

Social Media Guidelines

Purpose

This policy has been developed to provide clear guidelines to Fellows in their use of social media and to maintain consistency in position of the College on public issues. It spells out obligations and responsibilities informed by contemporary best practice and the ACCS Constitution – specifically, section 8.4 (Non-compliance with Constitution, misconduct) and section 28 (By-Laws, Rules and Regulations).

1. Definition

Social media is defined as web-based services that promote social interaction, publication of commentary and advertising. Prominent examples include Facebook, Instagram, LinkedIn, blogs (personal or professional), Word of Mouth Online, Twitter, Snapchat, YouTube, and RealSelf.

2. Responsibility

Unless the College has made its own social media statements, all responsibility with social media commentary resides solely with the medical practitioner. This includes responsibility to monitor and remove any posts (including third party posts) associated with the medical practitioner that breach guidelines. This applies even if you have delegated the task to another person. If referencing other social media which breach guidelines, the referring site is also in breach.

3. Advertising, confidentiality and privacy.

In using social media, Fellows must comply with national and state laws as well as guidelines set by AHPRA and advertising regulated health services and the ACCS Code of Practice and your own medical defence organisation.

- MBA Social Media Policy - <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Social-media-policy.aspx>
- AHPRA Guidelines for Advertising Regulated Health Services - <https://www.ahpra.gov.au/Publications/Advertising-resources/Legislation-guidelines/Advertising-guidelines.aspx>
- ACCS Code of Practice - <https://www.accs.org.au/images/uploads/images/ACCS-code-of-practice.pdf>

With respect to advertising:

- Adhering to regulations with respect to S4 medications and not using branded names
- Not using testimonials
- Avoidance of promotional techniques such as discounting, including vouchers or coupons
- Not representing an unrealistic outcome
- No communication with the public to be false, fraudulent or misleading.
- Adhering to photography / videography guidelines - see below

With respect to confidentiality and privacy:

- Patient confidentiality and privacy are of utmost importance and must be protected
- Consent for use of patient photographs is essential
- Understand the different privacy settings and defaults of each social media platform

4. Unsubstantiated claims

It is most important that all claims be realistic and professional. Comparisons of one's ability with others and claims that the practitioner is the best in that area of work or gets the best results are unprofessional and unsubstantiated. Superlatives should not be used in any advertising unless they can be readily proven to be correct and as such are not misleading. For example, to claim that a breast implant has the "least" risk of a specific complication would be acceptable if true and supported by the peer reviewed literature. Such information is of value to consumers. However, to claim a practitioner is the "best" in any way is not permissible as it is a value judgement, not readily proven, which could mislead consumers.

Because doctors have an ethical obligation to share medical advances, it is unlikely that a doctor will have a truly exclusive or unique skill or remedy. Claims that imply such a skill or remedy can be deceptive.

5. Representing Views

All statements should be professional, accurate, honest and respectful to College members and Fellows, colleagues and patients.

- (i) Private Views - When using social media, it is most important to stress that the individual is sharing their own private and personal views and not representing the College. A disclaimer to the effect of 'the views expressed in this blog/website etc are my own and do not reflect the views of the ACCS'.

- (ii) College Views - If identifying an affiliation with the ACCS it is important to disclose the personal connection with the ACCS. Your view should be consistent with the ACCS Code of Practice and represent our high standards of professional conduct.

Ethical concerns regarding social media:

Social media can create a false sense of familiarity for prospective patients, who may build their trust in a practitioner's "brand" based on cues usually reserved for a patient / doctor relationship. False intimacy can occur in social media. Patients may look to signals of competency such as providing testimonials, associating one's work with a celebrity, promoting "exclusive" practices, using scientific language or images to communicate the precision or effectiveness of a procedure, curating a sizeable online following, or demonstrating a particular charm in online postings.

Stylistic and aesthetic factors extraneous to medical practice eg. How well-made the social media account appears or how familiar the platform is to the user, can contribute to trust, thus serving as potential factors in retrospective feelings of betrayal. This trust, combined with signals about the scientific rigour of "innovative" treatments and access to videos or other materials that show portions of a procedure or before-and-after pictures, might lead prospective patients to undertake a procedure with inflated expectations, setting up both patients and practitioner for the difficult task of managing disappointment.

6. Photography / videography

Before and after photographs may be used to display the results of treatment and or complications. However, any before and after photographs should be represented with similar pose, presentation, lighting and exposure and should be typical results likely to be reproducible. Any identifying marks should be removed before publication.

Photographs may not be altered and should represent the advertising doctor or clinic patients. Photographs or images should demonstrate real people with real outcomes so prospective patients can understand variability and reality of achievable results.

Consent: Publication of photographs and videos cannot be done without patient consent. Where consent is provided, Fellows must observe ethical standards, particularly where it may be easy to interpret the content as somehow sexualised in situations where the patient may be relatively nude. Fellows must also observe patient confidentiality unless explicit consent is provided.

When filming a surgical / procedural video, the practitioner should put the patient's safety and welfare first and foremost. Patients who no longer want their images used for education or marketing purposes may find it difficult to remove undesired images from the internet completely. Images may be shared between different

social media platforms and therefore may be ultimately controlled by a third party.

7. The wider context

Social media is a problematic new communications channel that can foster deceptive or misleading professional behaviour or misinformation. It exists outside the protected scrutiny of peer-reviewed literature. Emerging generations of patients are likely to continue seeking out social media platforms for health information and a sense of deeper connection to their clinicians.

This policy will likely evolve over time and it is the responsibility that Fellows remain acquainted with its content and intent. Adherence to social media policy is essential.

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