**[www.lsbme.la.gov/sites/default/files/documents/Statements of Position/Social Media.pdf](http://www.lsbme.la.gov/sites/default/files/documents/Statements%20of%20Position/Social%20Media.pdf)**

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS**

**STATEMENT OF POSITION\***

**THE USE OF SOCIAL MEDIA BY PHYSICIANS AND OTHER HEALTHCARE PROVIDERS\*\***

**[August 2015]**

**BACKGROUND**. The Louisiana State Board of Medical Examiners (the “Board”) has received complaints and other information from the public in which it is alleged that physicians have misused social media, primarily in the areas of the patient-physician boundary, patient privacy, and the inappropriate representation of the physician and medical establishment through posts, photos, or videos. In response to these complaints, the Board has deemed that guidance to physicians regarding social media is warranted. In preparing this report, the Board has performed an analysis concerning recommendations published by professional and regulating agencies that specifically address the use of this technology and medical professionalism.

**STATEMENT OF POSITION** By declaring the following Statement, the Board intends to: (i) protect the public and ensure quality of health care in Louisiana; and (ii) inform Louisiana physicians of necessary precautionary measures when having an online presence.

**Patient-Physician Relationship** The boundary that exists in the patient-physician relationship is the defining characteristic of this relationship, in which respect, trust, and patient’s well-being are paramount(1). Medical professionals have the obligation to establish, communicate, and enforce these professional boundaries(2). It is imperative, therefore, that standards for professional interactions should be consistent across all forms of communication between patient and physician, whether in person, by telecommunication, or online. Physicians can protect their professional relationship with patients, colleagues, and others by refraining from interacting with current or past patients on personal social networking sites such as Facebook(3). It is important to note that complete confirmation of the patient’s or physician’s identity is not possible on an electronic medium.

**Colleague Interaction and Professionalism** Physicians should avoid posting unflattering portrayals of other healthcare providers or engaging in cyber-bullying, as it undermines public trust and could be considered unprofessional conduct. Physicians must be mindful of their individual employer’s social media or social networking policy to the extent that it may be applicable.

**Patient Privacy and Confidentiality** In concordance with HIPAA laws, physicians must always protect patient privacy and should never do anything to compromise their confidentiality(3). While it might be of use for physicians to discuss information concerning their patients and other medical experiences outside of a clinical setting, physicians should refrain from posting or referring to identifiable patient information online. Networks should only be used when patient privacy is protected and only verified and registered users have access to the information. Such websites should be password protected(3). Limiting viewer access through privacy settings is important, though it is not sufficient to ensure complete privacy. As in any setting, the physician must obtain material and informed consent from the patient to collect, share, or use personal data. A mistaken belief is that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to a nickname, room number, diagnosis or code. The use of technology (i.e. texting, emailing, and posting to a website) to transmit confidential, identifiable data would be considered a violation of federal law if the technology being used is not HIPAA compliant(3).

**Content** Physicians should constantly monitor the content that they post and what is posted about them as well as their privacy settings; it is strongly recommended that they separate their personal and professional content online(4). Although physicians have the right to lead private lives and relationships in which they can express themselves freely, they also must understand that they are representing the medical community with an online presence(3). It is important to note that social media and online networking should be treated as virtual public spaces, used by millions and potentially accessible to all. Physicians should be aware that actions online and content posted can influence their reputation, which can have consequences for their medical career and may weaken public trust in the medical profession(4). Physicians should also reveal any conflicts of interest and maintain all honesty when asked to write online or post comments about their health-related professional experiences(3).

For further information on this topic, refer to the American Medical Association and the Federation of State Medical Boards.

\*Position statements do not have force of law. They present guidelines for recommended behavior. Guidelines are often the first step to rulemaking. Rules of LSBME are legally enforceable.

\*\* This document speaks to physicians, although it is applicable to all healthcare providers under our jurisdiction.

( 1) American Medical Association. Report of the council on ethical and judicial affairs: Professionalism in the use of social media. 2010. Available from: http://www.ama-assn.org/resources/doc/code-medical-ethics/9124a.pdf

(2) National Council of State Boards of Nursing. White paper: A nurse’s guide to the use of social media. 2011. Available from: https://www.ncsbn.org/Social\_Media.pdf

(3) Federation of State Medical Boards. Model policy guidelines for the appropriate use of social media and social networking in medical practice. 2012. Available from: <http://www.fsbm.org/pdf/pub-social-media-guidelines.pdf>

(4) American Medical Association, Council on Ethical and Judicial Affairs. Code of Medical Ethics –Current Opinions, 2014-2015 Edition. Chicago: American Medical Association.