

ASHP Statement on Use of Social Media by Pharmacy Professionals

Position

The American Society of Health-System Pharmacists (ASHP) encourages pharmacy professionals working in hospitals and health systems who use social media to do so in a professional, responsible, and respectful manner. Such use may complement and enhance their relationships with patients, caregivers, other members of the health care team, and the public. To achieve that goal, pharmacy professionals should

- Thoroughly consider the purposes and potential outcomes of participation in social media and develop the strategies and skills required to effectively utilize social media to meet their goals.
- Exercise professional judgment and adhere to professional standards and legal requirements in both private and public social media communications, especially legal and ethical obligations to protect the privacy of personal health information.

Background

The term “social media” may be defined as online tools that allow interaction among individuals. Examples include professional networks such as ASHP Connect, career-building networks such as LinkedIn, and sites such as Facebook and Twitter that are primarily social but which may serve multiple purposes.¹⁻³ Informational sites regarding medical information that allow for commentary from users and medical professionals (e.g., PharmQD, The Pharmacist Society, Sermo) should also be considered collaborative social media.

Social media have transformed the way people communicate by reducing barriers to the exchange of information, increasing both the amount of communication and the number of people who can participate. Health care organizations (e.g., hospitals, health systems, professional societies, pharmaceutical companies, patient advocacy groups, pharmacy benefit companies) have chosen to use social media for both communication and marketing.

Like other health care professionals, pharmacy professionals have adapted to advancing technology and are using social media to communicate with patients, caregivers, other health care professionals, and the public. Pharmacy professionals (including pharmacy students as professionals in training) should continue to incorporate these new tools into the armamentarium of pharmacy practice and apply them with professional judgment to pursue the goal of helping people make the best use of medications. Social media provide pharmacy professionals with opportunities to educate patients and practitioners, seek advice from and provide advice to colleagues, optimize the medication use of individual patients and populations, promote the role of pharmacists in caring for patients, and engage in debate about issues in health care practice and policy, among other things.¹⁻⁵

Participation in Social Media

Hospitals or health systems that choose to use social media or permit practice-related social media use by staff should have in place policies and procedures that

- Balance the benefits social media provide with the obligations and liabilities they may create.
- Encourage the development and application of best practices by users of social media.

The details of such policies, procedures, and best practices are beyond the scope of this statement, which has as its purpose to briefly outline some of the considerations that should guide pharmacy professionals’ participation in social media.

Pharmacy professionals should carefully consider the purposes and potential outcomes of their participation in social media and develop the strategies and skills required to achieve their goals. They need to be aware of and employ best practices when using social media, because health care practitioners, including pharmacy professionals, are held to a higher standard of professionalism within and outside the workplace than members of the public.⁶ Pharmacy professionals who participate in social media should strive for a high degree of professionalism in their communications and ensure that patient privacy is not compromised.

Professionalism

ASHP has long advocated for the adoption of high professional aspirations for pharmacy practice. Pharmacists’ responsibilities as professionals include “advancing the well-being and dignity of their patients, acting with integrity and conscience, [and] collaborating respectfully with health care colleagues.”⁷ The following recommendations for the use of social media represent high professional aspirations, and pharmacy professionals are encouraged to exercise their professional judgment in incorporating them into their practices.

Advancing the Well-Being and Dignity of Patients. The following recommendations can help pharmacy professionals who choose to participate in social media advance the well-being and dignity of patients.

1. Medical advice offered through social media should be provided in accordance with the professional standards of pharmacy practice. For example, pharmacy professionals should provide medical advice only with a complete understanding of the patient’s medical conditions and only if they accept the associated liabilities, especially those regarding privacy and the requirements of pharmacy practice. Pharmacy professionals should be aware that providing medical advice may create a pharmacist–patient relationship, with all its attendant obligations and liabilities. All online relationships should conform to the ethical boundaries of an appropriate pharmacist–patient relationship.⁸

2. Pharmacy professionals should be cognizant of both the benefits and limitations of online communication. Social media may serve especially well as a point of initial contact or as a convenient way to maintain contact between patients and care providers, but professionals must recognize when a patient's health care needs would be better met through other means (e.g., phone consultation, office visit).
3. Pharmacy professionals should view social media as a means to not only provide timely and accurate drug information but also to rebut inaccurate, misleading, or outdated information. While the purpose of specific social media content may not always be apparent, pharmacy professionals need to be aware of and alert to the use of social media for marketing and sales purposes.
4. Complaining about or disparaging patients, even in general terms, does not advance the dignity of patients or the profession. Communications that contain patients' identifying information would violate privacy requirements, which are discussed in more detail below. Pharmacy professionals should keep in mind that simply avoiding the name of a patient may not be sufficient to avoid patient identification.

Acting with Integrity and Conscience. The following recommendations are intended to assist pharmacy professionals to act with integrity and conscience in their use of social media.

1. Pharmacy professionals should carefully distinguish between personal and professional information within social media and make conscientious decisions regarding who will have access to personal or professional information. Although some organizations recommend use of a strictly personal page and a separate, strictly practice-related page,⁹ professionals will quickly recognize the difficulty of making such distinctions. The higher standards of conduct expected of professionals, even in personal behavior, apply as well to their participation in social media.^{6,10}
2. Pharmacy professionals must be conscious that content posted to social media may have consequences on reputations or careers for years to come, reflect poorly upon the pharmacy profession, or undermine patient confidence in the care provided. Postings on social media should be subject to the same professional standards and ethical considerations as other personal or public interactions.
3. The apparent anonymity provided by social media does not release pharmacy professionals from their ethical obligation to disclose potential conflicts of interest, especially when representing themselves as professionals. Some circumstances may require personal identification or disclosure of potential competing interests.⁹
4. Although all pharmacists should use social media in ways that set positive examples for pharmacy students and residents, preceptors and mentors have a special responsibility to model appropriate practices.^{7,11}

Collaborating Respectfully with Health Care Colleagues. Although social media can and should be used to promote

healthy debate about health care and pharmacy practice, such debate should be conducted in a respectful manner. Reasoned debate sometimes requires constructive criticism, but pharmacy professionals should not use social media to make ad hominem comments or needlessly denigrate specific care providers, institutions, or professions.

Patient Privacy

Health care professionals have long confronted the challenge of "communicat[ing] freely with each other while maintaining patient confidentiality and privacy."¹² Social media, by their very nature, present new issues of privacy and confidentiality by extending the reach of communications. The following recommendations may help pharmacy professionals protect patient privacy and confidentiality as they navigate this new terrain.

1. Pharmacy professionals should continue to adhere to all laws, regulations, standards, and other mandates intended to protect patient privacy and confidentiality in all environments, including social media.⁸
2. Pharmacy professionals should exercise professional judgment and employ established best practices to ensure compliance with privacy requirements when communicating with patients or about specific patient cases on social media.^{9,13,14}
3. Pharmacy professionals should select privacy settings in social media accounts that provide the greatest degree of protection for personal information, keeping in mind that privacy settings are not perfect and that information posted online is likely permanent. Continuous self-monitoring of privacy settings is necessary, as social media sites change privacy policies.¹⁰

Conclusion

Social media are emerging as important modes of communication and are increasingly being used for personal, professional, and business communication, as well as for patient care. As medical professionals held to high standards of personal, professional, ethical, and moral conduct, pharmacy professionals have a responsibility to use social media appropriately.

References

1. Fox BI, Varadarajan R. Use of Twitter to encourage interaction in a multi-campus pharmacy management course. *Am J Pharm Educ.* 2011; 75(5):88.
2. Estus E. Using Facebook within a geriatric pharmacotherapy course. *Am J Pharm Educ.* 2010; 74(8):145.
3. Cain J, Fox BI. Web 2.0 and pharmacy education. *Am J Pharm Educ.* 2009; 73(7):120.
4. Clauson KA, Seamon MJ, Fox BI. Pharmacists' duty to warn in the age of social media. *Am J Health-Syst Pharm.* 2010; 67:1290–3.
5. Mattingly TJ, Cain J, Fink JL. Pharmacists on Facebook: online social networking and the profession. *J Am Pharm Assoc.* 2010; 50:424–7.

6. Williams J, Field C, James K. The effects of a social media policy on pharmacy students' Facebook security settings. *Am J Pharm Educ.* 2011; 75(9):177.
7. American Society of Health-System Pharmacists. ASHP statement on professionalism. *Am J Health-Syst Pharm.* 2008; 65:172–4.
8. University of California, San Diego. Guidelines and best practices for online social media use by student pharmacists. http://pharmacy.ucsd.edu/current/pdf/Social_Media_Guidelines.pdf (accessed 2012 Feb 1).
9. Ohio State Medical Association. Social networking and the medical practice: guidelines for physicians, office staff, and patients. www.osma.org/files/documents/tools-and-resources/running-a-practice/social-media-policy.pdf (accessed 2012 Feb 1).
10. American Medical Association. AMA policy: professionalism in the use of social media. www.ama-assn.org/ama/pub/meeting/professionalism-social-media.shtml (accessed 2012 Feb 1).
11. Kukreja P, Sheehan AH, Riggins J. Use of social media by pharmacy preceptors. *Am J Pharm Educ.* 2011; 75(9):176.
12. American Society of Health-System Pharmacists. ASHP statement on confidentiality of patient health care information. *Am J Health-Syst Pharm.* 2009; 66:411–2.
13. Dimov V. Case reports and HIPAA rules. <http://casesblog.blogspot.com/2005/07/case-reports-and-hipaa-rules.html> (accessed 2012 Feb 1).
14. Dimov V. How to write a medical blog and not get fired. <http://casesblog.blogspot.com/2008/02/how-to-write-medical-blog-and-not-get.html> (accessed 2012 Feb 1).

Developed through the ASHP Pharmacy Student Forum and the ASHP Section of Pharmacy Informatics and Technology and approved by the ASHP Board of Directors on April 13, 2012, and by the ASHP House of Delegates on June 10, 2012.

This statement was drafted by Ashley M. Overy, Pharm.D. The following individuals are also acknowledged for their contributions to this statement: Kevin A. Clauson, Pharm.D.; Brent I. Fox, Pharm.D., Ph.D.; Karl F. Gumpfer, BCNSP, BCPS, FASHP; Arpit Mehta, Pharm.D.; and David R. Witmer, Pharm.D. The drafters and contributors have declared no potential conflicts of interest.

ASHP gratefully acknowledges the following individuals and organizations for reviewing drafts of this statement (review does not imply endorsement): Academy of Managed Care Pharmacy (AMCP); Paul Barrett, Pharm.D., M.P.A., BCPS, FASHP; Mark Brueckl, M.B.A. (AMCP); Jeff Cain, Ed.D., M.S.; Michael S. Edwards, Pharm.D., M.B.A., BCOP, FASHP; Erin R. Fox, Pharm.D.; Becky Harvey, Pharm.D.; John Hertig, Pharm.D., M.S.; Justin Julius, Pharm.D.; Nishaminy Kasbekar, Pharm.D., FASHP; Linda McElhiney, Pharm.D., FASHP, FIACP; Sean Mirk, Pharm.D.; John F. Mitchell, Pharm.D., FASHP; David B. Moore, M.P.A., CPh.; Linda A. Nelson, Pharm.D.; Agatha Nolen, Ph.D.; James Ponto, M.S., FASHP; Curt W. Quap, M.S., FASHP; Marcus Ravnar, Pharm.D.; Jamie S. Sinclair, M.S., FASHP; Kelly M. Smith, Pharm.D., BCPS, FASHP, FCCP; and Jody Jacobson Wedret, B.S.Pharm., FASHP, FCSHP.

Copyright © 2012, American Society of Health-System Pharmacists, Inc. All rights reserved.

The bibliographic citation for this document is as follows: American Society of Health-System Pharmacists. ASHP statement on use of social media by pharmacy professionals. *Am J Health-Syst Pharm.* 2012; 69:2095–7.