### The Ethics of Social Media: Practical Guidelines for Busy Psychiatrists

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## The Ethics of Social Media: Practical Guidelines for Busy Psychiatrists ~

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Nathaniel Morris, MD
James Reich, MD



#### Outline

- Dr. Rona Hu: introduction, why the NCPS ethics committee chose this topic
- Dr. Anna Glezer: websites, advertising and search engine optimization
- Dr. Nathaniel Morris: social media presence
- Dr. James Reich: Googling patients
- Dr. R. Scott Johnson: being cyberstalked
- Dr. Marv Firestone: Ethics committee Chair, summary
- Panel discussion: please write question on notecards, or ask verbally. Please do not identify patients by name or unique identifiers.
- The talk and discussion points will be submitted to Current Psychiatry for a possible set of guidelines

### Why we chose this topic

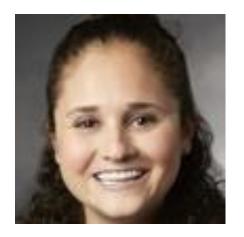
- Rapid growth in usage and types of social media
- Special risks for psychiatric providers and patients
- Paucity of guidelines
- Recent increase in questions for the Ethics committee

# Social media's challenges for psychiatry (Appelbaum and Kopelman 2014)

- Psychiatrists as consumers of social media which can be "rich sources of collateral data"
- Psychiatrists as producers of social media: of 271 blogs by MDs or RNs, 42% described pts, 18% negatively, some recognizable, and some with photos.
- 2013 study of Facebook pages showed 16% of med student pages had unprofessional material

#### Some sources

- Facebook: social networking meets professional duty (Mossman 2012)
- Social media's impact on psychiatrists and patients (Block 2015): Dr.
   Stephanie Pope found institutional guidelines lacking
- Ethical challenges faced by psychiatrists using social media (Selvarej and Ghosh 2015)
- For residents, technology can put professionalism and reputation at risk (R. Scott Johnson et al, 2015)
- Social media: potential pitfalls for psychiatrists (Benjamin and Dejong 2016)



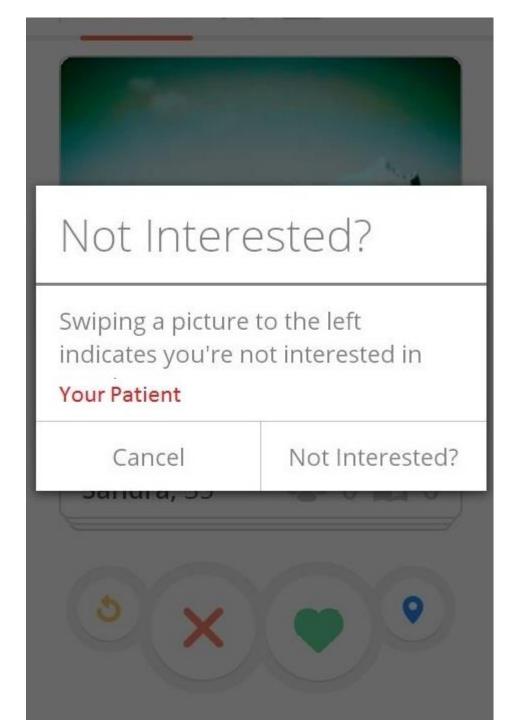
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### Woah, I'm Your Doctor — Swipe Left!

For the single therapist, then, what are the options?

02/14/2017 01:37 am ET **Updated** Feb 15, 2017



"I am so excited — I finally started online dating again," my young male patient excitedly voiced to me in our 50-minute therapy session.

"Oh, that is great, what app are you using?" I heard myself instinctively ask, not because it was important to the conversation or the therapy, but because it was important to determining my own reaction and next move. I was trying to appear casually uninterested, while I was freaking out a little inside.

"OKCupid," he replied shyly, luckily not asking me why I had asked.

I nodded in reply and, as soon as he left my office, I deleted my own account.

# "Online ratings have me scared for the future of medicine" (KevinMD| MARCH 8, 2018)

• When did patient satisfaction become more important than appropriate medical care? Medicine has been turned into a service with bonuses related to the patient's satisfaction score. There is a complete disregard for the appropriate medical care if the patient is dissatisfied with what they're told. Doctors are so afraid of losing satisfaction scores and getting sued that inappropriate medical care has become the norm. The opioid epidemic is just one example of this. Other examples include unnecessary testing when a good physical exam and history suffice.

