



Professional Standards and Guidelines Regarding Physician Use of Social Media

Professional Standards

1. Physicians are responsible to act in a manner that upholds the professional standards and ethics of the medical profession at all times. Expectations of professional and ethical conduct are the same whether physicians are interacting in person or online through social media.
2. When using social media, physicians must:
 - a. Not communicate with individual patients about anything pertaining to their medical care. Do not doctor on social media;
 - b. Ensure all communications are professional, ethical and in keeping with the standards of the profession. For example, physicians should refrain from portraying any unprofessional images of themselves on social media;
 - c. Ensure that patient confidentiality is maintained;
 - d. Ensure adherence to all College's standards including the [Professional Standards Regarding Conflict of Interest](#) and the [Professional Standards Regarding Advertising and Public Communications by Physicians](#); and
 - e. Adhere to any copyright, defamation, and harassment laws and rules of engagement governing social media.

Guidelines

Should physicians require further guidance regarding their participation on social media, it is recommended they contact the [Canadian Medical Protective Association](#).

1. Physician-Patient Relationship

Physicians should not initiate an invitation nor respond to an invitation to connect with patients or their family members on social media. If contacted by a patient on social media regarding a medical matter, physicians should direct that patient to call the office.

Social media is designed to be informal, soliciting opinions and encouraging commenting and content sharing. Within the casual culture of social media, boundary violations can occur easily. Physicians are responsible to maintain the appropriate boundaries of the physician-patient relationship.

Physicians should review the College's [Professional Standards and Guidelines Regarding Sexual Misconduct in the Physician-Patient Relationship](#).

2. Professionalism

If physicians identify themselves as doctors on publicly accessible social media sites, they should also identify themselves by name. Any material posted by those who represent themselves as doctors is likely to be taken on trust, and may reasonably be taken to represent the views of the profession more widely.

3. Confidentiality and Consent

When publishing content on social media, physicians should follow the rules for publishing patient information in journals, textbooks, and educational presentations. The consent process required when publishing in a journal and presentation is also required for social media. Physicians should review the [Canadian Medical Association's Consent - A Guide for Canadian Physicians](#).

Physicians should never provide any information that could be used to identify a patient, even in a closed or private-online forum. Although individual pieces of information may not breach confidentiality on their own, the sum of published information online could be enough to identify a patient or someone close to them. Privacy settings can be compromised. Content posted on social media is traceable even if posted anonymously. Social media content can be shared and commented upon, as such this content lives forever online and is often distributed widely.

Social media platforms are available for physicians to share information and discuss medicine, as well as provide a means for peer-to-peer education and dialogue. Physicians should ensure these sites are password protected so that only registered users have access to the information.

Examples of unprofessional or inappropriate use of social media from actual reported cases of professional misconduct are provided below:

An RN highly criticizes her grandfather's medical and nursing care via Facebook and is found guilty of professional misconduct by her regulatory body. Nurse's appeal was denied by the Court who found off-duty conduct is subject to discipline by the regulator. Nurses may exercise their right to freedom of expression but not in a way that would harm other registered nurses or the nursing profession. (Queen's Bench for SK Cit. 2018 SKQ110) The Queen's Bench decision was subsequently overturned by the SK Court of Appeal and the nurses professional misconduct finding by the regulator was set aside (Oct 2020). The appeal court found that the regulator unjustly infringed the nurses right to freedom of expression as the disciplinary panel failed to take a contextual approach in assessing whether this conduct was unprofessional. The appeal court was careful to not take its reasoning too far. It appears that as long as a contextualized approach is taken by regulators in scrutinizing social media posts by practitioners, findings of professional misconduct would likely be upheld. Societal views about the use of social media may conflict with professionalism standards.

A pharmacist made racist remarks about his community on Twitter. It was determined to potentially impact how he provides professional services to the ethnic minority in his community.
Physician responds personally and negatively to a patient’s criticism on a social media site.
Physician misrepresents credentials or qualifications on a website which is reported to the regulatory body. He does not make the required corrections when directed to do so by the regulator and receives sanctions.
Patient consents to surgeon sharing images of her breast reduction surgery for teaching purposes. Patient then shocked to see a Snapchat video of the surgeon displaying the excess tissue in what she considered a non-respectful manner. (AMA Journal of Ethics, April 2018, Vol 20, Number 4 :328-335)
Negative comments about colleagues made online through social media sites such as Twitter or Snapchat.
Displaying pictures on YouTube that identify or potentially identify a patient without appropriate consent.
ER physician photographs an attractive female patient and posts the image on Facebook with the caption, “I like what I like.” Physician is now looking for another position.
Physician displays inappropriate and unprofessional pictures on Facebook (e.g., pictures of intoxicated physician grinning while holding bottles of alcohol at a party).
Nurse makes negative comments about hospital administration on her social media site which is subsequently sent to her supervisor, and reported to the regulator.

Definitions

Social media is a set of online technologies that allow people to monitor, create, share or manipulate information through text, audio, photos or video with others. Unlike traditional media which is based on a one-to-many transmission model, social media functions on a mass-communication model; it is global in reach. Social media content is unmediated, instantaneous and easily altered. Social media sites are highly-accessible, informal, and public.

Recommended Reading

College of Physicians and Surgeons of Nova Scotia

- [Professional Standards Regarding Advertising and Public Communications by Physicians](#)
- [Professional Standards Regarding Billing](#)
- [Professional Standards Regarding Conflict of Interest](#)
- [Professional Standards Regarding Interest or Ownership in a Facility or Enterprise](#)
- [Professional Standards Regarding Physician Participation in Continuing Professional Development](#)
- [Professional Standards Regarding Sale of Products and Services to Patients](#)
- [Professional Standards and Guidelines Regarding Sexual Misconduct in the Physician-Patient Relationship](#)

Resources

Canadian Medical Protective Association

- [Social Media: The opportunities, the realities, 2014](#)
- [Top 10 tips for using social media in professional practice, 2014](#)

Canadian Medical Association

- [Physician Guidelines for Online Communication with Patients](#)

- [Social Media and Canadian physicians: issues and rules of engagement, 2011](#)
- [“Medutainment” — Are doctors using patients to gain social media celebrity? 2018](#)

Document History

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