



# **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 16**

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## 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".<sup>1</sup> 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].

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

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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.

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