



FOCUS ON
HEALTH

Professional Ethics

Activity for 2020

Activity No: PE1 (20) 2024

Topic

Ethics

Article

Ethical guidelines on social media

Approved for **TWO (2)** Ethics Continuing Educational Units (CEU's)



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

**GUIDELINES FOR GOOD PRACTICE
IN THE HEALTH CARE PROFESSIONS**

ETHICAL GUIDELINES ON SOCIAL MEDIA

EDITED BY THE HUMAN RIGHTS, ETHICS AND PROFESSIONAL PRACTICE

BOOKLET 17

2019

Health Professions Council of South Africa
Post Office Box 205
Pretoria 0001

Telephone: (012) 338 9300

Fax: (012) 328 4863

E-mail: hpcsas@hpcsas.co.za

Website: <http://www.hpcsas.co.za>

THE INTENT OF PROFESSIONAL GUIDELINES

Practicing as a health care professional is based upon a relationship of mutual trust between patients and health care practitioners. The term "profession" means "a dedication, promise or commitment publicly made".¹ To be a good health care practitioner, requires a life-long commitment to sound professional and ethical practices and an overriding dedication to the interests of one's fellow human beings and society. In essence, the practice of health care professions is a moral enterprise. The HPCSA presents the following ethical guidelines to guide and direct the practice of health care practitioners. These guidelines form an integral part of the standards of professional conduct against which a complaint of professional misconduct will be evaluated.

[Note: The term "health care practitioner" in these guidelines refers to persons registered as such with the HPCSA].

¹ Pellegrino, ED. Medical professionalism: Can it, should it survive? *J Am Board Fam Pract* 2000; 13(2):147-149 (quotation on p. 148).

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

- 1 ABOUT THESE GUIDELINES**
- 2 INTRODUCTION**
- 3 DEFINITION OF SOCIAL MEDIA**
- 4 CONTEXT IN RELATION TO HPCSA**
- 5 WHO NEEDS TO USE THESE GUIDELINES?**
- 6 OBLIGATIONS IN RELATION TO SOCIAL MEDIA**
- 7 PATIENT CONFIDENTIALITY AND PRIVACY**
- 8 THE PRACTITIONER-PATIENT RELATIONSHIP**
- 9 THE HEALTH PRACTITIONER'S IMAGE**
- 10 CONFLICT OF INTEREST**
- 11 PRECAUTIONARY MEASURES WHEN USING SOCIAL MEDIA**
- 12 REFERENCES**

ACKNOWLEDGEMENTS

The Health Professions Council of South Africa wishes to thank the following persons for their contributions towards the compiling of these guidelines:

- Dr N Tsotsi for the first draft, and Ms Nerissa Naidoo and Prof DJ McQuoid-Mason for the second and third drafts.
- Prof A Dhai for reviewing the first and third drafts.
- The Committee for Human Rights, Ethics and Professional Practice of the Health Professions Council of South Africa for initiating and advising the review process:
Dr S Balton (Chairperson), Prof D J. McQuoid-Mason, Dr N Tsotsi, Prof B Pillay, Prof N Gwele, Prof N Mekwa, Prof S Hanekom.
- Adv Mathibeli as the legal advisor, Ms N Manciya as Committee coordinator and Mr N Sipeka as the Council secretariat.

1 ABOUT THESE GUIDELINES

The guideline was developed to help health practitioners understand their obligations when using social media. The guideline applies to all health practitioners registered with the Health Professions Council of South Africa.

2 INTRODUCTION

- 2.1 The use of social media is expanding rapidly as individuals and organisations are embracing user-generated content through social networks, internet forums and personal blogs.
- 2.2 Irrespective of whether online content is accessible to the public at large or is limited to specific health practitioners, there is a need to maintain high professional and ethical standards in using social media.
- 2.3 Health professionals need to be aware that there are potential risks involved in the sharing of information via social media, even if the consequences are unintended.
- 2.4 The General Ethical and Professional Rules of Conduct set out in Booklet 2: Ethical Rules of Conduct for Practitioners Registered Under the Health Professions Act, 1974 as published under Government Notice R7171 in *Government Gazette* 29079 of 4 August 2006 and as amended.

3 DEFINITION OF SOCIAL MEDIA

- 3.1 Social media describes the online tools and electronic platforms that people use to share content such as opinions, information, photos, videos and audio.
- 3.2 Social media includes social networks (e.g. Facebook, Twitter, WhatsApp and LinkedIn), content-sharing platforms (e.g. YouTube and Instagram), personal and professional blogs (including email, SMS, electronic journals as well as those published anonymously), internet discussion forums, and the comment sections of websites.

4 CONTEXT IN RELATION TO HPCSA

- 4.1 A key objective of the HPCSA and its Professional Boards is to guide the profession and protect the public.
- 4.2 Health practitioners may find social media beneficial as it allows them to keep updated on the latest healthcare developments through reputable user-generated content, build a professional support network as well as communicate and share health-related information with the public and other health practitioners.
- 4.3 These guidelines must be read in conjunction with the other HPCSA Ethical Guidelines Booklets and other applicable publications.

5 OBLIGATIONS IN RELATION TO SOCIAL MEDIA

- 5.1 Just as with all aspects of professional behaviour, health practitioners should be aware of their obligations under the HPCSA Ethical and Professional Rules, the Professional Board's scope of practice and other relevant legislation, such as the Promotion of Access to Justice Act 3 of 2000, the Protection of Personal Information Act 4 of 2013, and the common law.
- 5.2 There are ethical obligations and responsibilities imposed on health practitioners regarding their relationships with their patients and each other, such as those set out in Booklet 1 *General Ethical Guidelines for Health Care Professionals* and Booklet 5 *Confidentiality: Protecting and Providing Information*.
- 5.3 Obligations relating to the electronic storage and transmission of patient and client data for professional purposes are found in Booklet 10 *General Ethical Guidelines for Good Practice in Telemedicine*.

6 PATIENT CONFIDENTIALITY AND PRIVACY

- 6.1 All patients are entitled to privacy and confidentiality, which is enshrined under the human right to privacy in the South African Constitution and the National Health Act.

- 6.2 Disclosure of a patient's information may only be in accordance with a court order, patients consent and in terms of the law.
 - 6.2.1 Health practitioners can share confidential information with other members of the health care team involved in the patient's care and with individuals who have the patient's consent.
 - 6.2.2 Health practitioners can also share information if it is justified in the public interest, or if failure to do so will result in harm to the patient.
- 6.3 Health practitioners must obtain the written consent of the patient before publishing information (e.g. case histories and photographs) about them in media to which the public has access, whether or not the health care practitioner believes the patient can be identified by the data.
- 6.4 If the patient is a minor under the age of 12 years old, the health care practitioner will require the written consent of the patient's parent or guardian and assent of the minor.
- 6.5 Health practitioners sharing information or data for the sake of diagnosis, treatment or education and training through social media must ensure that the recipient of the information is not able to identify the patient from the data disclosed.
 - 6.5.1 Health practitioners must ensure that the recipient of patient information via social media understands that such information is given to them in confidence, which they must respect.
- 6.6 Disclosure of information on social media must be kept to the minimum necessary in order to protect the rights of patients.
- 6.7 Health practitioners must be aware that there is always a risk that the information can be disseminated, even in so-called "invisible" groups, (i.e. people you do not know are reading the information or who you did not know could read the information).
- 6.8 The obligation to keep patient information confidential remains even after the patient dies.

7 THE PRACTITIONER-PATIENT RELATIONSHIP

- 7.1 Interaction between health practitioners and their patients on social media can blur the boundaries of the professional practitioner-patient relationship.
- 7.2 Health practitioners are advised not to interact with patients via social media platforms as a failure to maintain strictly professional relationships with patients could result in other ethical dilemmas.
- 7.3 The Protection of Personal Information Act outlaws the acquisition of data about an individual's health or sex life outside the healthcare setting, and by having access to patients' social media profiles, health care practitioners may find themselves privy to personal patient information that has not been shared in the healthcare setting.
- 7.4 Health practitioners may choose to share personal information about themselves with their patients during face-to-face consultations, but social media does not offer a similar level of control over the extent and type of content shared.
- 7.5 If the health practitioner performs a non-medical role in their community, maintaining appropriate professional boundaries may be difficult as they may receive requests on social media from patient's they know in a non-professional capacity. In these instances, health practitioners should consider the circumstances and implications before accepting these requests.
- 7.6 Should the health practitioner receive an inappropriate message from a patient via social media, they should politely re-establish professional boundaries and explain their reasons for doing so.
- 7.7 Except in an emergency or life-threatening situation, if a patient is seeking health care advice over social media, the health care practitioner should politely request them to set up an appointment in-person.
- 7.8 If a patient persists in contacting the health practitioner, the practitioner should keep a log of all contacts and seek advice from the HPCSA.
- 7.9 Providing health advice over social media to individuals with whom the health practitioner does not have a practitioner-patient relationship is discouraged and should be done with the outmost discretion.
- 7.10 If health advice is shared online, it must be evidence based , scientifically sound and generic and the recipient must be directed to consult with a health practitioner in person before following through.

- 7.11 Health practitioners should separate their professional and personal social media accounts to help maintain the appropriate professional boundaries.

8 THE HEALTH PROFESSION'S IMAGE

- 8.1 If the health care practitioner uses social media in their personal capacity, their online activity may nevertheless bring the profession into disrepute.
- 8.2 The media routinely monitor online activity to research stories or potential stories. Information posted online may be disseminated, whether intended or not, to a larger audience, and may be taken out of context.
- 8.3 Content posted on social media may also harm the health practitioner's employability and recruitment, limiting professional development and advancement. Employers often monitor the social media profiles of prospective employees, and are known to turn away applicants based on questionable digital behaviour.
- 8.4 Social media activities health practitioners should avoid for example include:
- 8.4.1 Taking photographs during surgery and other forms of care or treatment;
 - 8.4.2 Making unsubstantiated negative comments about individuals or organisations;
 - 8.4.3 Making informal and derogatory comments about patients;
 - 8.4.4 Making comments that can be perceived as racist, sexist, homophobic or otherwise prejudiced, even if meant in jest or as satire.
- 8.5 Health practitioners may engage fully in debates on health matters, however they must be aware that the laws regarding defamation, hate speech and copyright also extend to content shared via social media.
- 8.6 Health practitioners must not post their opinions on the probity, skill or professional reputation of their colleagues on social media, lest the public lose faith in the health care profession.
- 8.7 Online relationships between practitioners of varying levels of training should only be initiated upon consideration of the purpose of the relationship. In the case of senior staff receiving social media requests from students (or vice versa), the purpose might be mentorship, research or career advice. Regardless of intent, the traditional boundaries of the trainee-teacher relationship apply even in interactions via social media. These boundaries also extend to staff and other health practitioners.

- 8.8 If a colleague makes derogatory or inappropriate comments on social media, health practitioners are advised to bring it to their attention discreetly, and not to engage or respond publicly on the social media platform.
- 8.9 Health practitioners are advised to include disclaimers in their social media profiles, indicating that the views expressed therein are their own and not those of the health profession or the health establishment they represent. However, this does not absolve the health care practitioner from the above rules.

9 CONFLICTS OF INTEREST

- 9.1 Social media is also a popular tool for the advertisement and promotion of goods and services, with the growing online market being one of the most emphasised in business practice.
- 9.2 When using social media, even if via personal or anonymous blogs, health care practitioners must comply with the HPCSA rules on advertising practice, (including not engaging in active or passive touting and canvassing or allowing others to do so on their behalf), and must make sure that they declaring their financial interests in hospitals (see Booklet 2 *Ethical and Professional Rules of the Health Professions Council of South Africa* and Booklet 11 *Guidelines on Overservicing, Perverse Incentives and Related Matters*).
- 9.3 Touting involves drawing attention to one's professional goods or services by offering guarantees or benefits that fall outside one's scope of practice. An example is advertising free WiFi services to patients while waiting for their consultations.
- 9.4 Canvassing involves the promotion of one's professional goods and services by drawing attention to one's personal qualities, superior knowledge, quality of service, professional guarantees, or best practice. An example of canvassing is a health care practitioner declaring on social media or posting patient reviews that state he or she is 'the best health care practitioner in the country'.
- 9.5 Health practitioners may not advertise, endorse or encourage the use of any hospital, medicine or health-related product on social media in a manner that unfairly promotes the practice of a particular health practitioner or establishment for the purposes of financial gain or other valuable consideration.
- 9.6 A failure to follow these guidelines when using social media will undermine public trust in the health profession.

10 PRECAUTIONARY MEASURES WHEN USING SOCIAL MEDIA

- 11.1 Health practitioners must be aware that, even with a pseudonym, anonymity on social media platforms is never guaranteed. The identity and location of the user can be traced through their linked accounts or IP address.
- 11.2 If health practitioners use social media in their personal capacity, they are advised to adjust their privacy settings to restrict public access. However, even with advanced security measures and end-to-end encryption, complete privacy on social media cannot be guaranteed. There is always the risk that the content can be shared beyond the scope of the health practitioner's personal network.
- 11.3 Once content is shared online, it is difficult to remove, and health practitioners must use social media on the understanding that the information they post will remain on the internet permanently.
- 11.4 Even if a health practitioner deletes a post on a social media site, this does not necessarily mean the content has been removed. Content may be copied or reproduced by other users before it has been deleted, and many websites and internet browsers use cache and cookie systems that inconspicuously store data.
- 11.5 Health practitioners should avoid using social media when stressed, tired, upset or under the influence of alcohol.
- 11.6 Health practitioners are advised to err on the side of caution when using social media. If uncertain about whether it is ethically and legally permissible to share particular content via social media, it is best not to do so until advice has been obtained.

12 REFERENCES

- 12.1 American Medical Association Policy: Professionalism in the Use of Social Media (2012) <https://mededu.jmir.org/article/downloadSuppFile/4886/28296>.
- 12.2 British Medical Association: Social media, ethics and professional (2017) <https://www.bma.org.uk/advice/employment/ethics/social-media-guidance-for-doctors>.
- 12.3 General Medical Council: Doctors Use of Social Media (2013) <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/doctors-use-of-social-media>.
- 12.4 South African Medical Association: Guidelines for doctors using social media (2015) <https://www.samedical.org/files/Guideline%20for%20Drs%20Using%20Social%20Media%20febr015.pdf>.

- 12.5 Grobler C, Dhali A. Social Media in the healthcare context: Ethical challenges and recommendations. *S Afr J BL* 2016; 9(1): 22-25.
- 12.6 National Department of Health. *National Policy Framework and Strategy on Palliative Care 2017-2022*.

Ethical guidelines for good practice in the health care professions

The following booklets are separately available:

Booklet 1: General ethical guidelines for health care professions

Booklet 2: Ethical and professional rules of the health professions council of South Africa as promulgated in government gazette R717/2006

Booklet 3: National Patients' Rights Charter

Booklet 4: Seeking patients' informed consent: The ethical considerations

Booklet 5: Confidentiality: Protecting and providing information

Booklet 6: Guidelines for the management of patients with HIV infection or AIDS

Booklet 7: Guidelines on withholding and withdrawing treatment

Booklet 8: Guidelines on reproductive health management

Booklet 9: Guidelines on patient records

Booklet 10: Guidelines for the practice of Telemedicine

Booklet 11: Guidelines on overservicing, perverse incentives and related matters

Booklet 12: Guidelines for the management of health care waste

Booklet 13: General ethical guidelines for health researchers

Booklet 14: Ethical guidelines for Biotechnology research in South Africa

Booklet 15: Research, development and the use of chemical, biological and nuclear weapons

Booklet 16: Professional self-development

Booklet 17: Use of social media

QUESTIONNAIRE
PE1 (20)
Professional Ethics
Ethical guidelines on social media

INSTRUCTIONS

- Read through the article and answer the multiple choice questions provided below
- **Some questions may have more than one answer**; in which case you must please **mark all the** correct answers

Definition of social media

Question 1: During a discussion in the practice on what constitutes social media, you argue that it excludes professional blogs, such as discussion forums, because these focus on academic content and are strictly factual and focused on clinical content. You agree with other staff members that it includes social networks (Facebook, Twitter, WhatsApp and LinkedIn) as well as content-sharing platforms such as YouTube and Instagram. Are you correct in your view on what constitutes social media?

- A: YES
- B: NO

Obligations in relation to social media

Question 2: A Generation Z staff member, i.e. was born in the mid-1990's to early-2000's, suggests that the practice becomes "very active" in using social media as it can lead to a boom in patient numbers and is "just the way to go" and "patients want to feel involved". You caution against being over eager in this regard and volunteer to investigate health professionals' obligations to social media. Which of the following do you find a practice should take note of?

- A: Ethical and professional rules of the Health Professions Council of South Africa (HPCSA)
- B: Your Professional Board's scope of practice for your profession
- C: The Protection of Personal Information Act (Act 4 of 2013)
- D: Booklet 5 of the HPCSA; Confidentiality: Protecting and Providing Information
- E: None of the above as they do not specifically apply to social media

Patient confidentiality and privacy

Question 3: As part of your practices' CPD program, case histories, including x-rays and photographs, have been "published" for years in media to which members of the public may gain access. In your opinion, can this be done?

- A: Yes, because it is in an education context
- B: No, the written consent of the patient is necessary
- C: Yes, by consenting to treatment, the patient has also consented to his / her case history being shared
- D: No, in some cases the patients were children and their parents' consent were not elicited

Question 4: "But if a patient dies, we can use his / her case history, x-rays and other clinical records in CPD context and obviously publish it on social media", a staff member says during a meeting on the use of social media. Is her statement correct?

- A: She is obviously correct as a deceased person has no legal rights
- B: No, the obligation to keep patient information confidential remains even after the patient dies
- C: If the patient died of natural causes it is correct
- D: None of the above. Let dead people rest in peace

The practitioner-patient relationship

Question 5: You decide to do a trial run in Googling patients who have an appointment for the following day. Your husband "berates" you for "spending so much time on your laptop and not having time for the family", but you argue that it better prepares you for the appointment in the sense that you already have some patient history, and "if he drives a Porsche I can charge him double / I won't let him leave before paying". Are you correct in what you are doing?

- A: Yes, your intentions are in line with the principle of beneficence
- B: Yes, because you are not harming the patient; thus conforming to the principle of non-maleficence
- C: Yes, just like any other person you have the right to use social media in your work context
- D: No, the Protection of Personal Information Act outlaws the acquisition of data about an individual's health or sex life outside the health care setting

Question 6: Is it TRUE or FALSE that even in an emergency or life-threatening situation, if a patient is seeking health care advice over social media, the health care professional should politely request them to contact him / her via their rooms or mobile number?

- A: TRUE
- B: FALSE

Question 7: Which of the following statements are TRUE?

- A:** Keeping a log of contacts when a patient persists in contacting a health care professional over social media is of little use
- B:** Providing health care information on social media to a person with whom the practitioner does not have a practitioner-patient relationship can more readily be done
- C:** Sharing health advice online can benefit large numbers of people, especially if it is based on years of experience
- D:** All the above
- E:** None of the above

The health profession's image

Question 8: Your doctor is an excellent triathlon athlete and regularly takes part in many events in Europe and Asia. As a result she has an extensive social media profile. You suggest that the practice employs an IT specialist that through search engine optimization "links" her social media profile to the practice as you believe this can literally grow the practice 100-fold. Is this a good idea?

- A:** Yes, she already has an online profile and just linking this to the practice cannot bring the profession into disrepute
- B:** Yes, because patients find comfort in the fact that "their" doctor is fit, healthy and a world class athlete
- C:** No, the media routinely monitors online activity, and this can be taken out of context, for instance in the sense that your doctor can be seen as "touting"
- D:** None of the above

Question 9: You appoint a new practice manager and she suggests utilizing social media to a much larger degree. Which of the following social media activities should be avoided?

- A:** Taking photographs during procedures is allowed if it is intended for a professional blog
- B:** Commenting on political "events" as it illustrates to patients your "involvement" in current affairs
- C:** Making informal comments about patients – naturally without identifying the patient
- D:** None of the above

Question 10: Is the following statement TRUE or FALSE?

"Health practitioners may engage fully in debates on health matters, while on other issues they must be aware that the laws regarding defamation, hate speech and copyright also extend to content shared via social media".

- A:** TRUE
- B:** FALSE

Question 11: The practice next to you also offers an aesthetic service through which patients can lose weight and better their appearance. Feeling a little jealous about their obvious growth, you comment to your receptionist that: "I can't believe that people get bamboozled by doctors that use products not even registered in the country". Your receptionist, being extremely loyal, pretends being a patient and leaves comments on that practice's website "complaining about products being used that are not registered" and that "patients should be careful". Can she do this and is this a way of being able to comment on colleagues?

- A:** Yes, because she is not a registered health care practitioner
- B:** Yes, in this case she can be seen as "just another member of the public expressing an opinion"
- C:** No, because she is employed by you and her opinions expressed through social media can be seen as an extension of yours
- D:** No, because health practitioners must not post their opinions on the probity, skill or professional reputation of their colleagues on social media
- E:** None of the above

Question 12: Which of the following statements are TRUE?

- A:** If a colleague makes derogatory or inappropriate comments on social media, you have the right to respond on social media
- B:** Online relationships between practitioners of varying levels of training should be encouraged
- C:** The traditional boundaries of trainee-teacher relationship do not apply in interactions via social media
- D:** None of the above
- E:** All the above

Question 13: When advertising, health care practitioners should comply with which of the following booklets of the HPCSA?

- A:** Booklet 2
- B:** Booklet 5
- C:** Booklet 11
- D:** The HPCSA does not publish any booklets; health care practitioners must comply with rules of their professional board

Precautionary measures when using social media

Question 14: In an increasingly competitive environment, even health care practitioners must advertise. Which of the following are allowed?

- A:** Appointing an "au pair" and marketing your practice as being "child friendly"
- B:** Offering free Wi-Fi services
- C:** Selling airtime and pre-paid electricity within the context of providing a one-stop shop
- D:** Appointing a masseuse and offering "stress-relief"
- E:** All the above
- F:** None of the above

Question 15: Is it TRUE that anonymity can be ensured by using a pseudonym?

- A:** YES
- B:** NO

END



PERSONAL INFORMATION

(If your personal details have not changed, only complete the sections marked with an asterisk *)

HPCSA No		*FOH Number	
*Initials & Surname		*Cell Number	needed for confirmation sms
Employer		Email address	
*Time spent on activity	____ Hour ____ Min		

ANSWER SHEET

PE1 (20)

Ethical guidelines on social media

	A	B	C	D	E		A	B	C	D	E	F
1						9						
2						10						
3						11						
4						12						
5						13						
6						14						
7						15						
8												

I hereby declare that I completed this activity myself and did not receive any assistance whatsoever.

Signed:

Date:

SEND ANSWER SHEET TO:

FAX: 086 614 4200 / 012 653 2073 *OR*

WHATSAPP: 074 230 3874 *OR*

EMAIL: SAFOCUS@IAFRICA.COM

YOU WILL RECEIVE A CONFIRMATION OF RECEIPT SMS WITHIN 12-24 HOURS. IF NOT RECEIVED PLEASE SEND AGAIN

Please rate the article:

POOR 1		FAIR 2		AVERAGE 3		GOOD 4		EXCELLENT 5	
-----------	--	-----------	--	--------------	--	-----------	--	----------------	--

This activity is accredited for **TWO (2) ETHICS CEU'S**

For office use

MARK: /15 = _____%	FAILED (R50 to resubmit)	PASSED (IAR will be sent)
MODERATED BY:	CAPTURED:	DATE: