Challenges of online health information for surgeons

Patients regularly tell me that they have checked my credentials online — one of several ways adults seek information on the Internet about health, specific diseases, treatments, hospital outcomes and insurance providers. This and the next issue of the *Canadian Journal of Surgery* include articles discussing online health information,^{1,2} providing insight on the quantity, quality and readability of information that plays a role in patients' decision-making. The authors challenge surgeons to regard health websites as a potential way to form useful partnerships with patients. These data from Canadian¹ and UK² centres are complemented by recent data that reported that 80% of US adults who are online search for health information.³ In contrast with the assumption that only younger adults perform online searches, all age groups were well represented. Thus, patients with online access are increasingly likely to seek authoritative information on surgical care to discuss with their surgeons.

Online social networking promises to push the discussion even further. Social media websites, such as Facebook, Twitter and YouTube, have become mainstream 2-way communication tools. Social networking is growing rapidly among all age groups, with young adults in the lead. Social media websites are accessible and affordable, and information can be accessed in plain language. The power of social networks to effect change was recently observed when mass populations challenged political leaders to publicly sanction individuals who participated in the Stanley Cup riots in Vancouver, BC. Within the health domain, many hospitals have social networking accounts and microblogging sites to allow the public to communicate with health providers. Almost all medical schools have a social media presence, and strong linkages with social networks are found with online ratings of medical doctors and professors. The Canadian Institutes of Health Research (CIHR) has engaged young Canadians with health researchers through its Synapse — CIHR Youth Partnership. The Canadian Association of General Surgeons website hosts online professional networking with its WIKI Surgery.

Surgeons cannot ignore the massive wave of increasing online information and social media presence. Proponents for more physician engagement with social media argue that this is an opportunity to improve communication with patients and transcend partnerships that improve health outcomes. At the very least, surgeons can check their own online presence to determine if there is accurate representation of their skill sets. There are some potential pitfalls of social networking, including loss of patient confidentiality,

blurred boundaries between personal and professional networking, unprofessional conduct, unreliable information and time constraints that limit effective dialogue. The American Medical Association recently approved ethical guidelines to encourage use of social media by doctors⁴ that provide several helpful recommendations, including standards of privacy and confidentiality, use of appropriate privacy settings, self-monitoring of online presence for accuracy, maintenance of boundaries between personal and professional use of social media, self-regulation of standards for online etiquette and awareness of the impact of social media on public trust. A recent publication by the Massachusetts Medical Society identified a thoughtful summary of best practices for physicians who use social media professionally.⁵

Online health information is available to the public in many forms. Surgeons need to be aware of the opportunities being accessed by their patients through this medium. Guidelines for professional use of social media should be broadly disseminated, and continuing medical education programs should educate surgeons and their trainees on the opportunities to harness social media for improved public dialogue. Without this, surgeons may be marginalized by ignorance of the “twitter” of information that occurs outside their operating rooms.

Garth L. Warnock, MD

Coeditor, *Canadian Journal of Surgery*

Competing interests: None declared.

References

1. Downing MA, Omar AH, Sabri E, et al. Information on the Internet for asplenic patients: a systematic review. *Can J Surg* 2011;34:232-6.
2. Sajid MS, Shakir AJ, Baig MK. Information on the Internet about colorectal cancer: patient attitude and potential toward Web browsing. A prospective observational study. *Can J Surg* 2011. In press.
3. Fox S. *The social life of health information*. Washington (DC): Pew Research Centre Internet and American Life Project; 2011. Available: <http://pewinternet.org/Reports/2011/Social-Life-of-Health-Info.aspx> (accessed 2011 July 8).
4. American Medical Association. *AMA policy: professionalism in the use of social media*. Chicago (IL): The Association; 2010. Available: www.ama-assn.org/ama/pub/meeting/professionalism-social-media.shtml (accessed 2011 July 8).
5. Massachusetts Medical Society. *Social media guidelines for physicians*. Waltham (MA): The Society; 2011. Available: www.massmed.org/AM/Template.cfm?Section=Legal_and_Regulatory&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=55126 (accessed 2011 July 8).

DOI: 10.1503/cjs.020011