



Standard of Practice Social Media

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Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the *Regulated Health Professions Act*, Regulations, and Bylaws. All members must comply with Standards of Practice of Medicine, per section 86 of the *Regulated Health Professions Act*.

This Standard of Practice of Medicine is made under the authority of section 82 of the *Regulated Health Professions Act* and section 15 of the CPSM Standards of Practice Regulation.

PREAMBLE

Social media plays an important role in communication, advocacy, education, and professional development between registrants, patients, and the public. Many registrants use social media in their practices to interact with colleagues, seek out medical information on-line, and share content with a broad public audience. Social media presents important societal health opportunities such as enhancing public education, furthering patient safety, and encouraging access to care among other benefits.

Medical practitioners hold a respected place in society. While using social media, professional conduct and communication are important to avoid harm to the public, not adversely impact patient care, preserve the reputation of the profession, and foster a culture of respect.

As a guiding principle, registrants are reminded that, irrespective of whether participating in social media is for a personal or professional purpose, prevailing expectations of professional and ethical conduct are the same as when interacting with others in-person. CPSM recognizes that registrants have rights and freedoms under the *Charter of Rights and Freedoms*, including the freedom of expression, subject to reasonable limits.

Definition

Social media includes online platforms, technologies, and practices used to share content, opinions, insights, experiences, and perspectives.¹

¹ Examples of social media include Facebook, LinkedIn, YouTube, Twitter, and discussion forums. While it excludes Cortext which is the secure communications platform for healthcare for health care coordination, most of the Professionalism, Relationships, and Boundaries Sections of this Standard are applicable to Cortext communication.

1. Application

1.1 This Standard applies to the professional use of social media. This Standard may also apply to personal use of social media depending upon certain factors.²

2. Professionalism, Relationships and Boundaries

- 2.1. Expectations of professional and ethical conduct are the same whether registrants are interacting in person, or online through social media.
- 2.2. Caution must be exercised when posting personal information on social media platforms. Assume content on the internet is public and widely accessible to all, and that closed groups may not be truly closed, or the contents may be re-posted.
- 2.3. Registrants must avoid engaging in conduct on social media that diminishes their professional standing or the reputation of the profession. This requires careful consideration of the potential consequences of their use of social media, both intended and unintended, and how their conduct might reasonably be perceived by others.
- 2.4. When using social media, registrants must:
 - 2.4.1. uphold the standards of medical professionalism, conduct themselves in a professional manner, and not engage in disruptive behaviour³ while using social media.
 - 2.4.2. comply with all relevant professional, ethical, and legal responsibilities, including CPSM Standards of Practice, the *Code of Ethics and Professionalism*, and the *Personal Health Information Act*
 - 2.4.3. maintain clear boundaries with patients in accordance with the *Sexual Boundaries with Patients, Former Patients, and Interdependent Persons*.
 - 2.4.4. maintain professional and respectful communications with colleagues, other members of the health-care team, residents, medical students, and the public.
 - 2.4.5. consider the impact on and not exploit the power imbalance inherent in the relationships between registrant-patient, registrant-healthcare team members, registrant-medical learners, and with the public.

² See attached Contextual Information and Resources for an explanation of those factors such as the connection between the conduct and professional role.

³ Disruptive behaviour includes inappropriate words, actions, or inactions that interferes with a registrant's ability to collaborate, the delivery of healthcare, or the safety (or perceived safety) of others. Disruptive behaviour may be demonstrated through a single act but is often identified through a pattern of events. Disruptive behaviour may include bullying, attacking, or harassing others and making discriminatory comments. An example of behaviour that is not likely to be considered disruptive includes constructive criticism offered in good faith with the intention of improving patient care of the healthcare system.

3. Privacy and Confidentiality

- 3.1. Registrants should avoid posting patient information if possible unless de-identified and for educational purposes. Fully informed consent may be required—even in a closed or private online forum. Once something is posted it is difficult to control further distribution and so consent to post these images should identify this as a risk. Treat photos and videos of a patient made in the context of patient care as part of the patient's medical record.
- 3.2. Registrants should refrain from seeking out a patient's (or former patient's) personal information from social media unless it is documented in the patient record why:
 - 3.2.1. the information is necessary for providing health care;
 - 3.2.2. there is an appropriate clinical rationale related to safety concerns;
 - 3.2.3. the information can not be obtained from the patient and relied upon as accurate and complete, or cannot be obtained in a timely manner;
 - 3.2.4. they have considered how the search may impact the registrant-patient relationship.
- 3.3. If relying upon patient health information found online for clinical decision-making, registrants must:
 - 3.3.1. take reasonable steps to confirm the information is accurate, complete, and up-to-date prior to using the information; and
 - 3.3.2. disclose to the patient the source of the information, the clinical rationale, and any other relevant information. Do not disclose if unsafe.
- 3.4. Read, understand, and apply the most appropriate privacy settings to maintain control over access to information. Be aware that privacy settings are imperfect, can be compromised and may change over time.

4. Communicating Medical Information

- 4.1. When discussing health-related information on social media, registrants must be mindful about how the information might be relied upon, including considering the potential risk of creating a registrant-patient relationship or creating the reasonable perception that a registrant-patient relationship exists.
- 4.2. Registrants must avoid establishing a registrant-patient relationship and must not provide specific medical advice to individuals on social media. Remember that a duty of care may form when posting on-line medical advice.
- 4.3. If discussing general health information on social media for educational or information-sharing purposes registrants must:
 - 4.2.1 ensure the information they present is verifiable by available, credible evidence and science if making statistical, scientific, or clinical claims,

- 4.2.2 acknowledge if they are challenging a widely-accepted position or proposing alternative theories which lack evidence and science, or if their position does not represent the majority of the medical profession. In these circumstances, the information must not be false, misleading, deceptive, or be a potential threat to health.
- 4.2.3 be aware of and transparent about the limits of their knowledge, expertise, and scope of practice; and
- 4.2.4 not misrepresent their qualifications.

5. Advocacy

- 5.1. Registrants may use social media to promote health-related advocacy, including health in general or for health care system or societal change. This advocacy may include criticism of the health care system and government, subject to the requirements of professionalism. Registrants should be aware of institutional policies and guidelines that might govern their actions online.



Contextual Information and Resources

Social Media

The Contextual Information and Resources are provided to support members in implementing this Standard of Practice. The Contextual Information and Resources do not define this Standard of Practice, nor should it be interpreted as legal advice. It is not compulsory, unlike a Standard of Practice. The Contextual Information and Resources are dynamic and may be edited or updated for clarity, new developments, or new resources at any time.

Many registrants use social media to interact with others, share content with a broad audience, and seek out medical information online. Social media can present important opportunities to enhance education and facilitate discourse and knowledge translation. The use of social media, which is highly accessible, informal, fast-paced, and constantly evolving, raises questions about how registrants can uphold their professional obligations. This companion *Contextual Information and Resources* document provides further guidance around how the expectations in the *Social Media* Standard of Practice can be met.

General

Think before you post on social media.

Do these professional expectations apply to my personal use of social media?

The focus of the Standard is on a registrant's professional use of social media, but it can also apply to personal use. Several factors impact whether personal use of social media may be considered unprofessional, including, but not limited to, the nature and seriousness of the conduct and/or communication itself, whether or not the registrant was known to be, could reasonably be known to be, or represented themselves as a member of the profession, and the connection between the conduct and/or communication and their role and/or the profession.

Registrants may decide to use professional and personal accounts, but it is important to keep in mind that the professional and personal are not always easily separated. Even when posting in a personal capacity, others may know of your status as a medical professional, or registrants may sometimes share personal details on professional accounts. As such, it is important that registrants act professionally in both contexts.

Does the Standard apply to other forms of electronic communications such as emails, text messaging, video conferencing, and messaging applications?

Depending on the purposes and contexts for which they are used, electronic communications that are not traditionally considered social media can have a broad impact and involve interaction with others in a manner similar to that of social media. In these circumstances, the Standard is more likely to be applicable to a registrant’s conduct. For instance, responding to an email list or sending out an email newsletter can reach a wide network of people online, similar to posting on a discussion forum or a group page on a social media platform.

Professionalism

What is considered disruptive behaviour?

Although the term “disruptive” may have different meanings in other contexts, in this Standard disruptive behaviour is demonstrated when inappropriate conduct interferes with, or has the potential to interfere with, quality health care delivery, the registrant’s ability to collaborate, or the safety or perceived safety of others.

Disruptive behaviour poses a threat to patients and outcomes by inhibiting the collegiality and collaboration essential to teamwork, impeding communication, undermining morale, and inhibiting compliance with and implementation of new practices. Whether behaviour is truly disruptive depends on its nature, the context in which it arises, and the consequences flowing from it. Some examples which are not likely to be considered disruptive behaviour include constructive criticism offered in good faith with the intention of improving patient care or facilities or good faith patient advocacy.

Sometimes inappropriate conduct may occur concurrently with other problems, for example, health issues, or may be influenced by different stressors and/or registrant burnout.

What does the CPSM mean by “professionalism” and “reputation of the profession” when using social media?

Professionalism is a fluid and contextual concept. It can require registrants to navigate and balance their duties towards individual patients, the public, the health care system, colleagues, and themselves.

In general, what is considered professional behaviour will be informed and guided by CPSM resources, including policies, and other professional resources, such as the [Code of Ethics and Professionalism](#) and the Royal College of Physicians and Surgeons of Canada’s [CanMEDS Framework](#).

Maintaining trust is an important aspect of medical professionalism. Registrant conduct can impact the reputation of the profession when it undermines public trust and confidence in the profession. This in turn can adversely impact patient access to health care and patient care itself. The evaluation of the potential impact of a registrant's conduct and/or communication on the reputation of the profession will be based on an analysis of the facts and circumstances. In addition to communicating in accordance with the tenets of professionalism as outlined above, upholding the reputation of the profession includes:

- acting in accordance with the law
- participating in professional regulation
- adhering to clinical standards and demonstrating professional competence
- maintaining the same standard of professional conduct in an online environment as expected elsewhere

What do I have to consider when engaging in health advocacy on social media?

CPSM, as well as the Royal College of Physicians and Surgeons of Canada's [CanMEDS framework](#), recognizes that advocacy is a key component of a medical professional's role.

It is important for registrants to understand the parameters of what the Standard will permit with regard to criticism of the government, regional health care authorities, etc. Criticism is permitted on contentious societal matters such as MAiD and abortion. Criticism is also permitted for government or health care system for lack of health care resources, planning, and health care transformation initiatives. Examples of permitted criticism includes health care transformation, lack of funding, lack of health care human resources, failing to provide programs such as safe injection sites, poor health care access and delivery in Northern First Nations. All criticism is to be professional in tone and professionalism required.

If practising in an institutional setting, registrants may be subject to their policies or guidelines around social media use.

On occasion, while engaged in advocacy intended for the betterment of patients, an institution, or the health-care system, registrants may find themselves in conflict with others, including colleagues or the administration of the institution where registrants work. In such cases, it may be necessary to consider the impact of the conduct on their ability to deliver quality health care, their ability to collaborate, or the safety of others. When these are impaired by advocacy, it is important to consider whether the advocacy efforts are in fact in the best interests of patients and the public.

CPSM recognizes that, unfortunately, registrants may find themselves experiencing personal attacks or harassment online with respect to their advocacy. Registrants can familiarize themselves with and use privacy controls and reporting mechanisms to help address this conduct. CPSM also recognizes that these interactions can be harmful and distressing to registrants.

How can I support equity, diversity, and inclusion goals through my social media use?

There is a growing commitment to integrating cultural humility and cultural safety within the health-care system and the medical profession. Cultural humility is a perspective that involves exercising self-reflection and acknowledging oneself as a learner when it comes to understanding another’s experience. Cultural safety is an outcome that recognizes and strives to address power imbalances inherent in the health care system. The goal is an environment free of racism and other forms of discrimination, where people feel safe when receiving and accessing health care, and where providers feel safe and respected providing health care.

With these goals in mind, CPSM supports registrants striving to foster an environment that is inclusive. It is also important for registrants to be aware that their conduct on social media (including liking, sharing, or commenting on other content) may be visible to others and that unprofessional comments and behaviour (which can be overt, or more subtle) have the potential to make others feel marginalized and impact their feelings of safety and trust, and potentially impact patients’ willingness to access care. For more information, please visit [CMPA’s guidance related to cultural safety](#).

What do I do if an individual reaches out to me on social media with a medical question?

Registrants are permitted to share health information that is intended for general education and not patient-specific. For example, information on a registrant’s blog on diabetic self-care or information on a business page that encourages patients to get a seasonal flu shot are not intended as a substitute for a registrant’s clinical advice. Clinical advice refers to individualized advice given to a specific patient for a particular health concern and should not be provided on social media.

Registrants can respond to questions without providing clinical advice. For instance, registrants can inform the individual that they do not provide advice on social media and direct them to make an appointment through appropriate channels, or provide information for emergency or urgent care services, if applicable.

If a patient requests communication via social media, the registrant is not obligated to do so.

What should I consider when sharing general health information that involves statistical, scientific, or clinical claims?

The Standard requires that registrants disseminate information that is verifiable by available, credible evidence and science if making statistical, scientific, or clinical claims. It is important for registrants to also consider the potential associated risks of sharing such information.

When registrants share information online, it is likely to be given significant weight or value by many, especially when that information makes statistical, scientific, or clinical claims. Sharing information without strong scientific evidence can introduce risks, including that patients and members of the public will act on this information in a way that could jeopardize their health.

For instance, if a registrant shares information about a potential new or unconventional drug or treatment, the risks of sharing this could include influencing members of the public to seek that drug when it may be inappropriate for them and when it may have unexpected negative consequences (e.g., side-effects). As when making treatment decisions for patients, generally speaking, the higher the potential risk, the higher the level of evidence required.

What about scientific debate in social media?

CPSM also recognizes the importance of scientific debate in the evolving development of science. The Standard is not to be used to stifle this debate, so long as the debate is based upon available credible evidence and science and undertaken with professionalism.

What kind of information would be considered misleading or deceptive?

Sharing false information would be a breach of the expectations in the Standard. What is considered “misleading or deceptive” is broader than this. Registrants can avoid being misleading or deceptive by thinking carefully about whether the wording of posts includes content that may lead the reader to an incorrect conclusion, create a false impression, or that leaves out key information or context.

In some circumstances, such as during a public health crisis, information may change and evolve rapidly, and information that may have been shared at one time may subsequently be inaccurate or no longer applicable. The Standard is not intended to capture such instances where registrants share what was the best available information at the time.

The Standard is also not intended to prevent reasonable debate and/or exploration of new developments in medicine. However, registrants who make statements that contradict scientific consensus, including in the context of a public health crisis, can create confusion, increase mistrust, and impact overall public health and safety. As a registrant, it is important to keep in mind that your statements, particularly those containing statistical, scientific, or clinical claims, can be very influential and be perceived as more credible, regardless of whether you are speaking about an issue within your expertise or not.

Professional Relationships and Boundaries

How can I maintain appropriate boundaries with patients on social media?

As a registrant, there is an increased risk associated with managing a dual relationship with a patient, including the potential for compromised professional judgment and/or unreasonable patient expectations. Personal information is more readily accessible on social media and connecting online can lead to inappropriate self-disclosure by patients and/or registrant.

CPSM recognizes that, especially in smaller communities, registrants and patients may interact within the same social network. What entails maintaining appropriate boundaries may therefore differ depending on the circumstances. Maintaining appropriate boundaries may mean refraining from connecting with patients and persons closely associated with them on social media. Patients may feel pressured into accepting an invitation from their medical practitioner due to the inherent power imbalance in the registrant-patient relationship. If a patient or a person closely associated with them requests to connect on social media, you must consider the potential impact on the registrant-patient relationship. Relevant factors include the type of clinical care provided, the length and intensity of the relationship, and the vulnerability of the patient. When declining an invitation, you can discuss with the patient the reasons for doing so to prevent harm to the registrant-patient relationship. Since personal content is generally limited on a professional social media account, using one can also help you connect with patients without compromising the therapeutic relationship.

Can I promote products or myself on social media?

The CPSM rules for this are the same regardless as to how the information is communicated – whether print ads or social media or radio. These rules are included in the Standards of Practice for [Advertising](#) and [Conflict of Interest](#).

Privacy and Confidentiality

How do I de-identify information if I want to post about a patient on social media?

To de-identify the personal health information of an individual means to remove any circumstances that it could be utilized, either alone or with other information, to identify the individual.

An unnamed patient may still be identified through a range of information, such as a description of their clinical condition, or date, time, and/or location. When posting photographs, even if a patient is not directly pictured, other details such as the timestamp or location (which may be found in a photograph's [metadata](#)), can be used to reveal information about an individual. Even

if only the patient can identify themselves from the information, that may be deemed a breach of confidentiality.

Given the increased risks of identification and the highly accessible and permanent nature of the internet, protection of patient privacy is paramount and registrants may wish to consider obtaining consent for posting even de-identified information whenever possible. Registrants must obtain and document consent before publishing patient information where there is any doubt that the patient can be kept anonymous (for example, posting a photograph with an identifiable part of a patient's body).

Why must I refrain from seeking out patient health information if it is publicly available?

The Standard aligns with the requirements in the *Personal Health Information Act*, which only permits indirect collection of personal health information without consent in limited circumstances. In addition, registrants preserve patient trust and protect the registrant-patient relationship by refraining from seeking out patient health information online without consent. Many patients hold a reasonable expectation of privacy that their medical practitioner will not search for their information online. Patients may perceive this to be a boundary violation, a lack of trust, or a lack of respect for their autonomy, which may lead to a breakdown in the registrant-patient relationship.

What are appropriate clinical rationales related to safety concerns for seeking out patient health information online?

Situations where there is a risk of serious bodily harm to a patient or to others and danger is imminent would most clearly establish an appropriate clinical rationale related to safety concerns, for instance, where there are concerns about the risk of suicide or serious harm to a patient, or by public health in extremely limited circumstances to control infectious disease transmission. There are also circumstances which, in the registrant's professional judgment, may include urgent or emergent factors and it may be reasonable to search for information about them online in order to deliver appropriate care to the patient. For instance, this may occur when a patient presents to the emergency room unresponsive or otherwise unable to provide critical information.

What can I do to protect my privacy while using social media?

It is important to keep in mind that privacy can never be fully guaranteed online, even when posting in a closed forum. Posts can be shared more widely than originally intended (for example, screenshots of posts and messages can be shared on other platforms) and can be hard to remove once online. Resources from the Office of the Privacy Commissioner of Canada can provide useful

guidance on how registrants can customize account privacy settings to better maintain control over and limit access to their personal information when posting online.

RESOURCES

Canadian Medical Protective Association

- [*Social media: The opportunities, the realities*](#)
- [*Top 10 tips for using social media in professional practice*](#)
- [*Good Practices Guide: Social Media*](#)
- [*Protecting patient privacy when delivering care virtually*](#)
- [*Participating in health advocacy*](#)
- [*Advocacy for change: An important role to undertake with care*](#)

RECENT CASE LAW ON SOCIAL MEDIA

A medical student on a closed university Facebook page posts pro-guns and anti-abortion/pro-life essay they authored which scared other medical students. This resulted in expulsion from the University and is before the courts.

Physician posts on a Physicians' Only Facebook group inappropriate remarks impugning the reputation of a colleague, for which they were censured.

An RN highly criticizes their grandfather's medical and nursing care on Facebook and Twitter and was found guilty of professional misconduct by the regulatory body. The Court of Appeal found the off-duty conduct is subject to discipline by the regulator but overturned the decision because the regulator unjustly infringed the nurse's right to freedom of expression as the disciplinary panel failed to take a contextual approach in assessing whether the conduct was unprofessional.

A plastic surgeon failed to ensure the privacy of a patient as a result of the inadvertent posting of their images on social media on two occasions and posted before and after photos of the patients without consent.

There are ongoing disciplinary proceedings and court actions in several provinces related to physicians' social media posts that questioned the effectiveness of masks and vaccines and advocated for Ivermectin treatment during the COVID-19 pandemic.