **must** avoid or recognize and appropriately manage (for example, by  
137 disclosing) actual or perceived conflicts of interest (i.e., where their personal or  
138 professional interests are at odds with their professional obligations) when using  
139 social media.<sup>14</sup>

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<sup>14</sup> For more information see the [Practice Guide](#) and the [Physician's Relationships with Industry: Practice, Education and Research](#) policy. While Part IV of O. Reg., 114/94 under the *Medicine Act, 1991*, S.O. 1991 discusses conflicts of interest, this policy is not limited in its scope to those situations.