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# Social Media and the Sports Medicine Physician

James L. Moeller, MD

Social media is a mainstay in today's society. It is estimated that 3.5 billion people worldwide use some type of social media. In North America, there are 255 million social media users, accounting for nearly 70% of the total population of Canada and the United States. The percentage of users is similar in Australia, New Zealand, and the United Kingdom. The average social media user in these countries has 6.1 to 7.2 user accounts on a variety of platforms. The average user is on their social media accounts for 2.25 hours daily.<sup>1</sup>

Physicians and health care systems were not among the "early adapters" when it comes to social media, but more and more of our colleagues, nearly 80%,<sup>2</sup> are now using social media on a regular basis. Some health care systems ban their staff physicians from using social media for professional purposes, some have strict guidelines on its use, while others encourage their providers to participate in regular use. In truth, physicians are just now scratching the surface of how social media can be used to benefit, and potentially harm, their practices and their patients.

Among the most popular, public social media sites are Facebook (2.27 billion monthly users), YouTube (1.9 billion), and Instagram (1 billion); many physicians and physician organizations use these sites. The *Clinical Journal of Sport Medicine (CJSM)*, for example, has public accounts on Facebook, YouTube, WordPress, Linked In, and Twitter, and *CJSM* blogs and podcasts appear on Reddit. There are also physician-only social media sites such as Sermo and Doximity, which are gaining popularity.

Physicians use social media in different ways. The majority, an estimated 90%, are simply consumers; they use social media to find and read information relevant to patient care and their practices, but they don't actively create content or engage in online discussions, group chats, or even comment on someone else's post. Those of us who are simple consumers assume very little risk. Monitoring sites and individuals to gather information about new studies, read expert opinions, or follow the ever-changing landscape of health care delivery is helpful, but we are acting only as an observer. When a clinician starts to actively participate, the level of risk changes.

Recently, a pediatrician in southern Ohio posted a video on a social media site regarding vaccinations in children, which was met with significant backlash from the general public.

Comments included personal insults and threats to her practice and personal well-being. There are many other similar stories. Physicians, therefore, need to be cautious when deciding to "hit send," when using social media.

When treating patients, we are constantly comparing benefits and risks; we need to do the same when considering the use of social media. Potential professional benefits include staying connected to colleagues across the globe, networking, keeping up to date with medical literature, and developing one's physician, practice, or system brand. Whether social media presence can improve patient care, patient education, or increase patient volumes remains to be seen, although these areas are of great interest to physicians. Possible risks include creating controversy within a community, alienating colleagues or the general public through posted content, and an area of great concern, violating patient privacy. Even a simple "congratulations on your championship victory" post to a specific individual could imply a patient-physician relationship, which could violate privacy laws.

The American Medical Association Council on Ethical & Judicial Affairs published an opinion on the use of social media by physicians<sup>3</sup> and suggests physicians to follow 3 basic principles: (1) maintain respect for human dignity and rights, (2) maintain honesty and uphold the standards of professionalism, and (3) physicians have a duty to safeguard patient confidences and privacy. Furthermore, if interacting with patients' online, they urge maintenance of appropriate boundaries of the patient-physician relationship as you would in any other situation.

If physicians decide to build an online presence in this age of social media, considering the following may be of benefit: (1) keep your personal and professional social media accounts separate; (2) share medical information from reputable, peer-reviewed sources; (3) if sharing original content, stay evidence-based; (4) build your brand by sharing the positive aspects of what you do as a physician such as posts from volunteer event coverages, information about research you are involved in, awards and honors you have received, and not from being disparaging to others (even if they have been disparaging toward you); (5) avoid the temptation to engage in online sparring with patients, the general public, and other physicians; and (6) on your professional site(s), avoid "hot button" issues like general politics and religion. Before hitting the "send" button, be sure to review the content of your information and consider how your friends/followers may interpret your message.

Physicians can build an online presence, which delivers the intended benefits while minimizing risks, but it does take significant effort and attention to detail. Be prepared to spend a meaningful amount of time monitoring your site(s) daily, update your content regularly, monitor

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responses to your posts, and stay up to date with information being shared from other sites. And remember, for every action, there is an equal and opposite reaction... plus a social media overreaction!

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