CPSO Social Media Policy

Statement from the OMA Section on Plastic Surgery

The OMA Section on Plastic Surgery is grateful for the opportunity to provide its opinions and suggestions with respect to the CPSO draft 'Social Media' policy and the accompanying 'Advice to the Profession: Social Media' documents. We recognize that the term 'social media' represents an umbrella classification for a group of relatively new, yet constantly evolving, technologies allowing for interaction between individuals online. We appreciate the fact that the College recognizes that social media has become an integrated part of modern society and that many physicians in Ontario may maintain a social media presence, be that personally and/or professionally.

The OMA Section on Plastic Surgery appreciates and supports the efforts the College is making to recognize and respond to these changes in the cultural landscape. When this document was first released as a guideline last year, we stood in opposition to the concept that this should become an official CPSO policy. We were concerned that this policy would set a precedent for micro-regulating physician interactions with society at large. However, we would like to thank the College for taking a broader approach to the idea of social media regulation and for incorporating prior feedback into the creation of this document.

In regard to the document itself as it currently stands, our section is generally in agreement with the CPSO position on social media. However, there are some important modifications and clarifications that are required before this could become a policy that we feel comfortable fully supporting.

In regard to the statement in point (5) under professionalism, the word 'perceived' appears twice. Once in reference to 'perceived safety' and once in reference to 'comments that may be perceived as discriminatory'. The word 'perceived' must be removed from this document. We agree that a physicians use of social media must not impact the safety of others while using social media. We also agree that discriminatory comments should have no place in a physicians use of social media and must be regulated. However, the College must understand that perception is not always reality. Just because one individual interprets a comment or emoji to be something, it does not mean that is what it is. By including the word 'perceived' in the policy as it currently stands, the College is lowering the bar/standard for complaints and exposing physicians to potential discipline for an individual's interpretation or feelings. By changing the wording in this section to read "… or the safety of others while using social media" and "comments that are discriminatory…" the College is clearly regulating the behaviour that is unprofessional without delving into subjective issues that are nearly impossible to define.

In regard to the statement in point (7b), we would ask the College to clarify in the 'Advice to the Profession' document how they expect physicians to be "transparent about the limits of their knowledge and expertise". This can be very tough to do, particularly when it comes to certain social media platforms (i.e. Twitter) with character limits.

In regard to point (8), we would ask the College to please add a statement either within the policy or the Advice document, clarifying whether specific clinical advice can be shared over social media when there is already a pre-existing patient-physician relationship. Many existing patients will reach out, for example after surgery, with photos or questions about their care. Under the guidelines and requirements of the Telemedicine policy, we feel that this type of contact should be specifically permitted, and this should be stated in the policy document itself to avoid confusion.

In regard to point (13a), it is not always possible to show exact content to a patient prior to publication. For example, as plastic surgeons we often create Before/After content for educational purposes. However, after the phots are taken and the patient expressly consents to their publication, it takes time to use software to combine the images together into a photo that can be posted and to create the captions/educational content that will accompany the post. This usually does not happen at the time that the photos are taken. In fact, it may not happen for several days, weeks or months after the patient encounter. To ask a patient to come back in for another visit just to show them the precise content that will be posted is unreasonable and frankly a waste of their time, particularly given the fact that the patient has already consented to the images being published. We feel that point 13a should be updated from "show them the content to be published" to "inform them of the content to be published". If the patient knows the nature of what will be posted, they can make an informed decision without a requirement that they be shown the final content prior to publication.

In regard to the Advice to the Profession document, we do take issue with the concept that physicians may receive complaints or discipline for content that they 'like' on social media. We are currently living in a climate that has become highly politicized, where the slant of the main-stream media may shift public sentiment to create a right vs. wrong stance on certain issues. We do not have to look that far into the past to see examples of this occurring, and examples of when the media have gotten things wrong. To put physicians on alert that they could face discipline because a patient feels uncomfortable as a result of a post that a physician liked on social media is very extreme. This is a slippery slope, and the College must proactively plan how these situations will be handled.

Further, in the Advice to the Profession document, the question is posed "Why must I refrain from seeking out patient information online…". However, in section 14 of the Social Media policy itself, the title is "Seeking out patient health information". Seeking a patient's health information online is very different than seeking out patient information. If a patient who works as a carpenter happens to amputates their finger and I am able to successfully replant the digit, why can I not search for that patient's company/business online to see the work that they do? Where is the harm in searching for that patient's information online? This is very different than searching for patient health information and using these searches to try and elucidate clinically relevant information. While the College is creating a double standard in this situation when it comes to the search for patient health information (i.e. when a physician posts online they have to assume this content is being directly broadcast to every patient, but when a patient posts in a public space their physician has to put on blinders and pretend that the information doesn't exist), this

is a separate issue. In this case, however, we support the wording in the policy itself but feel that the wording of the Advice document should be updated to clarify "patient health information" is the goal of the regulation.

One issue that the College has not addressed is how they plan to address the issues surrounding past behaviour and old/prior content from social media? We live in an era where Tweets from the past can resurface years later, where individuals in the present are judged on content from the past. While we are not condoning inappropriate or unprofessional behaviour on social media at any time, the question becomes is it fair to discipline a physician for social media content that was posted before they became members of the CPSO and therefore were regulated by this policy? The College should strongly consider how these situations will be dealt with, and if past content (i.e. prior to establishment of this policy / prior to becoming an MD) will be grounds for complaint and discipline, this must be clearly stated in the Advice document and clearly communicated to all physicians.

Further, Perhaps the College should consider clarifying in the Advice to the Profesison document the roles the misinformation and disinformation play in society (and specifically social media) in 2021. *Misinformation*, or unknowingly sharing false or inaccurate information, is very different from *disinformation*, which involves the deliberate creation or sharing of false information with the intention of misleading others. (https://www.cbc.ca/news/technology/fake-news-misinformation-online-1.5196865). The COVID-19 pandemic has brought this distinction to the forefront, and that makes it particularly pertinent to this discussion. As physicians, we should always be trying to act in the best interests of our patients, however, the information that we provide may not always prove to be correct when viewed through a retrospective lens. For example, at the start of the COVID-19 outbreak, Canadians were being told by the government and scientists that universal masking was not necessary. Many physicians communicated this information to their followers on social media, and also in person to their patients. Now, with more research and data, Canadians are being told that universal masking is important. A physician spreading this 'misinformation' early on during the pandemic should not be retrospectively penalized if that information turns out to be incorrect. On the other hand, we would recommend that the CPSO should explicitly state that the spread of disinformation by physicians is considered unprofessional content. The public needs to trust that the information being put out by physicians is reliable and based on science and the latest available evidence. While the College should not aim to restrict the right to freedom of speech and expression of opinion, it should actively work to prevent the spread of disinformation.

Finally, as we have previously suggested when reviewing last year's CPSO Advertising Policy, we are concerned that the assessment of 'unprofessional content' is largely subjective, and that the opinion of one individual may differ significantly from that of another. For this reason, we suggest that issues concerning such assessments not be unilaterally arbitrated by the College. We suggest the College consider creating a committee to review issues that arise with respect to unprofessional content in social media. Members of the committee would consist of physicians from a variety of specialties, including those specialties that frequently utilize social media in a professional setting (i.e. plastic surgeons, otolaryngologist/head-neck surgeons,

dermatologists, and ophthalmologists) as well as one or more member of the general public. We suggest the physician members be nominated by their respective OMA Sections, and that members from the general public be nominated by the College.