

## REVIEW PAPER

Comments to paper: Koo K, Ficko Z, Gormley EA. Unprofessional content on Facebook accounts of US urology residency graduates. *BJU Int.* 2017; 119: 955-960.

## Can Urologists be permitted to maintain a private Social Media presence in light of the relevant Guidelines and Codes of Conduct, which govern the use of Social Media with regard to these professionals?

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It is a well-known fact that Social Media (SoMe) has changed, or maybe even revolutionized, the way people communicate, interact, behave and generally live, both in their professional and in their private lives. Among the many SoMe platforms available, Facebook is currently the most dominant; as of June 22<sup>nd</sup> 2017, it serves a community of some 2 billion content-generating users [1]. Urologists form a growing part of this community. They use this tool in an active, personal (private), and/or professional manner [2]. Loeb and colleagues reported that 74% of urologists use some SoMe platform, the most common being Facebook (93%) [3]. As SoMe has grown, the need to discern between the professional identity and personal (private) identity has become a significant issue. What image of the urological community is portrayed on Facebook? Koo Kevin and co-authors tried to answer these questions in a study wherein they analyzed the behavior of trainees who had graduated from urology residency programs in 2015 in the USA [4]. Among identifiable Facebook profiles, 80 profiles (40%) contained unprofessional or potentially objectionable content, includ-

ing 27 profiles (13%) exhibiting explicitly unprofessional behavior. The common categories of unprofessional content included uncensored profanity, images of the urologist in an intoxicated state, references to specific episodes of intoxication, and images of unprofessional conduct at work and professional functions, such as conferences. Further instances of unprofessional conduct entailed the posting of explicit patient data, such as radiographic images where a specific patient's name and/or clinical details were visible, facilitating identification of the patient. The question therefore remains, as to whether we can, or indeed, whether we ought to, control and influence the behavior of members of the urological community in their in their personal (private) SoMe presence? Can or should private behavior in SoMe be evaluated, and can it affect the professional fate of the person or group associated with it?

It should be borne in mind that SoMe, including Facebook, brings with it many important advantages and possibilities when used as a professional medical educational platform [5]. It provides unique opportunities to disseminate medical information to a large

audience rendering it a valuable instructional instrument. Other potential applications of SoMe in urology facilitate keeping up to date with regard to major news and research developments, advocacy, networking, crowd-sourcing, and advertising.

It should also be remembered that SoMe is an open environment where everything one posts is immediately in the public domain, meaning that patients and the general public can follow any and all posts and comments, depending on privacy settings. Therefore, several professional international urological organizations have developed guidelines or recommendations on the appropriate use of SoMe for their members [6, 7, 8]. These guidelines are used for defining online profile character, managing accounts, protecting the reputations of both of user and of their organization, protecting patient confidentiality, as well as promoting the creation of honest, responsible, quality content that reflects good standing as a physician and fellow within the profession. This best practice statement emphasizes the importance of transparency and professionalism while avoiding any content that violates patient confidentiality or relevant copyright or other laws.

So what should the advice be for those urologists who are SoMe users? Undoubtedly every urologist who is now actively engaged, professionally, on SoMe should know and follow these guidelines in order to ensure their appropriate use and avoid professional mishaps and legal consequences.

One way of avoidance of some of these issues is the use of physician-only SoMe platforms such as Sermo, Doximity, QuantiaMD, or others for communication with peers. Other SoMe platforms include WeMedUp and Symplur, and are intended for use by both medical professionals and patients alike.

One option for overcoming the challenge of the separation of personal and professional content is to establish separate SoMe accounts for each purpose. Regardless of the media platform, it is important to be

aware of and actively manage account access control settings in order to prevent patients 'third persons with malicious intent' or unknown individuals from accessing one's personal accounts.

Facebook provides a previously undiscussed opportunity for the above-mentioned separation of one's private, personal profile from a professional Facebook presence, in the form of a Facebook Page. In essence, the product is designed for businesses and institutions, for brand promotion and communication, as well as for advocacy for organizations and public figures, such as, politicians, artists and celebrities. The current categories for the creation of a Facebook Page are 'Local Businesses or Places', 'Companies or Organizations', 'Artists, Bands, or Public Figures', 'Entertainment' and 'Community Causes'. Although it is currently necessary to use a private profile in order to create a Facebook Page, it is not necessary to actively manage a private profile in order to actively operate a Facebook Page.

The Facebook Page feature provides an opportunity for the creation of a public presence that is not commonly utilized by physicians and may provide an opportunity to separate content intended for private consumption from content appropriate for public and professional scrutiny. In the opinion of the authors of this text, this feature may allow a clearer separation of the private and professional online discourse. Undoubtedly, SoMe has become an integral part of both the private and professional life of a significant group of urologists. The professional use of SoMe requires minimal time and yet substantially augments more traditional means for the acquisition and communication of pertinent medical information. Urologists and professional urological associations should be encouraged to continue to engage via Social Media, promote the use of Best Practices and Guidelines among urologists, and explore strategies to further amplify and complement the quality of Social Media activity.

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