SOCIAL MEDIA USE – HEALTHCARE PROFESSIONALS

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Roadmap

Framing the topic

Recommendations

Applicability to licensure \rightarrow investigations and disciplinary cases

Resources

Q&A
What is social media?

Forms of electronic communication through which users create online communities to share information, ideas, personal messages, and other content. (Merriam-Webster).

- **Constantly evolving**
- Allows for collaboration in real time
- Social networks, blogs, video and image sharing, wikis, etc.
- Functions: social networking, professional networking, media sharing, content production, compiling information.
Social Media Use

• 72% of US adults use some type of social media.

• Young adults continue to use social media at high levels, but usage by older adults has increased in recent years.

• Rates of social media usage by physicians is often reported as even higher.


Common Social Media Platforms

General
- Facebook
- Twitter
- Snapchat
- Instagram
- TikTok
- LinkedIn
- Snapchat
- Youtube
- Reddit
- Pinterest
- WhatsApp

Healthcare Specific
- Sermo
- Doximity
- DailyRounds
- WeMedUp
- Figure 1
- DoctorsHangout
- MomMD
- Among Doctors
- Incision Academy
- Mayo Clinic Social Media Network
What issues does it raise?

- Privacy and security
- Professionalism and general ethics
- Preservation of physician/patient relationship
- Licensure standards
- Employment issues
- Defamation and reputational harm
- Liability issues/medical malpractice
Benefits & Risks

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Increased access to healthcare professional 
Improved and enhanced professional networking 
Continued (and greater access to) professional development and research 
Connectivity 
Higher level of transparency 
Greater reach to patients and public 
Peer-to-peer interaction 
Bolster recognition of work 
Support personal expression 
Marketing 
Tool to debate healthcare policy and practice issues

Distribution of poor-quality or inaccurate information 
Loss of privacy 
Disclosure of protected patient information 
Loss of trust in the profession 
Patient reluctance to seek needed medical care 
Reputational damage 
Blurred boundaries 
Boundary violations 
Unrealistic expectations on availability 
Cyberbullying 
Licensing and legal issues
“The internet’s not written in pencil, it’s written in ink.”

Do not disclose individually identifiable patient health information or post images or videos online without the express written consent of the patient. **Best practice is to avoid posting any pictures of or about specific patients.**

Maintain appropriate professional boundaries with patients, their surrogates, and colleagues at all times whether online or in person.

Turn down friend requests from patients to connect on social network sites. It may be acceptable to accept requests on your professional account.

Comport yourself professionally, even when communicating or posting in a personal capacity.

Consider all online content as open and accessible to anyone. And consider any social media post as permanent, even after it has been deleted.

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**Recommendations**

Federation of State Medical Boards, *Social Media and Electronic Communications*, Report and Recommendations of the FSMB Ethics and Professionalism Committee (Adopted as policy April 2019).
Do not provide medical advice to specific patients online, unless this is done via the secure patient portal of a practice institution.

Information provided should be truthful, not misleading or deceptive, and should be verified and supported by current literature and standard of care.

When marketing and advertising, be sure it complies with federal and state law. Consider seeking legal counsel for advice.

Identify yourself and credentials. Do not misrepresent training, expertise or credentials.

Pause. Think twice before posting.
Key Considerations

For healthcare professionals using social media

The standards of ethics and professionalism remain the same, regardless of the medium.

Consider the purpose of the posting, its desired and expected outcomes, potential unintended outcomes, and the implications of context.

What level of privacy/security does this platform have? Does true online privacy exist? How will you maintain confidentiality?

What is your plan for when patients request to connect on social media? What is your plan for when you are asked medical questions online?

Will you be able to – and how will you – maintain the public’s trust in the profession?
Applicability to licensure → Investigations and disciplinary cases
Can be the basis of the complaint.
Can be gathered during an investigation.
Can be used as evidence in a disciplinary hearing.
Potential Board Action

Non-Disciplinary, Confidential

- Letter of Concern
- Professional Development Plan ("PDP")

Public Disciplinary Action

- Public censure
- Fine
- Probation
- Limitation
- Suspension
- Revocation
Advertising

"False, deceptive or misleading advertisements are subject to restraint."

"High standards for truthfulness may be imposed."

"Advertising claims as to the quality of services are not susceptible of measurement or verification; accordingly, such claims may be so likely to be misleading as to warrant restriction."


Regarding licensees of the Board: “Only the highest standards of truthfulness should apply.”

The Court is not concerned with the “squeezable softness of Charmin” or the advantages of “mountain grown coffee.” The practice of puffery well established in non-professional advertising has no place in the advertising of healing arts professionals.


The Board has the right and the duty to demand strict adherence to (1) truthful and (2) verifiable advertising.
Advertising

K.S.A. 65-2836(d): The licensee has used fraudulent or false advertisements.

K.S.A. 65-2837(b):

1. Misleading, false, and fraudulent advertising
2. Guaranteeing an outcome (ex. pain free)
3. Failing to identify profession
4. Advertising professional superiority
5. Disclosing confidential information
6. Failing to disclose conflicts of interest


K.S.A. 65-2836(d): The licensee has used fraudulent or false advertisements.

K.S.A. 65-2837(b):

(2) Representing to a patient that a manifestly incurable disease, condition or injury can be permanently cured.
(6) Willful betrayal of confidential information.
(7) Advertising professional superiority or the performance of professional services in a superior manner.
(8) Advertising to guarantee any professional service or to perform any operation painlessly.
(12) Conduct likely to deceive, defraud or harm the public.
(13) Making a false or misleading statement regarding the licensee's skill or the efficacy or value of the drug, treatment or remedy prescribed by the licensee or at the licensee's direction in the treatment of any disease or other condition of the body or mind.
Unprofessional Conduct and Boundaries

- Use of social media for unprofessional behavior
- Sexual misconduct
- Inappropriate communication with patients online
- Prescribing
- Violations of patient confidentiality

In the Matter of Clark, 314 Kan. 814 (2022)

- Public censure
- Kansas Supreme Court stated - “When Respondent opened the door by releasing the photos to even one person on this social media website, those photos could be generally disseminated to the social media world and even finding their way to the Commission on Judicial Conduct.” 314 Kan. at 819.
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In the Matter of
Alexandra Thran, M.D.;
State of Rhode Island
Dept. of Health Board of Medical Licensure and Discipline, No. C10-156 (2011)

Reprimand, CME, $500 fee

- ER physician; resigned clinical privileges
- Facebook communication regarding a few of her clinical experiences
- Did not use patient names and had no intention to reveal any confidential patient information
- Because of the nature of the person’s injury, it was identified by an unauthorized third party
- When brought to Dr. Thran’s attention, she deleted her Facebook
Hasan v. West Virginia Board of Medicine, 242 W.Va. 283 (2019)

- Text messages with patient who he had a relationship with; discussion on authentication of social media text messages

- At least a one-year suspension (until lifted or modified by Board); public reprimand; evaluation; appearing before Board on an annual basis or any other time requested; costs and expenses of proceeding.
Federation of State Medical Boards, *Social Media and Electronic Communications*, Report and Recommendations of the FSMB Ethics and Professionalism Committee (Adopted as policy April 2019).

Practice Handbooks, *available at* www.ksbha.org/statsandregs.shtml

AMA, Code of Ethics Opinion 2.3.2 Professionalism in the Use of Social Media, *available at* www.ama-assn.org/delivering-care/ethics/professionalism-use-social-media;

AOA Social Media Guidelines, *available at* https://osteopathic.org/about/leadership/social-media-guidelines/

Professional societies and state professional associations

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