

# How to stay professional while using social media

Online networks can be a useful tool, however it is important that doctors are aware of potential pitfalls, **Abi Rimmer** discovers



**“Social media is a powerful way to create a reputation”**

**Bernadette John, digital professionalism consultant**

“Make sure that you review the privacy settings on your social media accounts regularly. Consider everything that you publish on digital and social channels as potentially public—the anonymous blog or Twitter account of today, even the comment you leave on a newspaper website, could turn up for scrutiny tomorrow.

“Never give medical advice in a public forum and don’t accept Facebook friend requests from patients. All online discussions around patient care must be anonymised and should be restricted to specific, appropriately hosted, and secure, professional channels.

“Try and avoid posting online when you are emotional, exhausted, or under the influence. Social media is a powerful way to create a reputation, so ensure that what is to be found about you will reassure and not alarm patients, employers, or colleagues.

“Never take clinical images with your smartphone—unless you have a specific, secure, employer approved application. Images shared by iMessage or WhatsApp, for example, on an iPhone can be downloaded to the Apple iCloud by default.

“Communication and storage of patient data must comply with the new General Data Protection Regulations which will take effect in 2018.

“Be sure to password protect devices used for work and clean them thoroughly before they are upgraded or discarded.”



**“Anything posted online may end up being distributed further”**

**Myooran Nathan, medical adviser at MDDUS**

“The rise of social media has created some serious ethical challenges for doctors.

“A doctor’s status in the public eye demands a high standard of conduct at all times. By interacting on social media, doctors are exposing themselves to greater scrutiny, especially when they identify themselves as doctors.

“Doctors must keep their relationship with patients professional at all times. By interacting with a patient on social media, they risk blurring the boundaries and affecting the nature of the doctor-patient relationship. Patients may develop different expectations, for example. Try to keep a clear line between professional and personal relationships on social media.

“When using social media for professional purposes, doctors should ensure patient confidentiality and must avoid sharing any identifiable patient information. Even with the proper privacy settings in place, anything posted online may end up being distributed further than intended.

“When posting online, you should identify yourself by name when you identify yourself as being a doctor, ensure you are respectful of colleagues, and declare any conflicts of interest.

“Further information can be found in GMC guidance: *Maintaining a Professional Boundary Between You and Your Patient*; and *Doctors’ Use of Social Media*.”



**“Sharing your interests outside of work is not unprofessional”**

**Anne Marie Cunningham, GP, NHS Wales**

“The key to being professional on social media is being true to your values. If you think every day about how you put your professional values into action, then this will carry through to what you are doing on social media. For me, this is about demonstrating a commitment to social justice and to openly sharing what I am learning.

“If you are uncertain about whether you are taking the right course of action, then ask someone you trust for their opinion. Many people will be happy to act as your mentor. All of us have got things wrong at times but it is only a failure if we don’t learn from it. Do not be afraid to take some qualified risks. By playing it safe all the time you will not develop or learn to make better decisions.

“Sharing your interests and activities outside of work is not unprofessional. Showing the world what brings you joy or makes you sad can help you develop true connections, but do not feel obliged to share more about yourself that you feel comfortable with. You are entitled to your privacy.

“I have developed a diverse network through social media which challenges me. I try to practice kindness and gratitude online and to help my colleagues develop. No matter how far you are into your career you can intentionally use social media to become a better professional.”



John Launer is a writer who happens to be a doctor or, if you prefer, the other way around. Literature came first, as he read English at Cambridge, later qualifying as a doctor at the Middlesex Hospital in London. He worked as a GP in Edmonton and developed an interest in psychological therapies, training at the Tavistock Clinic in London, where he remains an honorary consultant. His essays entitled *How Not to be a Doctor*—witty and elegantly written accounts of his medical practice—were collected in a book of the same name, to be republished shortly.

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# John Launer How to be a writer/doctor

### What was your earliest ambition?

To be a coal delivery man, as I thought that I wouldn't need to have baths.

### What was your best career move?

Applying for medical school; and later following my wife's advice to take a sabbatical year from general practice to finish training as a family therapist.

### What was the worst mistake in your career?

None. I believe in what Rabbi Lionel Blue called Jewish archery: fire an arrow, see where it lands, and then paint a target around it.

### How is your work-life balance?

Good now. I'm semi-retired and work only two days a week for the NHS. The rest of the time I write and do freelance teaching, but I can choose when to say no.

### How do you keep fit and healthy?

I try to walk five miles every day and more than 10 miles at least once a week.

### What single change would you like to see made to the NHS?

Removing the market in services by banning for-profit service providers.

### What do you wish that you had known when you were younger?

The same things I still don't know, such as patience.

### Do doctors get paid enough?

By and large, yes. Most other NHS staff are paid far too little.

### To whom would you most like to apologise?

My wife and children, for all of the times I'm writing articles in my head when I should be listening to them.

### What do you usually wear to work?

Clothes, except in dreams.

### Which living doctor do you most admire, and why?

My GP trainer, Hilary Graham, and my family therapy tutor, Caroline Lindsey. They taught me how to take clinical conversations seriously.

### What is the worst job you have done?

Senior house officer for a famous but irrational consultant (now deceased). We hid patients so he wouldn't see them on rounds and make dangerous decisions.

### What unheralded change has made the most difference in your field?

Investment in postgraduate medical education, now sadly diminished.

### What new technology or development are you most looking forward to?

Doctors must realise that conducting consultations and ward rounds well and coordinating care effectively are just as important as technical decision making.

### What is your pet hate?

Toryism. Politicians and profiteers who work the system to become rich while impoverishing disabled and disadvantaged people.

### Is the thought of retirement a dream or a nightmare?

I hope that I never completely retire and always do some teaching and writing.

### If you weren't in your present position what would you be doing instead?

Trying to write a popular book describing the link between respiration and replication—called *The Breathtakingly Simple Facts of Life*.

Cite this as: *BMJ* 2017;359:j5135