

## VIEWS & REVIEWS

### FROM THE FRONTLINE

## We shouldn't fear social media

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I thought Twitter was a superficial collection of 140 character messages, stuffed with celebrity spats and thus entirely irrelevant to real life and medicine. I was wrong. The governing bodies of medicine and nursing have taken note of their tweeting membership and their Facebook friends. The Royal College of Nursing says that you should “keep your personal and professional life separate as far as possible” and “do not discuss work related issues online.”

The BMA has issued guidance saying that although “medical professionals should be free to take advantage” of social media, “it is important that they are aware of the potential risks involved.” And of course it would be unprofessional, stupid, and rude to relate stories containing any identifiable, or potentially identifiable, information about patients online (or indeed elsewhere). Making Facebook friends with patients isn't a good idea because it can “increase the likelihood of inappropriate boundary transgressions,” the association says, and it is right.

Yet there are hazards in doctors being too afraid to have an online presence. Having doctors online is a good antidote to nonsense science, erroneous media health scares, and David Cameron claiming that GPs who attend dinner parties offer rich friends extra medical services. Hiding behind an assumed name may seem to offer more possibilities for edgier disclosures, but write under your own name, and you are ensuring transparency as well as a conscious check of willingness to stand by what

you've written. Social media enable doctors to stand up for good medicine, democratically and instantly.

This is why I'd humbly suggest that more doctors might like Twitter. I hardly knew what it was three months ago, but after encouragement by @cebmblog (Carl Heneghan, at Oxford's Centre for Evidence Based Medicine) and @amcunningham (Anne Marie Cunningham, a general practitioner and medical educationalist), I dipped a tentative toe and found Twitter friendly, informative, and fun. Then @deevybee (Dorothy Bishop, professor of developmental neuropsychology) went and wrote a blog of superb advice for me and other new tweeters, encouraging academics to join and explaining why. You can attend the @twitjournalclub (Twitter Journal Club), usually on Sunday evenings, and you can read what's happening from the chair of the Royal College of General Practitioners, Clare Gerada, @clarercgp, with most other colleges tweeting too. You can use Twitter as a newsfeed, simply delivering information to you, or you can send messages back as well. You can collate lists; I have found more than 100 tweeting general practitioners in the United Kingdom so far. Come and take the temperature of what doctors are doing and thinking; here are your peers.

Rather than fear what we shouldn't do—break confidentiality or make inappropriate relationships—there is so much else to do. We can discuss the latest paper, survey, policy, or evidence, and we can tell whoever wants to listen, from the front line, about the current wilful destruction of the health service. Social media cannot cure the NHS, but they might support its workers and patients better and present a better truth than the wider media ever could.

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**bmj.com/archive** Medicine and the Media: The other Twitter revolution: how social media are helping to monitor the NHS reforms (*BMJ* 2011;342:d948 doi:10.1136/bmj.d948)

See <http://twitter.com/mgtmccartney>

Cite this as: *BMJ* 2011;343:d4864