



# SOCIAL MEDIA USE – HEALTHCARE PROFESSIONALS

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# Roadmap

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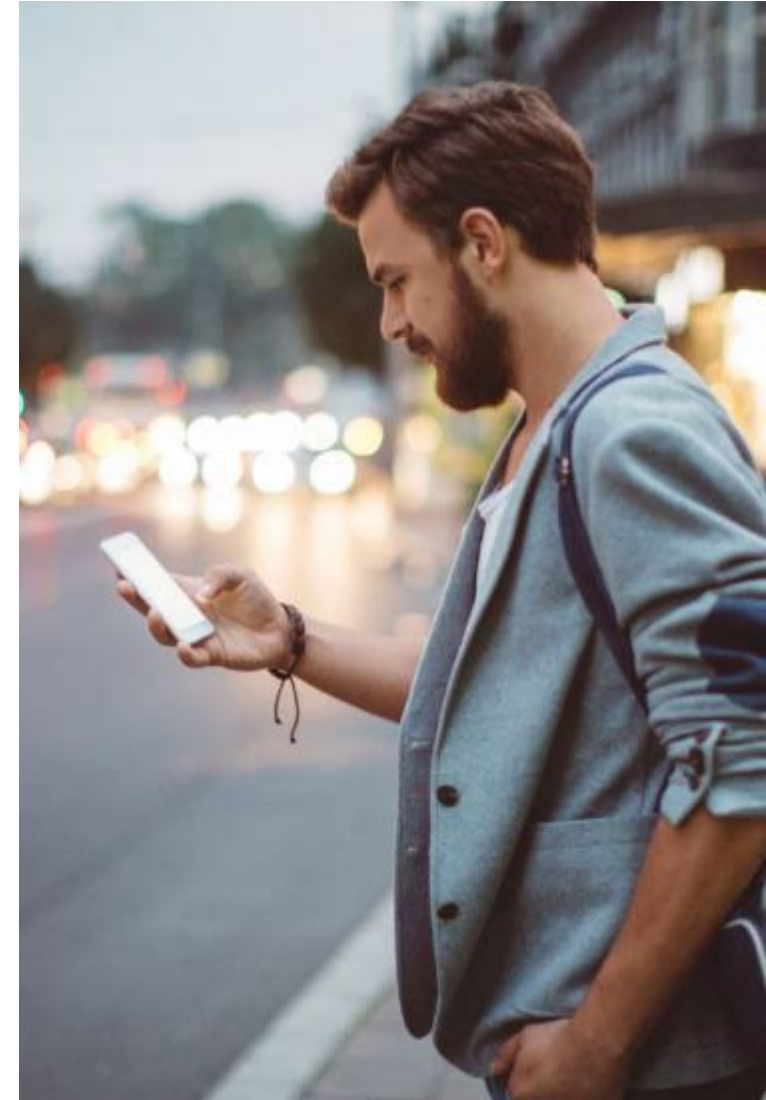
Framing the topic

Recommendations

Applicability to licensure → investigations  
and disciplinary cases

Resources

Q&A





# What is social media?

Forms of electronic communication through which users create online communities to share information, ideas, personal messages, and other content. (Merriam-Webster).



- **Constantly evolving**
- Allows for collaboration in real time
- Social networks, blogs, video and image sharing, wikis, etc.
- Functions: social networking, professional networking, media sharing, content production, compiling information.



# Social Media Use

- 72% of US adults use some type of social media.
- Young adults continue to use social media at high levels, but usage by older adults has increased in recent years.
- Rates of social media usage by physicians is often reported as even higher.

Pew Research Center, Social Media Fact Sheet (2021), available at [www.pewresearch.org/internet/fact-sheet/social-media/](http://www.pewresearch.org/internet/fact-sheet/social-media/)

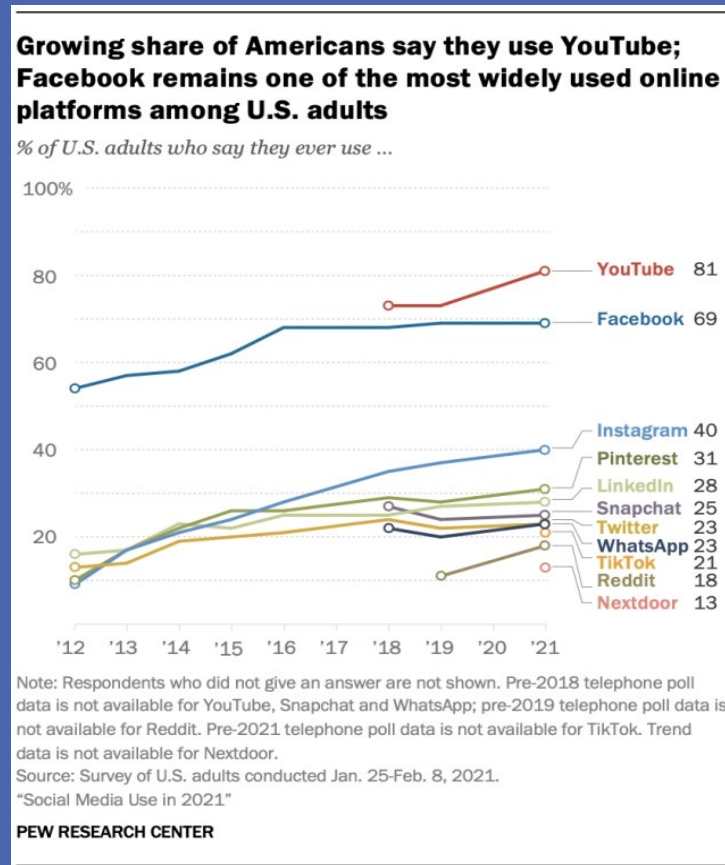
Swati Bhaskar, Examining Physician Social Media Use in 2017, PM360, May 31, 2017, [www.pm360online.com/examining-physician-use-of-social-media-in-2017/](http://www.pm360online.com/examining-physician-use-of-social-media-in-2017/)



# Common Social Media Platforms

## General

- Facebook
- Twitter
- Snapchat
- Instagram
- TikTok
- LinkedIn
- Snapchat
- Youtube
- Reddit
- Pinterest
- WhatsApp



## Healthcare Specific

- Sermo
- Doximity
- DailyRounds
- WeMedUp
- Figure 1
- DoctorsHangout
- MomMD
- Among Doctors
- Incision Academy
- Mayo Clinic Social Media Network

# How patients use social media:

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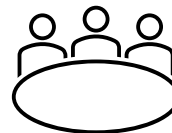
Gather information



Read and share reviews



Share a personal health experience



Engage with others about a health experience and connect with peers

# What issues does it raise for healthcare professional use?

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- Privacy and security
- Professionalism and general ethics
- Preservation of physician/patient relationship
- Licensure standards
- Employment issues
- Defamation and reputational harm
- Liability issues/medical malpractice





# Benefits & Risks



- Increased access to healthcare professional
- Improved and enhanced professional networking
- Continued (and greater access to) professional development and research
- Connectivity
- Higher level of transparency
- Greater reach to patients and public
- Peer-to-peer interaction
- Bolster recognition of work
- Support personal expression
- Marketing
- Tool to debate healthcare policy and practice issues



- Distribution of poor-quality or inaccurate information
- Loss of privacy
- Disclosure of protected patient information
- Loss of trust in the profession
- Patient reluctance to seek needed medical care
- Reputational damage
- Blurred boundaries
- Boundary violations
- Unrealistic expectations on availability
- Cyberbullying
- Licensing and legal issues

*“The internet’s not written in pencil, it’s written in ink.”*

## Recommendations

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Do not disclose individually identifiable patient health information or post images or videos online without the express written consent of the patient. *Best practice is to avoid posting any pictures of or about specific patients.*

Maintain appropriate professional boundaries with patients, their surrogates, and colleagues at all times whether online or in person.

Turn down friend requests from patients to connect on social network sites. It may be acceptable to accept requests on your professional account.

Comport yourself professionally, even when communicating or posting in a personal capacity.

Consider all online content as open and accessible to anyone. And consider any social media post as permanent, even after it has been deleted.



## Recommendations

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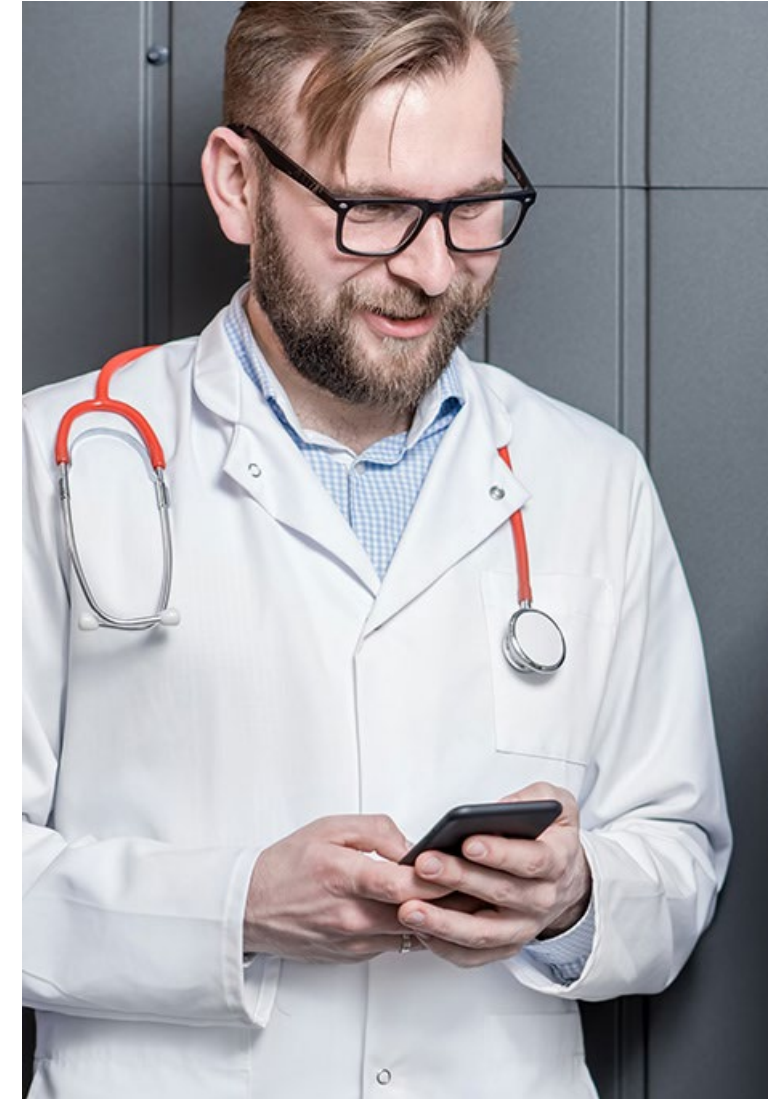
Do not provide medical advice to specific patients online, unless this is done via the secure patient portal of a practice institution.

Information provided should be truthful, not misleading or deceptive, and should be verified and supported by current literature and standard of care.

When marketing and advertising, be sure it complies with federal and state law. Consider seeking legal counsel for advice.

Identify yourself and credentials. Do not misrepresent training, expertise or credentials.

Pause. Think twice before posting.



# Key Considerations

For healthcare professionals using social media

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*The standards of ethics and professionalism remain the same, regardless of the medium.*



Consider the purpose of the posting, its desired and expected outcomes, potential unintended outcomes, and the implications of context.



What level of privacy/security does this platform have? Does true online privacy exist? How will you maintain confidentiality?



What is your plan for when patients request to connect on social media? What is your plan for when you are asked medical questions online?



Will you be able to – and how will you – maintain the public's trust in the profession?

**Applicability to licensure →  
Investigations and disciplinary cases**

A stethoscope and a gavel are shown against a light gray background. The stethoscope is on the left, and the gavel is on the right. The text is overlaid in the center.

**Can be the basis of the complaint.  
Can be gathered during an investigation.  
Can be used as evidence in a disciplinary hearing.**

# Potential Board Action

## Non-Disciplinary, Confidential

- Letter of Concern
- Professional Development Plan (“PDP”)

## Public Disciplinary Action

- Public censure
- Fine
- Probation
- Limitation
- Suspension
- Revocation



# Advertising

**Regarding licensees of the Board: “Only the highest standards of truthfulness should apply.”**

**The Court is not concerned with the “squeezable softness of Charmin” or the advantages of “mountain grown coffee.” The practice of puffery well established in non-professional advertising has no place in the advertising of healing arts professionals.**

*Bolton v. Kansas State Bd. of Healing Arts*, 473 F. Supp. 728  
(D. Kan. 1979)

**The Board has the right and the duty to demand strict adherence to (1) truthful and (2) verifiable advertising.**



# Advertising

**K.S.A. 65-2836(d): The licensee has used fraudulent or false advertisements.**

**K.S.A. 65-2837(b):**

**(2) Representing to a patient that a manifestly incurable disease, condition or injury can be permanently cured.**

• M

**(6) Willful betrayal of confidential information.**

• G

**(7) Advertising professional superiority or the performance of professional services in a superior manner.**

• F

• A

**(8) Advertising to guarantee any professional service or to perform any operation painlessly.**

• D

• F

**(12) Conduct likely to deceive, defraud or harm the public.**

**(13) Making a false or misleading statement regarding the licensee's skill or the efficacy or value of the drug, treatment or remedy prescribed by the licensee or at the licensee's direction in the treatment of any disease or other condition of the body or mind.**

See

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KSB



# Unprofessional Conduct and Boundaries

- Use of social media for unprofessional behavior
- Sexual misconduct
- Inappropriate communication with patients online
- Prescribing
- Violations of patient confidentiality

See K.S.A. 65-2836; K.S.A. 65-2837; *Kansas State Bd. of Healing Arts v. Foote*, 200 Kan. 447, 436 P.2d 828 (1968).

***In the Matter of Katharine Roxanne Grawe, M.D.;***  
**Case No. 22-CRF-0220; State Medical Board of Ohio**

**July 12, 2023**

**"Dr. Roxy"**

- Deviation from standard of care; lack of ABS license; posted videos of surgeries on snapchat; livestreamed surgeries on TikTok and would interact with people posing questions on the livestream; prior caution letters from the Board regarding social media concerns (privacy, consent, etc.)
- "This case isn't about some antiquated view of social media ... These patients trusted Dr. Roxy because of what they saw on social media. She made major surgeries with potentially life-altering complications seem like one big party," an attorney representing the state's case against the doctor said while asking the board to revoke Grawe's license.



## *In the Matter of Clark, 314 Kan. 814 (2022)*

- Kansas Supreme Court stated - “When Respondent opened the door by releasing the photos to even one person on this social media website, those photos could be generally disseminated to the social media world and even finding their way to the Commission on Judicial Conduct.” 314 Kan. at 819.

***In the Matter of  
Alexandra Thran, M.D.;***  
**State of Rhode Island  
Dept. of Health Board  
of Medical Licensure  
and Discipline, No. C10-  
156 (2011)**

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Reprimand, CME,  
\$500 fee

- ER physician; resigned clinical privileges
- Facebook communication regarding a few of her clinical experiences
- Did not use patient names and had no intention to reveal any confidential patient information
- Because of the nature of the person's injury, it was identified by an unauthorized third party
- When brought to Dr. Thran's attention, she deleted her Facebook





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## ***Hasan v. West Virginia Board of Medicine, 242 W.Va. 283 (2019)***

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- Text messages with patient who he had a relationship with; discussion on authentication of social media text messages
- At least a one-year suspension (until lifted or modified by Board); public reprimand; evaluation; appearing before Board on an annual basis or any other time requested; costs and expenses of proceeding.

# Resources



Federation of State Medical Boards, *Social Media and Electronic Communications*, Report and Recommendations of the FSMB Ethics and Professionalism Committee (Adopted as policy April 2019).

[KSBHA Board Policy #23-01 Social Media Use for Healthcare Professionals](#), approved and effective Dec. 9, 2022.

AMA, Code of Ethics Opinion 2.3.2 Professionalism in the Use of Social Media, *available at* [www.ama-assn.org/delivering-care/ethics/professionalism-use-social-media](http://www.ama-assn.org/delivering-care/ethics/professionalism-use-social-media);  
AOA Social Media Guidelines, *available at* <https://osteopathic.org/about/leadership/social-media-guidelines/>

Practice Handbooks, *available at* [www.ksbha.org/statsandregs.shtml](http://www.ksbha.org/statsandregs.shtml)

C. Lee Ventola, *Social Media and Health Care Professionals: Benefits, Risks, and Best Practices*, 39 P & T 491 (2014), *available at* <https://ncbi.nlm.nih.gov/pmc/articles/PMC4103576>

# Contact Information



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