Social Media and Medical Professionalism: Rethinking the Debate and the Way Forward

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Abstract

This article addresses the growing literature about online medical professionalism. While some studies point to positive potential of social media to enhance and extend medical practice, the dominant emphasis is on the risks and abuses of social media. Overall evidence is still limited, as with any new area of practice. However simply accumulating more evidence without critically checking the assumptions that frame it risks reinforcing the problem.

This article argues that we step back and reconsider assumptions about professionalism, as well as about the digital world of social media, in these debates about online professionalism. Towards this aim, the article outlines three areas for critical rethinking by educators and students, administrators, professional associations, and researchers. First it raises some cautions in current literature about social media use in medical practice, which sometimes leaps too quickly from description to prescription. Second, the discussion turns to professionalism. Current critical debates about the changing nature and contexts of professionalism might be helpful in reconsidering notions of online medical professionalism. Third, the article argues that the virtual world itself and its built-in codes deserves more critical scrutiny. New research from digital studies is briefly summarized both to situate the wider trends more critically, and to appreciate the evolving affordances for medical practice. The potential benefits of social media use are revisited, including their possibilities to signal new forms of professionalism. The article ends with specific suggestions for further research that may help move the debate forward.

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Introduction

We are witnessing a surge of interest among medical associations, educators and researchers in debating the uses of social networking media: blogs and microblogs (Twitter), social networking sites (Facebook, Myspace) and content sharing sites (Youtube, Flikr).[1] Despite emerging studies that suggest benefits of social media to enhance medical practice, the published literature still is dominated by strong concerns about its perceived abuses. These social media 'risks' are typically framed in worries about medical professionalism, and social media use is discussed as a matter of professional ethics. New taught modules about avoiding risky behavior [2] and codes of 'e-professionalism'[3] that are proliferating in medical schools and hospitals are two examples of this.

This emphasis on risk avoidance, while important, nonetheless can foreclose experimentation and new possibilities afforded by social media. What may be helpful is to reconsider the dynamics at stake in these regulations of online behavior, and to rethink online professionalism. Towards this aim, this article outlines three areas for critical rethinking by educators and students, as well as by administrators, professional associations, and researchers. First are highlighted concerns reported through recent reviews of social media use. Then the discussion turns to professionalism, outlining the current scholarly debates about its changing nature and contexts that challenge notions of medical professionalism in social media. The online terrain itself and its built-in codes have also generated critical debates in digital research that are relevant here, and summarized briefly. Finally, the potential benefits of social media use are revisited, including their potential to signal new forms of professionalism. The article ends with specific suggestions for further research that can move the debate forward.

Examining the Evidence

The potential risks of social media use in medical practice are widely described.[4 5 6] Uppermost are concerns about compromising patient confidentiality, or eroding public confidence in the medical profession through posted content containing profanity, discriminatory language, depictions of intoxication or sexually explicit behavior.[7] Some warn that professionals' personal messages to friends can be scrutinized according to codes of professionalism. Charges of unprofessionalism are also linked to blogs and tweets perceived to criticize employing organizations.[6] There is general concern that a sense of disinhibition and anonymity in online environments may produce inappropriate postings, amplified immediately by the wide reach of the media.[4]

Responding to such concerns, some have argued for 'e-professionalism'[3 8] as a distinct new paradigm requiring particular training and practices. Following this recent trend, new policies explicitly set forth normative behavioural prescriptions to regulate and reduce social media use.[9] The General Medical Council of the UK just released a national social media policy in April 2013[10] which emphasizes the prohibitive: do not share identifiable information about patients anywhere, do not mix social and professional relations, and do not be anonymous in posting

material on any site if you identify yourself as a doctor. This orientation chimes with similar guidelines published by the American Medical Association in 2011. Medical education has responded with instruction aimed to prevent students encountering social media hazards.[2]

Meanwhile studies are now appearing that show social media enhancing medical practice and online presence, fostering collegiality and extending professional development and national/international linkages.[11 12 13] A range of social media experiments are creating professional-patient support groups discussion forums typically to facilitate self-care[14] or disseminate public health information.[15] In their scoping review of this literature, Hamm et al. conclude that while positive results tend to be reported, there is not yet much evaluation showing significant effectiveness.[11] This lack of evidence may be one reason why social media hazards attract far greater attention.

Clearly, despite the proliferating studies in this area more evidence-based research is needed. However there is a broader problem here, what some have called the 'good and evil' framing of social media use.[16] Is the rush to regulation fully warranted? Is it the most useful way to respond to problematic content posted online? Greysen et al. conclude that physician postings of problematic content still constitutes only a relatively small percentage of the total number professional violations, and that these postings may be online manifestations of serious offline violations.[17] That is, we might look more closely at whether problematic behaviors are a consequence of social media, and therefore best addressed through policing online activity and teaching medical students about online professionalism. Or, perhaps the online environment simply makes more visible – and public – some deeper problems in conceptualizing medical professionalism.

Reconsidering Professionalism(s)

What is understood to be medical 'online professionalism'? The emphasis in the social media literature falls on inappropriate individual postings. Here we see a view of professionalism as a matter of individuals making ethical decisions. The decisions are assumed to be rational, drawing from particular professional values that can be developed through education, and disciplined through ethical codes.

This long-standing assumption increasingly is being critically reconsidered. Traditionally professionalism has been represented as a normative value system, associated with the trust, specialised knowledge and discretion needed to manage risk in public service.[18] However, critics argue that professionalism isn't a way of being: it is an ideological discourse used to ensure occupational containment and control.[19] For example, Lewis shows the fundamental conflict between the discourses of institutionalized medicine (the 'profession'), and of 'professionalism', which still tends to focus on individual values of clinicians.[20] The *profession* emphasizes expert driven, high tech, high cost interventions - sometimes at the expense of human primary care, social justice and democratic inquiry. However *professionalism* makes the individual responsible for both altruism of care and duty to multiple authorities. This professionalism discourse works well as rhetoric to contain these deep systemic conflicts by controlling individual practitioners to be the primary target of accountability for them all.

Furthermore, recent debates in medical professionalism have shown the inadequacy of singular frames of professionalism. These simply cannot respond to multiple regulators, fast-changing evidence, and new forms of practice.[21] Growing research points to the pluralism of medical professionals' responsibilities.[22] Professionals must juggle among obligations to institutional rules and efficiencies, patients and families, broad social needs, medical science, professional standards and regulatory codes, and personal values about the 'right thing to do'. This 'web of commitments' often necessitates what May has called 'legitimate compromises'.[23] Doctors navigate a path of action that simultaneously balances concerns for different stakeholders without necessarily meeting the full expectations of any one. In social media, think of a junior doctor who regularly blogs incidents from his anaesthesia practice to illustrate common dilemmas for other students and educators, incidents which discuss strategies but also reveal problems: entrenched routines, conflicting protocols, hospital processes of organising and resourcing, staff competence, family issues. All material is anonymised. Online response from colleagues and the public is overwhelmingly positive, both for making visible (and interesting) the complex dynamics of medical practice and for launching lengthy debates about best practices where there are conflicting priorities. However such a blog can easily be dismissed 'unprofessional': online identities can be unpicked, and now we have potentially contravened an employer's contract, professional codes of ethics respecting colleagues, as well as compromised some patients' confidentiality.

Some have argued that entirely new understandings of professionalism are called for by these conflicts. For example, critical studies[24] show that universal lists of professional virtues are not fit for purpose in the contradictory demands of contemporary practice. Evetts, a sociologist of professions, draws attention to new realities of professionalism being produced through the infiltration of markets into public institutions such as hospitals.[25] She shows how the conventional self-regulation and altruistic commitments defining a professional community ('occupational' professionalism) are being displaced and overridden by employers' demands and output measures ('organizational' professionalism). Increasingly researchers are studying professionalism as a collective endeavour in complex systems. For example. Martimianakis et al show how a simple direction to a clinical clerk from her emergency department supervisor that she conduct a quick internal vaginal examination of a pregnant patient in a busy hallway integrates multiple conflicts of professionalism: patient-centred care, resource constraints, historic institutional conflicts and practice, hierarchies, gender and race, and different roles demanded of doctors (problem solver, humanist, teacher, colleague, advocate, cooperative employee).[26]

All of this speaks to a more systemic, relational and even pluralist approach to understand professionalism. Certainly the networked context of social media in itself challenges an isolated focus on behaviours of individual professionals. But this fluid online context deserves more critical examination before we can tackle the question of how to balance pluralist understandings of professionalism with important responsibilities of professional conduct.

Thinking More Critically about Social Media

Technology only becomes valuable, meaningful, and consequential when people actually engage with it in practice.[27] The operation and outcomes of technologies such as new social media are not fixed or determining. They are always emergent through interaction with humans in practice: what some call 'the contingent intermingling of virtual spaces'. In health care, the various online users interacting through social media – professionals, students and colleagues, patients, families and other stakeholders – are not easily separated. Yet research in online medical professionalism does not often take account of these inter-relations.

Furthermore there are important dynamics to consider critically, such as the regulatory codes and openings built into the software itself. These create technological infrastructures governing everyday practice, or 'codespace'.[28] Existing histories of social media already are shaping particular forms of participation. Facebook algorithms and routines shape the content and style of exchange, as well as what is taken for knowledge. Van Dijk's in-depth study of social media use[29] shows how patterns of 'friending', favouriting, linking, trending and following have come to shape broader cultural expectations for relationships. Notions of privacy itself are being reconfigured through online norms. These are bound to affect how patients and professionals engage online.

We also need to be more critical of assumptions that 'openness', blurred boundaries and connectivity are inherently good things. Users donate free labour to generate content that creates commercial profits for digital corporations, and user connectivity feeds corporate data mining.[30] From this perspective, social media participants can be viewed as simultaneously being both empowered agents and targets for exploitation. And, the 'digital divide' continues to complicate genuine online outreach to ageing, low income, or rural populations. These are broader issues that would be well worth examining with medical students. This sort of instruction can help develop their deeper critical thinking about what is really happening when they engage with patients and colleagues through social media platforms.

Nonetheless, the virtual environment generated through social media affords unique benefits for communication. Common practices of content reiteration and remixing (combining content and even techniques of different media types) connect participants in unique ways while producing new hybrid forms of knowledge. Virtual tagging practices (tags generated dynamically to sort, group and display items) continually reconfigure knowledge while remixing past and present.[31] The phenomenon of our 'traces' or digital footprints in virtual environments (photos, webpages, posts, even our patterns of clicks and selections etc) creates resources that can be harvested in useful ways. Instead of promoting anxiety and control-seeking, we might help students think more in terms of distributed agency, emerging human-nonhuman interactions, and surprising new forms of practice.[32]

Issues for Further Research

More studies are needed – a common refrain among medical researchers publishing about social media. We need robust, comparative accounts of how physicians and students in different clinical contexts actually use social media in their everyday practice. Nuanced

empirical examinations in situ can trace practitioners' dilemmas and how they negotiate these, showing the conflicting norms and obligations at play. How do professional identities shift and adapt through social media? What identities are constructed online? What forms of professional-patient communication are evolving online?

We also need studies providing evidence about the effectiveness of using social media to engage the public, provide service, and disseminate useful information. How can physicians communicate better with the public online? What innovative uses with evolving social media can improve outreach, involve patients and families more meaningfully in health decisions, promote public debate about health, and share up-to-date information? Cross-professional studies in the public service sector can be useful here, as social media use is generating broad experiments in policing, nursing, pharmacy, teaching and social care. Research also needs to examine not just professionals' behavior, but public interaction with them online.

This sort of research could help identify new enactments and issues of professionalism in social media that avoid the ideological closure of notions such as e-professionalism. Further, this approach challenges the prevailing focus on how single individuals 'use' social media tools for certain pre-determined objectives. Instead we need to acknowledge how clinicians are continually configuring and being reconfigured in their professionalism as they engage online. Studies need to track these dynamics against the changing affordances of software and its changing norms of use. Such studies turn from preoccupation with behaviours of the individual medical *professional* to professionals-in-relation: with patients and families, colleagues from home profession and other allied occupations, stakeholders, advocates, and the social media tools themselves.

Conclusion

The growing literature about online medical professionalism is highlighting important problems. Some of it however, may be reinforcing old discourses of professionalism as containment and control. This article suggests that we look more deeply at what constitutes professionalism. Regulations and instruction in online behavior can help address some immediate issues, but may not develop students' capacity to think critically about their engagements in digital worlds. Nor can such approaches to professionalism help students to navigate the larger issues at stake in their practice: central conflicts between profession and professionalism, and contradictory demands among stakeholders. New social media are continually appearing, often in response to what users do, with profound effects on both social norms and the meaning of professionalism. These need more broad critical examination by educators as well as students to appreciate how they influence interactions, relationship structures, the meaning of privacy and the value of certain knowledges.

This approach does not rush to govern 'bad' social media practice, but to look more closely – and critically - at its current and future implications for practice beyond the good/evil framing. We need more empirical research examining professionals' and students' everyday experiences and strategies in working through dilemmas, and the implications for new understandings of professional boundary issues, online identities, relations with patients and other stakeholders, and professional learning. Along with

these possibilities, we are likely to witness new enactments and understandings of professionalism. Given the widespread shift to treat professionalism as a pluralist range of practices rather than a singular set of virtues or state of being, we might focus on tracing the new forms of professionalism that are emerging through various online experiments. The most important question may not be how to protect professionals online. Rather we might consider more closely and critically how social media can open new debates about medical professionalism for better patient care and healthier societies.

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