Social Media
Guidelines

for Registrants of
Sri Lanka Medical Council

Executive Summary

Social media denotes to an advance generation of platforms and applications on the internet that make it easier for individual users to share and receive information. Today, hundreds of millions of internet users are involved in social media platforms, presenting a tremendous opportunity and challenge in controlling the veracity and flow of information presented in intensely personal networks.

Among the various categories of different social media platforms, those causing the greatest concern to health care and health care professionals are blogs, collaborative projects, content communities, and social networking sites. While there are overarching issues with their use by patients, physicians, and health care organizations, each individual category also presents unique concerns specifically related to the use of that individual platform.

The broadening of social media platforms represents both opportunities and threats to the way medicine is practiced. Greater social media use by patients, physicians, health care institutions, industry, and public health may result in significant positive and negative impacts.

Medical professional-patient relationships and definitions of professionalism have undergone significant transfigurations, and the distribution of medical information and misinformation now occur at rapid pace, being easily archived and indexed for future review. In this context, while many of the same legal and ethical responsibilities for medical practitioner's conduct, privacy, and patient well-being remain the same, the logistics behind meeting those responsibilities have become more difficult for all involved in an increasingly less private online world.

Use of social media by medical professionals presents a number of challenges. There is a blurring of professional boundaries when registrants choose to disclose information online that could, by the nature of easy transmission, ultimately be seen as a breach of privacy or unprofessional behavior. The protection of patient privacy and confidentiality, is threatened by an increasingly public online world.

In view of the rise in use of social media, the Sri Lanka Medical Council (SLMC) has introduced a comprehensive set of guidelines that needs to be followed strictly by its registrants.

Introduction

Social media are interactive technologies that facilitate people to create, modify and share data/information through digital platforms to virtual communities and networks.

In this guidance we use the term "Social Media" to include blogs and microblogs (such as Twitter), internet forums, chat applications (such as WhatsApp and Viber), content communities (such as YouTube and Flickr), and social networking sites (such as Facebook and LinkedIn), but not limited to frequently used current applications only.

The standards expected of registrants should not be changed as a result of the use of social media to communicate and not to be replaced with any opportunity of a face-to-face meeting.

Social Media should be used in addition or to augment the communication of a traditional mode. Rapid information sharing can spread panic and fear about diseases and treatments across media. It is clear that the immense potential presented by social media must be properly tempered by an awareness of the risks arising from the ease of the spread and longevity of digital information.

However, using social media creates new circumstances in which the established principles apply.

Classification of different social media platforms.

1. Blogs
2. Collaborative projects
3. Content communities
4. Social networking sites
5. Virtual gaming worlds
6. Virtual social worlds

Social media guidelines

A. Good medical practice

1) Registrants must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.

2) All social media posts should be in keeping with the dignity and decorum of the profession and self-respect of individuals at all times.

3) Registrants must treat colleagues fairly and with respect. This covers all situations and all forms of interaction and communication. Registrants must not bully, harass or make gratuitous, unsubstantiated or unsustainable comments about individuals online.

4) When advertising services, registrants must make sure the information published is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.

5) Controversial and potentially agitating posts should be proceeded with extreme caution while maintaining courtesy in replying.

6) When posting technical content, especially of medical nature, ensure it is acceptable and scientifically proven (diseases, symptoms, treatment and health advice)

7) Giving undue prominence, advocating and encouragement of outdated traditional practices, which are not scientifically proven, should be avoided.

8) Posts on medicines, treatment methods and nutrition should be based on accepted allopathic medical practices.

9) Posts based on other medical practices should be based on expert advice of respective fields.

10) Posts on illusive and occult practices such as charms, talismans, voodo, "bali" and "thovil" should be based on scientific evidence

11) The good name of SLMC and medical fraternity should not be used to promote brands of medical drugs, supplements, cosmetics and such other items.

12) Medicine, medical equipment or treatment methods which are not properly proven should not be promoted in any way.

13) When expressing opinion on issues of medical as well as other fields, due respect should be given to relevant experts and their opinions.

14) Refrain from influencing the SLMC, its functions or medical profession according to one's political beliefs and activities.

15) Should never use SLMC or medical profession to promote political parties or personal political goals.

16) Everyone must promote unity among the other registrants of the council and any post or comment should not create divisions based on ethnicity, religion, region and political beliefs.

17) When expressing opinions on culture, ethnicity and religion, always ensure unity among registrants of the council and other members of the medical fraternity.

18) Always refrain from posts, comments and discussions which would create divisions between different categories of registrants of the council.

19) During controversies and arguments refrain from casting inappropriate remarks on personal life, spouse, children and sexuality.

20) Avoid publishing controversial posts and comments based on rumors and unproven allegations.

21) Social media platforms should not be used for sharing patient information as well as case discussions and referrals in official capacity.

22) Telemedicine practice should be strictly in accordance with the stipulated guidelines by the Ministry of Health.

B. Privacy

1) Using social media has blurred the boundaries between public and private life, and online information can be easily accessed by others. Registrants should be aware of the limitations of privacy and should regularly review the privacy settings for each of their social media profiles.

2) When communicating publicly, including speaking to or writing in the media, registrants must maintain patient confidentiality. Registrants should remember when using social media that the communications intended for friends or family may become more widely available.

3) Registrants must make sure any personal information about patients that they hold or control is effectively protected at all times against improper access, disclosure or loss.

4) Registrants should not leave patients' records, or other notes they make about patients, either on paper or on screen, unattended.

5) Registrants should not share passwords in regard to patients' data.

6) A professional boundary should be maintained between registrants and care receivers.

7) If a patient contacts a registrants about their care or other professional matters through private profile, registrants should indicate that they cannot mix social and professional relationships and, where appropriate, direct them to the proper channel.

8) Registrants must not use publicly accessible social media to discuss individual patients or their care with those patients or anyone else.

C. Identity

1) If registrants identify himself as a medical practitioner / medical professional in publicly accessible social media, true and full name should be disclosed with accurate qualifications.

2) Registrants should not use official designation to promote any service or product.

3) Any material that has been used in social media must have due reference to the original source and the author.

4) Never resort to character assassination by posting edited photos, voice recordings, or videos.

Conclusion

Comprehensive set of social media guidelines by the Sri Lanka Medical Council intents to provide a broad overview and analysis of social media in how it relates to patients, the medical profession and health care overall.

The potential opportunities presented by social media in improving health care must be weighed carefully against the significant drawbacks of its use. Any benefits to catering community will only be realized if implementation and evaluation is carried out with the same caution, ingenuity, and scientific rigor dictated by professional calling and responsibilities.

Registrants are called to be proactive in shaping the social media environment and remain vigilant in ensuring that the use of such technology ultimately benefits the community that seek medical care.

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