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Dermatologist in the era of social media: challenges and solutions

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The dark side of social media is that, within seconds, anything can be blown out of proportion and taken out of context. And it's very difficult not to get swept up in it all.

-Nicola Formichetti

Social network sites are web based services that allow individuals to create a public profile, create a list of users with who to share connections, and view and cross the connections within the system.(1) Famous social networking forums like Facebook, whatsapp, instagram, twitter, linkedin have approximately 1500 million, 900 million, 400 million, 320 million and 100 million active users worldwide.(2)

Social media is the ideal platform for physicians to connect directly with target audiences. It is more cost effective than other marketing initiatives because there is no need of a big budget to be successful. Also, participating in social networking support physicians' personal expression, enable them to have a professional presence online, communicate with other physicians and provide opportunity to widely spread public health messages.

Social Media and Dermatology

Dermatology is a visual speciality dominated by visual assessment of diseased skin. This is an advantage which can be used for consultations, referrals and dissemination of knowledge. Teledermatology has emerged as most common application of telemedicine providing attention to patients who do not have access to dermatologic care.(3)

Dermatologists treating both medical and cosmetic conditions raise unique ethical considerations in balancing the advertising potential of social media with duty to protect patient confidentiality.(4)

Challenges

1. A post, or even series of posts on social media, is not the equivalent of a full history and physical examination.
   - Diagnosis in dermatology is often based on the morphology and distribution of lesion. The picture posted can be of low quality to assess the morphology or too close to judge the distribution of lesions, leading to misdiagnoses.
   - For example a close picture of multiple grouped vesicles without medical history can be herpes or contact dermatitis, with altogether different set of treatments. A normal looking nevi on picture can actually be a dysplastic or neoplastic lesion on closer examination.
   - Supportive diagnostic aids like dermatoscopy, skin biopsy or even a simple bed side woods lamp examination is not possible until patient visits dermatologist.

A "momentary lapse" in judgment by an individual physician to create unprofessional content online can reflect poorly on the entire profession.(10) Refrain from offering diagnosis via social media. Instead, suggest the patient to visit a dermatologist.

2. Patient privacy and confidentiality.
   - It is always desirable to take a consistent and cautious approach to clinical imaging.
   - The clinicians receiving images for a second opinion are bound by the same ethical and legal regulations as those taking the images.(5)
   - Even when posting history of patient on social media it should lack identifying details. De-identification can be accomplished by omitting or changing key patient details, unlinking the narrative to a specific institution, and not including a specific time frame or location when and where the encounter occurred.
   - Publicly posting a photograph or a status update about a specific patient to release frustrations or to entertain others with a humorous anecdote may not be ethically justifiable despite a lack of identifying details.

Whenever possible, obtain a patient's permission before posting about his or her medical details online.(6) Obtaining valid informed consent from patients or informants and providing secure systems for data storage help the clinicians to ensure patient confidentiality and maintain a sound patient-clinician relationship.(5) It also protects practitioners from possible disciplinary and medicolegal litigations.

3. Blurring of personal and professional spaces(6,7)
   - The boundaries of professional interactions previously confined to the outpatient office or the hospital has expanded with physicians on social media.
   - Social media convey information about a person's personality, values, and priorities, and

the first impression generated by this content can be lasting.

- A photograph posted on a personal social networking site of a physician during off hours may be deemed inappropriate by some and could threaten the therapeutic relationship.

Privacy settings should be set in a way that enables one's network to expand while limiting the exposure of information to people outside of the network. Physicians should conduct periodic searches for their own names or other identifying information to ensure that their social media presence projects a professional image.

4. "Friends" with patient- The '24X7X365' doctor

- How will clinicians incorporate the use of social media into the flow of the typical work day?
- Can there be fixed timings for interaction with patients on social media?

If clinicians ignore patient requests sent through social media, one could argue that, by not responding to these requests, clinicians are committing an Act of Omission, as there would be implied consent to respond through the medium given that the patient started the dialogue on social media.[8]

Physicians should never extend a request to become a social networking "friend" with a patient. In cases where the invitation is extended by the patient, physicians are advised to avoid accepting the invitation and to have a face-to-face discussion of why it would be unethical.

In circumstances where a patient-physician relationship already exists, informed consent, with careful discussion of potential risks of this form of communication, response times, and the handling of emergencies, should take place before any clinical interactions by physicians with patients online. These interactions would also need to be documented and included as part of the patient's medical chart.[6]

Physicians should develop a plan to monitor the web page on a regular basis, post disclaimers about the public nature of the site and remove posts that may be harmful to patients.[4]

5. Is the time spent on social media costing your practice?

- If treating patients online, how will this time spent be reimbursed? What will the incentives be for using this technology?

The additional workload and expectations could actually worsen the amount of stress clinicians are under.

But if you are doing one-on-one consulting, you need to have an hourly rate for your time. And your time is your most valuable asset so make sure you are factoring all the overhead you have to get that paid hour.[9]

Target year salary/ no. of work weeks X billable hours each week = amount to be charged per hour

For example a dermatologist earning 1,200,000 INR per annum working 8 hours daily, 6 days a week round the year (48 weeks) may charge 520.83 INR per hour.

6. Are we killing our speciality?

Dermatology with the advent of Aesthetic medicine has become a lucrative branch of medicine. Even physicians from other specialities are practicing dermatology and cosmetology.

Many dermatology groups on social media are open access and anybody can join and see the posts. The so called 'quacks' and incompetent persons start treating patients based on discussions or by watching online videos of various procedures. Groups on social media with interest in dermatology should be closed groups with group administrator checking for credentials and licensing of the person who requested to join the group.

- And what about self boasting and paid positive testimonials?

With lack of ethical and medicolegal regulations on social media, this may include advertising false claims, misrepresentation of credentials, or posting grossly unprofessional content online. Conflicts of interest, including receiving financial compensation for the promotion of any product or paid advertisement on a blog or other Web site, should be disclosed.

Conclusions

Social media has transformed communication and is on its way to transforming healthcare.

When used wisely and prudently, it offers the potential to promote individual and public health, as well as professional development and advancement.

Professionals must abide by the ethical codes that govern their professions as practitioners in face-to-face relationships and should be aware of the implications this has on our ethics, professionalism, relationships, and profession.

At the same time, there is a need for e-professionalism to be included in the contemporary curriculum on ethics and professionalism at our nation's health education institutions.

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