

Policy

Subject: Use of Social Media in Pathology Practice
Approval Date: June 2017, December 2020
Review Date: December 2024
Review By: Board of Professional Practice and Quality
Number: 1/2017

Introduction

The purpose of this Policy is to help Fellows and members understand their responsibilities and obligations when using and communicating on social media.

'Social media' describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips and includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook and LinkedIn, blogs (personal, professional and those published anonymously), True Local and microblogs such as Twitter, content-sharing websites such as YouTube and Instagram, and discussion forums and message boards.

The interest in using social media networking sites among Fellows and members is increasing and can be an effective way to interact not only with each other but also with clinicians in many fields, students, patients and even the general public. In addition, there is an increased use of Social Media for educational purposes with Pathology being an intrinsically visual speciality well suited to generating educational discussions on Social Media.

The ability to reach a wide audience via Social Media is large given that the vast majority of Australians own a smartphone, with an even higher penetration rate expected in coming years. Healthcare organisations are rapidly integrating the use of social media into their education, outreach and marketing strategies. Whilst the College supports Fellows and members in their interactions on social media, they must be aware of potential privacy issues. Even innocent-seeming posts, tweets, pins or shares can breach patient confidentiality if a specific patient can be identified by any details regardless of whether the usual identifiers such as name and date of birth are removed.

Guidelines

When using social media, the following guidelines are recommended:

- Fellows and members should be aware of their obligations under the College's [RCPA Guideline: Managing Privacy Information in Laboratories](#) and other relevant legislation such as Section 133 of the AHPRA National Law. Fellows and members with social networking accounts should carefully review content regularly to make sure that all material complies with their obligations under the relevant guidelines and laws.

- All material published on the web should be considered public and permanent. Nothing should be posted that would not be appropriate in a public forum, and all content should be respectful and professional.
- Fellows and members are responsible for content on their social networking pages even if they were not responsible for the initial publication of the information or testimonial. This is because a person responsible for a social networking account accepts responsibility for any comment published on it.
- Friending patients on social media, engaging with patient through their personal social media profile and answering their questions posted online are not advised.

The following table contains some recommendations to avoid common pitfalls associated with discussing cases on Social Media:

Types of potentially identifying information	Recommendations
Date	Avoid saying, "today I saw a case of rare entity X" or "yesterday I diagnosed entity Y." Never use dates. Be intentionally vague ("I recently saw an example of...").
Unusual or newsworthy circumstances	Avoid information disclosure that could allow direct association with a recent crime or accident, such as "I just received this gun-shot bowel and splenectomy from an unfortunate teen." Consider delay in posting cases that are highly unusual.
Identifying images	Avoid posting full facial images, unique tattoos, or other identifying features without explicit patient permission (ideally, a signed waiver).
Age	Exclude age for patients older than 89 or aggregate ages into a single category of "age 90 or older." Precise ages with children are also best avoided. Approximate ages are a good idea for all posts even though not legally required.
Geography	Avoid mention of small geographic subdivisions (anything smaller than a state as a general rule) where the patient might have originated.
Anatomic site/patient history	Modifying clinical history is suggested (but not required by HIPAA). Example: if we (the authors) tweet, "left leg mass from 20-year-old woman," there is a high likelihood that the actual patient's true sex, age, or anatomic site differs from the information presented in the tweet.

(Reprinted from Crane GM, Gardner JM. Pathology image-sharing on social media: recommendations for protecting privacy while motivating education. AMA Journal of Ethics 2016; 18: 817–25.)

With responsible use of social media, the minimal risk to patients is adequately mitigated, and thoughtful efforts have the potential not only to increase public understanding of

pathologists' roles in diagnosis and patient care but also to advance education amongst colleagues and other clinicians.

Other related Policy:

[The Medical Board of Australia: Social Media Guidance](#)

Bibliography

Crane GM, Gardner JM. Pathology image-sharing on social media: recommendations for protecting privacy while motivating education. *AMA Journal of Ethics* 2016; 18; 817–25.