



#PlasticSurgery #SocialMedia #MedicalEthics

#CirurgiaPlástica #MídiasSociais #ÉticaMédica

An event that occurred recently in a major hospital has raised several issues related to the problem of medical confidentiality and the new era, particularly in relation to the use of social media in medicine.

There is no doubt that as human relations in general have undergone profound changes with the emergence and spread of social media; likewise, the physician–patient relationship and even the relationships among colleagues, the so-called peer-to-peer relations, have also faced changes.

However, the way in which physicians will fit in the “Web 2.0” context should be very carefully and ethically deliberated.

The use of social media (Facebook, WhatsApp, and Twitter, among others) may exert an important role in several situations involving medical practice. It can, for example, be an important source of personal marketing and clarification.¹ Medical entities and the Regional Medical Councils (CRM), however, do not recommend its use as a tool for physician–patient communication, and much less for consultation; otherwise, the physician should address general, and not specific issues, related to the patient.²⁻⁵ These entities offer reminders that there is much potential for misinterpretations and even use of statements outside of their context by third parties.

Moreover, it is important to remember that the recommendations placed by regulatory bodies remain valid in the virtual world; that is, cordiality, respect, and ethics must be maintained. It is useful to remember that once a statement has been published, it becomes “memorialized” and will probably never leave the Web.⁵

Nevertheless, the use of media in closed or even institutional groups has great potential to benefit the medical community. The flow of information has long ceased to be restricted to congresses and university environments, becoming more fluid and widespread. This entails, for example, optimization of the time of professionals and the efficiency of patient treatment, for example, when a resident discusses an emergency with his assistant.^{2,5}

However, it must be remembered that respect for patient confidentiality is a sacred responsibility; therefore, especially in larger groups, the patient’s “de-identification” becomes a serious problem. In other countries, there is already a clear standardization on handling patient medical information and preventing its leakage (in the United States, through the HIPAA – Health Insurance Portability and Accountability Act), with recommendations for digital photographs, storage methods, and encryption of information with software that includes all safety recommendations.^{2,6} However, these regulations have not yet been fully implemented, and remains the focus of much debate.

The fact is that patients need to be aware that their photos, especially when they allow their identification, will be displayed even in closed discussion groups. Thereby, they must provide authorization and be aware of the terms of use of the social media platforms (e.g., whether or not encrypted information is provided, or whether the group is open or restricted to professionals of the specialty). Obviously, signing a specific document for this use is pertinent. Furthermore, whenever possible, physicians should seek to perform the patient’s de-identification in the most effective way possible, for example by not showing clothes, characteristic signs (tattoo and marks), and records bearing the patient’s name.

Social media is a tool with incredible potential, and denying its advancement and use in our daily lives is unthinkable. However, solutions and ways to maintain an ethical and safe medical practice are still under development (see the number of quoted terms or neologisms used in this text). Medical ethics, and respect for the confidentiality of the patient, however, must remain unchanged.

The worldwide trend in ensuring open access to scientific means of knowledge dissemination follows this same reasoning. As the open access policy allows any individual full access to the content of scientific

articles, it exposes patients to identifying their images. Even if the patient provided authorization for his or her images to appear in a scientific publication, complete control of the media is impossible and the risk of disclosure is inevitable. As open access is here to stay, it will be up to the editors of journals to create barriers to individuality and preserve the images, still incipient in the world medical literature, in the context of open access to information.

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