

# Guidelines

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*Principles, Guidelines, and Bibliography for Medical Doctors and Physician Assistants using electronic media for personal, non-clinical purposes*

***“Don’t lie; Don’t pry; Don’t steal; Don’t reveal;  
Don’t cheat; Can’t delete.”***

**-Jon Thomas, MD, MBA**

Chair (2013-14), Federation of State Medical Boards

Even before the Internet era Dr. Thomas’s first five cautions have long been familiar to practitioners. These fundamental precepts sum up the essentials of professionalism and continue to apply in the electronic world. It is the sixth, however, “can’t delete,” that proves especially relevant in today’s age of electronic communication--once an MD or PA posts information, it may be indelible, despite attempts to erase. If MDs and PAs adhere to the following core principles, they should be better prepared to maintain professionalism when using electronic media for personal, non-clinical purposes.

## Core Principles

- First, do no harm;
- Place your patients’ interests above your own;
- Always adhere to the same principles of professionalism online as offline;
- Maintain professional boundaries at all times;
- Do not misuse information gained through the physician-patient relationship or from patient records;
- Do not do anything which you would hesitate to note in a patient’s chart or to explain to patients, their family members, your colleagues, the news media, or your medical review board.

## Concepts

The Washington State Medical Commission is charged with protecting the public and upholding the standing of the profession in the eyes of the public.<sup>1</sup> Therefore it offers these Guidelines to assist its licensees in adhering to the standards of their profession in both their personal<sup>2</sup> and professional lives.

The public must be able to rely on MDs and PAs maintaining appropriate physician-patient boundaries. This is an essential element of medical professionalism.

- *“Boundaries imply professional distance and respect...”*<sup>3</sup>
- *“Boundaries protect the space that must exist between professional and [patient] by controlling the power differential in the relationship. They allow for a safe connection based on [the patient’s] needs, not those of the professional.”*<sup>4</sup>
- *“A boundary violation is committed when someone knowingly or unknowingly crosses the emotional, physical, spiritual, or sexual limits of another.”*<sup>5</sup>

## Discussion

Both the Medical Commission and the public expect that professional boundaries be established and maintained for the health and safety of the physician-patient relationship. Therefore, MDs and PAs should ask themselves if actions taken electronically would be acceptable if performed in person, or by phone or letter, and if such actions can be justified solely for clinical or professional purposes.

Seeking current information related to patients’ environment and community influences may provide clinical value that could inform a diagnosis or reveal external impacts on a patient’s health. MDs and PAs long have benefited by their active understanding of the communities where their patients reside. Historically they naturally gathered such information through house calls. Similar efforts to understand patients still are encouraged by the Commission--so long as a valid, documented, clinical reason exists. Even then, a prudent MD or PA may consider further questions: Need informed consent be obtained prior to a search? Should results be shared with the patient? Should the search be documented in the medical record? Are there other risks and/or benefits that should be weighed?<sup>6</sup>

Many existing guidelines and policies that address the use of electronic media by physicians and other health care providers focus mainly on such use for clinical purposes or professional and collegial communications. These Guidelines, however, address the use of electronic media for personal, non-clinical purposes. Electronic media could heighten potential for boundary violations because of the ways such communication and search tools may be used: by oneself, outside of office or clinical environments, moving quickly from one site to another, and posting comments before giving careful thought.

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<sup>1</sup> *Haley v. Medical Disciplinary Board*, 117 Wn.2d 720 (1991)

<sup>2</sup> *“Consider the professional image you would like to portray.” University of Washington Department of Medicine Social Networking Policy and Guidelines*, May 24, 2011

<sup>3</sup> Glen O. Gabbard, MD, Carol Nadelson, MD, *“Professional Boundaries in the Physician-Patient Relationship,” JAMA*, May 10, 1995, page 1445

<sup>4</sup> *At Personal Risk*, Marilyn Peterson, PhD, MSW, 1992, page 46

<sup>5</sup> *Boundaries: Where You End and I Begin*, Anne Katherine, M.A., 1991, page 135

<sup>6</sup> *“Perspectives, Patient-Targeted Googling: The Ethics of Searching Online for Patient Information,” Harv. Rev. Psychiatry*, March/April 2010, pages 103-12

## Concluding Guidelines

- Professional boundaries concepts apply across all communication media;
- Professional boundaries are more easily crossed with the use of electronic media;
- MDs and PAs must strive to keep their professional and personal lives separate for the sake of both themselves and their patients;
- It is the MD's or PA's responsibility to maintain appropriate boundaries, not the patient's;
- When considering searching for information about a patient, MDs and PAs should ask themselves "Why do I want to conduct this search?" If the reason is simply curiosity or other personal reasons, the MD or PA should not conduct the search;<sup>7</sup>
- MDs and PAs should become familiar with and conform to the electronic media policies of their institutions.

## Principles and Examples

1. **Principle:** With few exceptions, MDs and PAs should not inquire into patients' lives for reasons unrelated to clinical care or staff safety. If no clinical or academic research reason exists to make such an inquiry, MDs and PAs should not do so.

**Example:** In an emergency department, in order to identify family members of a patient who lacks identification and cannot communicate, it would be acceptable to obtain information from an Internet search.

**Example:** An exception would include when a patient is running for elected office and the licensee wants to research the patient's political positions in order to determine how to vote.

2. **Principle:** An MD or PA may not use information gained from patient billing or medical records or from conversations with a patient for reasons not permitted by federal and state privacy laws. Postings to social media sites may violate such privacy laws.

**Example:** It would be a professional boundary crossing/violation to gain knowledge of a patient's home address in medical records or billing systems, find the house on a map, and then drive there solely out of personal curiosity. Similarly, it would be a professional boundary crossing/violation to use such information to search for a patient's house on an electronic mapping service out of personal curiosity.

**Example:** It would be inappropriate, and possibly a violation of privacy law, to use information gained from patient records or interviews in order to identify and find a patient on a social media site out of personal curiosity.

**Example:** Photos, videos, or comments posted on social media sites may violate privacy laws. It is important also to evaluate carefully if anything in the background of a photo or video may be inappropriate for posting.<sup>8</sup>

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<sup>7</sup> *Ibid.* Most importantly, could the information be obtained simply by asking the patient?

<sup>8</sup> "Think twice before posting. ... If in doubt, don't post! ... Consider what could happen if a post becomes widely known and how that may reflect on both you and [your employer and your practice]. ... If you wouldn't say it at a conference or to a member of the media, consider whether you should post it online." *UW Medicine Social Networking Policy and Guidelines*, May 24, 2011

- 3. Principle:** A professional boundary crossing or violation can occur whether a patient gains knowledge of it or not.

**Example:** In a previously cited example, driving by a patient's house out of personal curiosity would still be a boundary crossing/violation even if the patient had no knowledge of the occurrence. Similarly, searching for a patient on the Internet out of personal curiosity would be a boundary crossing/violation even if the patient never learned it had occurred.

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