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ACUTE PERSPECTIVE

David Oliver: Should we bring the curtain down on NHS social media performances?

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Should anyone care if NHS staff post a few loosely choreographed dances on TikTok, a healthcare themed choral routine on YouTube, or an unburdening rant on Facebook?

NHS shop floor clinical teams have always bonded, laughed together, drunk together, and shared their frustrations in ward rest areas, accommodation blocks, and messes. But, until social media, we kept them among ourselves. The covid-19 pandemic has led to plenty of pressures on teams, so a desire to de-stress or unburden is understandable—but have we taken it too far?

My immediate feeling is that it's nobody's business how frontline clinical staff in demanding roles let off steam, so long as we continue to do our jobs to the best of our abilities. Post what you like; ignore the haters.

Health professionals already have clear guidelines from regulators, unions, and defence organisations on social media use. ¹⁻⁴ These focus on issues such as patient confidentiality, respectful treatment of colleagues, and non-discriminatory language. They say nothing about a lunch break flash mob dancing in a corridor or an end-of-day chat to a camera phone.

Of course, general guidelines from the General Medical Council⁵ or the Nursing and Midwifery Council⁶ discuss not harming the profession's reputation. Individual employers have guidance on social media, and doctors' employment contracts provide some protections for work away from clinical care, including media. But nothing specifically covers this stuff, so we're in the clear, right? On reflection, I'm not so sure.

I know how hard my colleagues work, how much they care, and how tough their jobs can be. But TikTok dances by staff in uniform last spring are constantly used in hashtags, websites, and personal accounts, as well as in columns hostile to the NHS and those that trivialise the pandemic. This invites comments along the lines of: "See! They're all sitting around because hospitals are empty and GP surgeries are closed and have time for dances!" We're feeding the beast.

Similar patterns arose during the junior doctors' contract dispute in 2016, which then doubled as a campaign for the NHS's values and future. Staff choral routines or selfies taken during time off were then weaponised against the wider NHS workforce and service model, on social media and in newspapers.

I've also seen pandemic era criticism suggesting that self-recorded pieces on camera phones by tearful clinical staff, or photos of trolley strewn corridors, ambulances stacked outside hospitals, or ICU staff in full protective gear, have encouraged some patients to stay away from hospital. These clips could fuel a desire to protect the NHS and unwittingly add to people's fears of hospital acquired covid-19.

I very much distinguish between such performances and doctors legitimately sharing their views, data, experience of clinical care, or research evidence and joining in the policy debate. We're private citizens too, and advocacy is part of our professional duty. But on balance, when it comes to song and dance routines or emotive videos when in work clothes or on site, we should be more cautious—and perhaps, if in doubt, not post at all.

Competing interests: See bmj.com/about-bmj/freelance-contributors.

Provenance and peer review: Commissioned; not externally peer reviewed.

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