Professionalism and Electronic Media

Don't lie; Don't pry; Don't steal; Don't reveal;
Don't cheat; Can't delete.

-Jon Thomas, MD, MBA
Chair (2013-14), Federation of State Medical Boards

Introduction

Even before the Internet era Dr. Thomas's first five cautions have long been familiar to practitioners.[1] These fundamental precepts sum up the essentials of professionalism and continue to apply in the electronic world. It is the sixth, "can't delete," that proves especially relevant in today's age of electronic communication. Once a practitioner posts information, it may be indelible, despite attempts to erase. If practitioners adhere to the following core principles, they should be better prepared to maintain professionalism when using electronic media for personal, non-clinical purposes.

Core Principles

- First, do no harm.
- Place your patients' interests above your own.
- Adhere to the same principles of professionalism online as offline.
- Maintain professional boundaries at all times.
- Do not misuse information gained through the physician-patient relationship or from patient records.
- Do not do anything which you would hesitate to note in a patient's chart or to explain to patients, their family members, your colleagues, the news media, or your medical review board.

The Washington Medical Commission (Commission) is charged with protecting the public and upholding the standing of the profession in the eyes of the public.[2] The Commission offers this guidance document to assist practitioners in adhering to the standards of their profession in both their personal[3] and professional lives.

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[1] The term "practitioners" refers to allopathic physicians, and physician assistants.

[2] *Haley v. Medical Disciplinary Board*, 117 Wn.2d 720 (1991)

[3] "Consider the professional image you would like to portray." *University of Washington Department of Medicine Social Networking Policy and Guidelines*, May 24, 2011.

Guidance

Both the Commission and the public expect that practitioners establish and maintain professional boundaries for the health and safety of the physician-patient relationship. Boundaries protect the space that must exist between a practitioner and a patient; they allow for a safe connection based on the patient's needs, not needs of the practitioner.[4] Therefore, practitioners should ask themselves if actions taken electronically would be acceptable if performed in person, or by phone or letter, and if such actions can be justified solely for clinical or professional purposes.

Seeking current information related to patients' environment and community influences may provide clinical value that could inform a diagnosis or reveal external impacts on a patient's health. Practitioners long have benefited by their active understanding of the communities where their patients reside. Historically they naturally gathered such information through house calls. Similar efforts to understand patients still are encouraged by the Commission so long as a valid, documented, clinical reason exists. Even then, a prudent practitioner may consider further questions: Need informed consent be obtained prior to a search? Should results be shared with the patient? Should the search be documented in the medical record? Are there other risks and benefits that should be weighed?[5]

Many existing guidelines and policies that address the use of electronic media by physicians and other health care providers focus mainly on such use for clinical purposes or professional and collegial communications. This Guidance Document, however, addresses the use of electronic media for personal, non-clinical purposes. Electronic media could heighten potential for boundary violations because of the ways such communication and search tools may be used: by oneself, outside of office or clinical environments, moving quickly from one site to another, and posting comments before giving careful thought.

Concluding Guidelines

- Professional boundaries concepts apply across all communication media.
- Professional boundaries are more easily crossed with the use of electronic media.
- Practitioners must strive to keep their professional and personal lives separate for the sake of both themselves and their patients.
- It is the practitioner's responsibility to maintain appropriate boundaries, not the patient's.
- When considering searching for information about a patient, practitioners should ask themselves "Why do I want to conduct this search?" If the reason is simply curiosity or other personal reasons, the practitioner should not conduct the search.[6]
- Practitioners should become familiar with and conform to the electronic media policies of their institutions.

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[4] *At Personal Risk*, Marilyn Peterson, PhD, MSW, 1992, page 46. See also Glen O. Gabbard, MD, Carol Nadelson, MD," Professional Boundaries in the Physician-Patient Relationship," *JAMA*, May 10, 1995, page 1445; *Boundaries: Where You End and I Begin,* Anne Katherine, M.A., 1991, page 135

[5] "Perspectives, Patient-Targeted Googling: The Ethics of Searching Online for Patient Information," *Harv. Rev. Psychiatry*, March/April 2010, pages 103-12

[6] *Ibid*. Most importantly, could the information be obtained simply by asking the patient?

Principles and Examples

1. **Principle:** With few exceptions, practitioners should not inquire into patients' lives for reasons unrelated to clinical care or staff safety. If no clinical or academic research reason exists to make such an inquiry, practitioners should not do so.

    Example: In an emergency department, in order to identify family members of a patient who lacks identification and cannot communicate, it would be acceptable to obtain information from an Internet search.

    Example: An exception would include when a patient is running for elected office and the licensee wants to research the patient's political positions in order to determine how to vote.

2. **Principle**: A practitioner may not use information gained from patient billing or medical records or from conversations with a patient for reasons not permitted by federal and state privacy laws. Postings to social media sites may violate such privacy laws.

    Example: It would be a professional boundary violation to gain knowledge of a patient's home address in medical records or billing systems, find the house on a map, and then drive there solely out of personal curiosity. Similarly, it would be a professional boundary violation to use such information to search for a patient's house on an electronic mapping service out of personal curiosity.

    Example: It would be inappropriate, and possibly a violation of privacy law, to use information gained from patient records or interviews in order to identify and find a patient on a social media site out of personal curiosity.

    Example: Photos, videos, or comments posted on social media sites may violate privacy laws. It is important also to evaluate carefully if anything in the background of a photo or video may be inappropriate for posting. [7]

3. **Principle:** A professional boundary violation can occur whether a patient gains knowledge of it or not.

    Example: In a previously cited example, driving by a patient's house out of personal curiosity would still be a boundary violation even if the patient had no knowledge of the occurrence. Similarly, searching for a patient on the Internet out of personal curiosity would be a boundary violation even if the patient never learned it had occurred.

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[7] "Think twice before posting. ... If in doubt, don't post! ... Consider what could happen if a post becomes widely known and how that may reflect on both you and [your employer and your practice]. ... If you wouldn't say it at a conference or to a member of the media, consider whether you should post it online." *UW Medicine Social Networking Policy and Guidelines*, May 24, 2011

Number:	GUI2014-02
Date of Adoption:	January 29, 2014
Updated:	July 15, 2022
Supersedes:	None.