Purpose

Social media offers many benefits, including the ability for health practitioners to communicate with patients and one another, and the means to share and disseminate information quickly. However, it also brings with it substantial and often misunderstood risks to privacy, confidentiality and professionalism, which may blur the boundaries of the relationship between psychiatrists, their patients and professional colleagues. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) recommends a common-sense approach to social media and that all RANZCP members view their use of social media as an extension of their professional lives. Furthermore, the RANZCP requires all of its members to uphold the professional standards outlined in the RANZCP Code of Ethics and relevant national legislative and professional guidelines. While it is the responsibility of individual members to maintain the standards and ethics expected of the profession of psychiatry, the RANZCP also strongly recommends that its members be guided by this position statement.

Key messages

- While social media offers many benefits, psychiatrists should weigh the benefits of using social media against the potential risks.
- Psychiatrists who choose to utilise social media should do so in a professional manner and should refrain from making any comments that they would not make in a personal or professional capacity.
- The information on social media is enduring and can be disseminated easily and rapidly; if a mistake is made, it is often impossible to remove.
- Psychiatrists should be especially aware of privacy issues, in terms of both the posting of their own information and in their communication with patients.

Definition of social media

‘Social media’ refers to online and mobile tools that people use to share opinions, information, experiences, images and video or audio clips, and includes websites and applications (apps) used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook and LinkedIn, blogs (personal, professional and those published anonymously) and microblogs such as Twitter, content-sharing websites such as YouTube and Instagram, and discussion forums and message boards (AHPRA, 2014a). It does not include mobile apps, emails and other online tools that don’t involve a social networking aspect. The Royal Australian College of General Practitioners has a position statement The use of electronic communication within the health care system as well as some additional resources on using email and SMS texts.
Finding a balance – social media as a therapeutic and educational tool

The RANZCP recognises that, for psychiatrists, social media and internet presence can offer a range of benefits in terms of professional collaboration and learning as well as enhancing the therapeutic relationship between doctor and patient. Some examples include sharing resources with colleagues, enhancing training through peer support groups and disseminating evidence-based information about mental illness to the general public (Brown, 2010; Appelbaum and Kopelman, 2014).

However, the evolution of the internet and social media has also altered perceptions in relation to privacy, connectivity and communication. As a result, the boundaries between social and professional spheres have become increasingly blurred. This has created a complex set of practical and ethical challenges for psychiatric practice (Appelbaum and Kopelman, 2014). Members who are unprepared for the implications of social media may be at increased risk of boundary violations with patients or allegations of these. There have been cases where health practitioners have been found guilty of unprofessional conduct which included maintaining inappropriate communication or unprofessional relationships via social media (Burton, 2012).

Therefore, RANZCP members using social media for professional purposes must balance the benefits of using social media against the potential risks and, when they are communicating with patients and professional colleagues, ensure that their social media use and internet presence upholds the ethical and practice standards required for membership of the College.

Legislative and professional obligations in relation to social media

In using social media, just as with all aspects of professional behaviour, members should only post information that is not in breach of their obligations under relevant codes of conduct and professional guidelines.

Professional obligations

In both Australia and New Zealand, the relevant codes of conduct contain guidance about the required standards of professional behaviour which apply to registered health practitioners, whether they are interacting in person or online, and set out standards of professional conduct in relation to privacy and confidentiality of patient information, including when using social media. For example, posting unauthorised photographs of patients in any medium is a breach of the patient’s privacy and confidentiality, including on a personal Facebook site or group even if the privacy settings are set at the highest setting.

It is also important for clinicians to consider the privacy of patients in different settings – for instance, the use of social media among patients in an inpatient setting and any potential for social media to be abused in that setting.

Obligations in relation to advertising

In Australia, section 133 of the National Law imposes limits on how health services delivered by registered health practitioners can be advertised. These limits apply to all forms of advertising including through social media and on the internet. For example, the National Law prohibits the use of testimonials in advertising. The Guidelines for advertising of regulated health services (AHPRA, 2014b) illustrates how the legal restrictions on advertising under the National Law and other relevant legislation apply to social media. The Medical Council of New Zealand is proposing to introduce similar restrictions on doctors using or including testimonials in their advertising on websites or social media forums over which the doctor has control.
Privacy and confidentiality

The boundaries between public and private can be porous in the world of social media with some aspects of life that had previously been considered private now open to the public. As such, RANZCP members need to be especially aware of privacy issues, in terms of both the posting of their own information and their communication with patients.

Psychiatrists’ online and social media profiles

The widespread use and potential misuse of social media means that RANZCP members need to be aware of, and take responsibility for, their own online profile.

Before posting to social media, psychiatrists should consider any access that a patient may have to that information and whether they want or intend their patients to read any personal information they post (e.g. their relationship status, health status, mobile phone numbers, political opinions). They should also consider the effects that this information may have on current and future therapeutic relationships. In particular, psychiatrists should be cautious about what personal details they share with patients via social media or publish online in the interests of their own personal health and safety.

Therefore, psychiatrists should use caution when publishing information where it can be accessed by the public. In particular, it is important that psychiatrists do not publish or share information about themselves that might undermine their relationship with their patients. The RANZCP recommends that members familiarise themselves with the privacy settings available for the social media they use, such as Facebook, and to manage their web presence so that they control what information is available to be shared (Frankish, Ryan and Harris, 2012).

It is equally important that psychiatrists do not disclose information that might identify and cause distress to colleagues, patients and their families. Members should be aware that the enormous reach and convenience of social media brings with it added challenges regarding the protection of patient confidentiality. While, for example, it is possible to consult colleagues from around the world about a particular patient dilemma (and receive answers within minutes), such wide dissemination of knowledge increases the risk that a poorly de-identified patient will have their confidentiality breached.

For these reasons, the RANZCP recommends that members create separate pages and online accounts for their professional and personal use.

Patients’ online and social media profiles

Psychiatrists must also respect the privacy of their patients and their families and carers, and be cautious in seeking to access patients’ data online, especially sensitive information that may be stored on social media sites. Patients have expectations of privacy and may choose not to disclose certain information in a clinical setting even when that information is openly accessible online.

If members consider it to be medically necessary to view patients’ information available online or via social media, the RANZCP recommends that members first obtain consent from the relevant patient and be clear about how that information will benefit patient treatment. It is also important to confirm the accuracy and relevancy of information obtained online with the patient before using it to inform any clinical decisions or entering it into the patient record (Appelbaum and Kopelman, 2014). However, any communication with a patient via social media must be documented in the patient’s record.

Professionalism

Doctors are expected to display a standard of behaviour that engenders the community’s trust and respect (Medical Board of Australia, 2013; Medical Council of New Zealand, 2014). Inappropriate use of social media can result in unintended harm to patients and the profession, particularly given the changing nature of privacy and the capacity for material to be posted by others. Harm may include breaches of confidentiality, defamation of colleagues or employers, violation of doctor–patient boundaries and unintended exposure of personal information to the public, employers and universities (Mansfield et al., 2010). The enduring nature of the information on social media means...
that once a social media mistake is made, it is often impossible to remove and can be disseminated easily and rapidly. Therefore, members need to exercise extreme care concerning what information they post online.

**Implications for employment**

Members should be aware that inappropriate online activity can have an adverse effect on career opportunities. It is increasingly common for potential employers to use the internet to seek information on prospective employees.

**Recommendations**

While social media sites can feel very ‘immediate’ and ‘of the moment’, it is important to remember that whatever is written or published will potentially stay online for a long time. Therefore, the RANZCP recommends that members adopt a common-sense approach to social media and encourages them to consider social media as an extension of their professional lives. A psychiatrist’s professional and ethical obligations as a doctor do not change regardless of whether they are interacting in person or online with their patients or colleagues.

Accordingly, the RANZCP recommends that members:

- utilise social media in a professional manner, be respectful and do not make any comments via the internet that they would not make in a personal or professional capacity
- be accurate and if anything inaccurate is posted, make sure this is corrected immediately. If needed, an apology should be given
- be aware of, and manage, their online presence and image. This may include searching for oneself regularly using a universal search engine
- exercise judgment and caution when posting information online, including being mindful of maintaining confidentiality and professional boundaries with patients and professional colleagues
- use a professional social media profile to communicate with patients
- be aware that online searches for patient information should only be performed to offer effective care that cannot otherwise be provided. Such searches should preferably be undertaken with the patient’s knowledge and consent
- seek consent from patients, families or carers as appropriate before using social media to communicate to patients
- whose treatments are promoted on websites, undertake regular reviews of those websites to ensure that they are in accordance with professional and ethical standards
- who provide treatment online, develop clear contact protocols for emergencies and ensure that patients are aware of those protocols prior to commencement of treatment
- understand all the privacy settings for all social media applications that they use and apply the strictest settings when posting personal information (RCPsych, 2014; Frankish, Ryan and Harris, 2012).

**References**


Disclaimer
This information is intended to provide general guide to practitioners, and should not be relied on as a substitute for proper assessment with respect to the merits of each case and the needs of the patient. The RANZCP endeavours to ensure that information is accurate and current at the time of preparation, but takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.