
Social Media: Examination of Renal Professional Practices and Guiding Principles

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The widespread use of technology and social networking websites, such as Facebook and Twitter, creates new avenues for renal professionals to share information. However, intentional or unintentional virtual contacts with patients and potential breaches of professional ethics are always possible. During a session at the NKF 2012 Spring Clinical Meetings in Washington, D.C., attendees discussed ethical dilemmas in this era of rapidly expanding social media, were polled regarding their practices, and expressed the need for further examination of the implications of new technologies for renal patients, professionals, and organizations. By seeking consultation with regard to ethics and reviewing professional, regulatory, and agency policies, health care professionals can stay on the safe side of social media.

INTRODUCTION

A recent post on the Council of Nephrology Social Workers professional email LISTSERV inquired about how social workers handle “Friend” requests on Facebook from patients. This prompted a lively discussion of professional boundaries, dual relationships, and the need for further exploration of ethical practices and policies around this ever-changing social landscape (NKF CNSW LISTSERV, 2011). The purpose of this article is to examine the many challenges faced by social workers related to social networking, and to discuss some guiding principles.

What is social media? Social media is the use of web-based technology that allows the exchange of user-generated content. Facebook, the ubiquitous social networking utility, presently has 1 billion users (Facebook, 2012). Twitter claims 140 million users (Bennett, 2012; Wasserman, 2012). The majority of national renal professional organizations, patient organizations, and dialysis corporations now utilize Facebook and Twitter.

Facebook is a social networking service which requires users to register before using the site, after which they may create a personal profile, list other users as friends, and exchange messages, including automatic notifications when they update their profile. For those who are unfamiliar with Twitter, it is a microblogging service that allows users to send messages of up to 140 characters (“Tweets”) to recipients known as “followers.” While on Facebook, both parties must agree to be friends; with Twitter, users have limited control of who follows them. “Tweets” may be read by anyone, whether registered with Twitter or not.

Blogs are online journals written by one person or a group of contributors, often focused on a specific field or specialty. Blogs permit writers to engage in conversations with readers. There are many nephrology-related blogs, websites, and LISTSERVs: patient-authored, physician-authored, and university-based. The term “LISTSERV” has been used to refer to electronic mailing list software applications, allowing a sender to send one email to the list, which transparently sends the email to all addresses subscribed to the list.

With limited control of who reads or follows social networking content, intentional and unintentional virtual contacts between staff and patients are always possible. Some of the situations that may arise with new technology: emails between staff and patients; patients “Googling” (using the Google online search engine) staff; staff “Googling” patients; and issues of confidentiality and privacy. Information provided could be inadvertently used to identify a patient. The ease of posting and the commonplace nature of sharing information via social media may appear to blur the line between one’s personal and professional life.

Advantages of Social Media

There are numerous advantages to having social networking accounts. Information can be disseminated quickly and to a large population at no cost. Social media is used for:

- A venue for online discussion of health-related topics and trends
- A bulletin board for posting upcoming events
- Fostering professional connections
- Marketing
- Sending, receiving, and accepting social invitations
- Sharing local, national, and international news
- Forging ties with out-of-state family and friends
- Exercising humor and creativity
- Sharing and receiving information relevant to lives and interests
- Keeping up with professional trends and contacts
- Participation in civic action, including advocacy and public policy

Renal Business Today (2010) featured the article “Social Media in Nephrology.” The director of communications for DaVita provided comments in this article on social media: “This platform benefits doctors, caregivers, patients, and their loved ones in several ways: patients can share experiences and benefit from industry information to improve

their quality of life, loved ones can share experiences and learn how they can offer better support, and the doctors/care team members can learn first-hand what their patients are looking for, giving them prime ways they can better their facilities—especially on a human level.”

Risks Related to Social Networking

To understand the limits of appropriate use of social media, it is important to have an understanding of the risks faced by professionals. The National Association of Social Workers (NASW, 2005) and Association of Social Work Boards (ASWB) have developed the Standards for Technology and Social Work Practice to create a uniform document for the profession. The specific goals of the standards are:

- to maintain and improve the quality of technology-related services provided by social workers;
- to serve as a guide to social workers incorporating technology into their services;
- to help social workers monitor and evaluate the ways technology is used in their services; and
- to inform clients, government regulatory bodies, insurance carriers, and others about the professional standards for the use of technology in the provision of social work services.

The discussion of risks below, based on that guide, is not meant to be exhaustive or to reflect the order of importance.

Confidentiality—Information that is shared with staff by patients, including patients’ identities, must remain confidential unless the patient authorizes release. This requirement could easily be violated through use of a website designed for social networking. Users run the risk of violating patients’ privacy and confidentiality by disclosing too much information. Emails, LISTSERVs, social networking websites, tweets, and blogs are not private, and can easily be shared by the recipient with others. Even content that has been deleted is accessible. Some examples of potential privacy and confidentiality violations:

- There is always the risk of disclosing too much identifiable information. A mistaken belief is that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis, or condition.
- If we “accept” a patient’s “Friend request” (for instance on Facebook or LinkedIn), there is risk of possible exposure of the patient’s identity to others. In order to make a “Friend” on Facebook, a user sends a “Friend request” to another user. If that user confirms that they are indeed friends, then the users appear on each other’s Friend lists and they can send each other messages, write on each other’s “walls” or pages, or chat. The identity and number of friends is displayed conspicuously, and is easily noticeable by anyone who looks at a person’s Facebook page.

- What happens when your patient discovers you have 20 Facebook Friends in common? Will they wonder what you are sharing with these friends?

Dual relationships—The NASW Code of Ethics (NASW, 1996) stipulates that social workers should not engage in dual or multiple relationships, with clients or former clients, in which there is a risk of exploitation or potential harm to the client. Accepting an invitation from a client to be a friend on Facebook (or other social network sites) creates a dual relationship.

Effect on team-based patient care—Cyber-bullying, or the use of cell phones or other devices to send or post text or images intended to hurt or embarrass another person, is detrimental to a cohesive health care delivery team. For example, a member of the interdisciplinary care team sending “Tweets” about patients that are unprofessional in nature can result in a loss of therapeutic effectiveness, loss of objectivity, and exploitation.

Legal risks—What you learn about patients in social media could become a legal issue. What if a patient were to tweet about being suicidal? Could you be professionally liable for failing to prevent harm?

NKF SCM12 “Social Media and Boundaries” Session—Audience Response Results

Using audience response system technology, attendees at the NKF 2012 Spring Clinical Meetings session on May 12 in Washington, D.C. (Hall, 2012), were polled regarding their personal and professional use of social media. Respondents were a fairly even spread across ages, ranging from 20 to 70, with a few more attendees in their 20s (18 attendees, or 30%). Ninety percent were social workers, 5% nurses, and 5% were other renal professionals. Of those surveyed more than 45% stated they used social media on a daily basis, and only 27% stated they never used social media. Interestingly, the sample’s use of social networks highlighted the many gray areas faced by renal professionals. Eleven percent reported receiving a “Friend request” from patients, with 7% reporting they accepted the request. Thirteen percent thought it was acceptable to engage patients on social networks, depending on the situation, while 22% were uncertain what to do if a previous patient tried to “Friend” them after treatment had been completed.

There are many doctors and facilities beginning to use social networking to expand their practices, utilizing platforms like Facebook, Twitter, and others as marketing tools. Common in these approaches is the use of patient testimonials, or asking patients to rate doctors on places like Angie’s List or Yelp. When asked what to do when a renal patient “Likes” a Facebook page that is professionally oriented, attendee responses were split pretty evenly between choices (i.e., this is a breach of confidentiality; this is acceptable; and uncertain whether this is appropriate). The “Like” button is a Facebook feature where users can “Like” content such as

status updates, comments, photos, links shared by friends, as well as advertisements, articles, and other online content.

One hypothetical situation that was posed to attendees: "You are friends with coworkers on Facebook. One posted photos of his birthday party, revealing that patients and other colleagues attended. Should you bring this to your clinical manager's attention?" Seventy-six percent responded yes, while the others either would not report the incident (13%) or were uncertain (11%). Some who responded "yes" commented that this seems like a pretty clear violation of boundaries, and they were surprised by the "no" and "uncertain" responses.

Another scenario inquired whether it is ethical to bring up questionable Facebook content with a patient. For instance, a woman three months pregnant posts a photo of herself with a cigarette in one hand and a beer in the other. Renal professionals were split on whether to confront the woman, though National Association of Social Workers Code of Ethics (NASW, 1996) state that social workers should respect clients' right to privacy, and should not solicit private information from clients unless it is essential to providing services. The fact that information about patients is available electronically through various search engines does not mean we should access it. Seeking information on the internet about a patient without his/her knowledge may violate an implied contract and erode the patient's sense of trust. Attendees debated whether a Facebook posting is indeed "private" and, in the case of the hypothetical pregnant woman, expressed concern about the rights of the fetus.

Attendees were also asked to consider the following question regarding a posting on a professional LISTSERV: "You post on the LISTSERV a dilemma you are facing with a particular patient at your facility. Your LISTSERV signature lists your facility address and affiliation. Is this patient potentially recognizable to LISTSERV members?" Eight-two percent responded "yes," 9% responded "no," and 9% were "uncertain." Attendees commented that examination of this issue created new awareness of the importance of guarding individual identifying information when corresponding by email.

It was clear from the audience discussion that, when examining social platforms, gray areas exist. For instance, professionals who live and practice in small towns or rural settings have difficulty avoiding dual relationships. Additionally, professionals who serve on boards with patients may have difficulty avoiding shared LISTSERVs, blogs, or social networking sites.

Interestingly, though renal professionals face ethical dilemmas related to appropriate use of social media, only 47% of those surveyed said they were certain that social networking policies were addressed at their facilities or practices.

There were less than 100 respondents in the audience. It would be interesting to repeat this polling with a larger and more randomized sample, which would provide the opportunity to explore some cross-tabulations.

Current Events

A survey of the Boards of Nursing conducted by National Council on State Boards of Nursing (NCSBN, 2010) indicated an overwhelming majority, 33 of 46 respondents, reported receiving complaints about nurses who have violated patient privacy by posting photos or information about patients on social networking sites. Disciplinary actions were taken based on these complaints, including censure, letters of concern, conditions placed on the nurse's license, and licensure suspension.

One recent incident was publicized in the media (Stokowski, 2011). Four students were dismissed from their nursing program after a student posted a photo on Facebook showing her posing, smiling widely, over a placenta in a plastic tray, while holding up the umbilical cord in her gloved hand. Although nothing in the photograph identified the patient from whom the placenta was taken, the student was wearing a uniform with a visible decal, as well as a hospital badge on a lanyard that contained identifying information. Although the photo was taken down from her Facebook page, it is still available on the internet, as it was picked up by the press and a host of online bloggers.

In a recent research letter to the *Journal of the American Medical Association* (Hensley, 2012), it was reported that 3% of "Tweets" from self-reported physicians on Twitter were unprofessional. The letter shared results of a nationwide survey of state medical boards, the majority of whom have received reports of doctors behaving badly online. The most common violations reported were: inappropriate patient communication online, e.g., sexual misconduct; use of Internet for inappropriate practice, e.g., prescribing without established clinical relationship; and online misrepresentation of credentials. Most often, the boards have learned about the problem from patients or their families. Fifty-six percent of the boards had restricted or suspended licenses, and have revoked at least one doctor's license at some point for bad behavior online (Greyson, Chretien, Kind, Young, & Gross, 2012).

Results of a survey of medical school administrators (Chretien, Greyson, Chretien, & Kind, 2009) found a fair amount of unseemly conduct by their students, including violations of patient confidentiality, student use of profanity, frankly discriminatory language, depiction of intoxication, and sexually suggestive material. Among the 78 medical schools that responded to the survey, 60% reported incidents of students posting unprofessional content on the web. Unprofessional online content posted by medical students has resulted in disciplinary action by medical schools, including dismissal in some cases.

Amednews.com reported in April (Dolan, 2012) that patients increasingly want social media to be something that helps them coordinate care and navigate the health system, and they think physicians are the best people to deliver it. Health care organizations are reshaping their social media strategies to engage patients, interact with them, and even

provide services in an attempt to help bring down the costs of providing care. Examples include scheduling appointments, sending reminders, and making referrals to specialists. Mercy, a 28-hospital system in the Midwest, is creating an application to allow patients to “share” their physicians’ profiles with Facebook Friends.

Ethical Considerations

When using technology in its various forms, renal professionals need to adhere to ethical, legal, and regulatory standards. The Health Insurance Portability and Accountability Act (HIPAA) (U.S. Department of Health & Human Services, 1996) defines individually identifiable information, and establishes how the information may be used, by whom, and under what circumstances. Individually identifiable information is any information that relates to the past, present, or future physical or mental health of an individual, or that provides enough information that leads someone to believe the information could be used to identify an individual.

In addition to adherence to HIPAA privacy regulations, it is important to review your individual professional organization’s policies on ethical practices in the use of technology. Several professional organizations have updated their policies to address social media. Those that are relevant to renal professional practice are summarized in Figure 1.

Possible Consequences of Violations

Keep in mind that inappropriate disclosures or postings on social media may result in disciplinary actions by professional boards, state and federal entities, and employers. Additionally, individual lawsuits can be filed against professionals and subject employers to lawsuits or regulatory consequences (e.g., defamation, invasion of privacy, or harassment). The reputations of health care organizations are at stake.

Professional boards may investigate reports of inappropriate disclosures on social media on the grounds of: unprofessional conduct, unethical conduct, moral turpitude, mismanagement of patient records, revealing privileged communications, and breach of confidentiality. Consequences may include reprimand or sanction, assessment of monetary fine, and temporary or permanent loss of licensure.

State and federal entities oversee violation of laws established to protect privacy, confidentiality, and prevention of patient abuse or exploitation. Consequences may include civil and criminal penalties, fines, jail time, and personal liability.

Some Recommendations

If you are uncertain, seek consultation on ethical issues. Some of the professional values and personal guidelines to keep in mind when using social media:

- *Conflicts of interest*—Avoid activities that interfere with the exercise of professional discretion and impartial judgment. When posting on professional websites or commenting on a blog, keep it professional, as your comments can be viewed by the public and are archived.
- *Professional boundaries*—“Friend requests” from patients should be respectfully declined *just like any other kind of social invitation from a patient*.
- *Privacy and confidentiality*—Be wary of providing enough information that could be used to identify a patient.
- *Do no harm*—Overexposure on social networking sites may confuse patients and have negative repercussions for patient-staff relationships. Manage information available about you online. Use the highest privacy settings for social networking sites. Create a “lock” on Twitter accounts in order to deny access to requests to follow you. Twitter provides the option to “lock” or protect your account, which means that you must approve people before they can “follow” you and only your “followers” can view your “tweets.”
- *Dignity and respect toward colleagues*—Ask yourself before posting whether the content will be detrimental to your employer or impair working relationships.

SUMMARY

Renal professionals should not shy away from using social media. In fact, social media are more likely to play an increasing role in health care. With thoughtful examination of professional guidelines, creation of agency policies regarding ethics in the use of new media by staff, and discussions with patients regarding policies and procedures, we will be able to participate in the social media revolution without fear of doing harm.

Figure 1. *Professional Organization Policies and Principles*

<p>NASW and ASWB Standards for Technology and Social Work Practice (National Association of Social Workers, 2005)</p> <ul style="list-style-type: none"> • Adhere to ethical, legal, and regulatory standards (privacy, confidentiality, client records, informed consent) • Inform clients when real or potential conflicts of interest arise; take steps to resolve; clients' interests are primary • Do not engage in dual or multiple relationships with clients or former clients in which there is risk of exploitation or potential harm • Respect clients' right to privacy; do not solicit private information unless it is essential for providing services • Do not permit private conduct to interfere with the ability to fulfill professional responsibilities • Overexposure on social networking sites may confuse clients and may negatively impact the relationship (personal internet postings are a form of self-disclosure)
<p>ANA's Principles for Social Networking and the Nurse: Guidance for the Registered Nurse (American Nurses Association, 2011)</p> <ul style="list-style-type: none"> • Negative aspects of social networking sites include: loss of privacy, legal liability, and loss of professionalism • Crossing personal and professional boundaries can represent conflicts of interest for the nurse • Protect the integrity of self and profession • Maintain patient privacy and confidentiality; treat patients with dignity and respect • Promptly report breaches of confidentiality or privacy • Do not make disparaging remarks about employers or coworkers
<p>NCSNB White Paper: A Nurse's Guide to the Use of Social Media (National Council of State Boards of Nursing, 2011)</p> <ul style="list-style-type: none"> • Avoid inadvertently disclosing confidential or private information about patients (including use of patient information or likeness) • Maintain professional boundaries online • Do not disparage employers or coworkers • Be aware of employer social media policies • Report any breaches to your state's Board of Nursing (BON)
<p>AMA Policy: Professionalism in the Use of Social Media (American Medical Association, 2012)</p> <ul style="list-style-type: none"> • Policy does not explicitly recommend against "Friending" patients • When interacting online, maintain appropriate boundaries of patient-physician relationship, just as with any other context • Recommend separating personal and professional content online
<p>ACP Ethics Manual, 6th Edition—A Comprehensive Medical Ethics Resource (American College of Physicians, 2012; Barclay, 2012)</p> <ul style="list-style-type: none"> • Physicians who use social media should not blur social and professional boundaries • Policy provides guidance regarding confidentiality in electronic health records
<p>Academy of Nutrition and Dietetics (2011)</p> <ul style="list-style-type: none"> • Development of an ethics opinion is underway, based on the following guiding principles: <ul style="list-style-type: none"> ○ Do not engage in false or misleading practices or communications ○ Protect confidential information ○ Provide full disclosure about limitations on ability to guarantee full confidentiality ○ Be alert to real or potential conflicts of interest and act when conflict arises

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