Social Media and Interpersonal Relationships: For Better or Worse?

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ABSTRACT

Social media challenge—or have already redefined—conventional boundaries of public and private, personal and professional, friendship, and social relations generally. Here, I consider how these developments may affect professionalism, the physician-patient relationship, and our cultural experiences in a wholly different and unexpected way.

The CEJA policy statement, in this issue of JCE, and the commentaries that follow it, are a contribution to a robust discussion on the appropriate use, or misuse, of social media (and their evolution) by physicians: how to unwind, disentangle, filter, or moderate the personal and the professional, the public and private.

Taking the lead from an article in this section, the authors write, “the lay public, for better or worse, holds physicians to a higher standard of professional conduct.” Similarly, in a companion article, the authors write, “Realistically, however, physicians should exercise even more caution, given the standards to which society holds members of the profession.” These are interesting observations: I will use them as a foil to raise several questions.

What seems clear from these articles is that “social media” writ large (or tweeted) are social-cultural game changers. They are polymorphic: for some users they may be a seductive siren song, a minute-by-minute diary of all things “me”; for others, they are a convenient way to stay connected with friends and relatives, a long telephone conversation with video (and a pause option); and, for some, the platforms are utilitarian, ultra-convenient vehicles for the rapid dissemination and exchange of information or hard news, in many forms—they meet a need for grandmothers, who want to upload pictures of grandchildren and follow their daily activities, and for NOAA, to rapidly disseminate emergency warnings.

What is perhaps most striking is that social media platforms democratize information—its availability, but not necessarily its accuracy (although, as Wikipedia illustrates, there are mechanisms for social and information correction). Since almost anyone can have access to almost anything posted by anyone anywhere, parameters of suitability and propriety are also pushed. Accuracy, misinformation, or “TMI” is left to the reader’s discretion or indiscretion. Yet for patients willing to do the work, who know where to look, reliable and even state-of-the-art diagnostic and prognostic information and research is readily available. Patients may arrive
at a physician’s office more knowledgeable and informed than ever imagined, with questions and discussion points—but perhaps also prepared to challenge. The possibilities for physician-patient collaboration or joint decision making at ever higher levels are robust: equality and fraternity!

Taken together these features challenge—or have already redefined—conventional boundaries of public and private, personal and professional, friendship, and social relations generally. Social media are seductive and offer immediate gratification—we probably all know someone who sleeps with a BlackBerry or refers to it constantly: Is there a message for me? Is there something happening “there” that is more interesting than what’s happening “here”? And, because we can tell it now, as first reporters of our social experience, the medium encourages impulsivity and favors the unusual. What we post can be immediately evaluated by our “friends” or “followers” and even rated: “digg,” “thumbs up,” or “thumbs down.” Ironically, we can “connect” with everyone without having a relationship with anyone, bringing to mind Winnicott’s “false self.” And, unlike Ulysses, we are inexperienced and ill prepared.

Of particular concern is personal conduct that might be seen as transgressing or blurring professional boundaries or obligations to patients, such as confidentiality. But there is a similar professional concern with behaviors that might redound on the social perception of the physician, a tension that is evident throughout these collected articles, and described in one article as “for better or worse.” The phrase is telling: does it belie ambivalence, resignation, a personal struggle? That physicians enjoy a higher social status than many other professionals is historically true, but the reasons for this are complex. At first impression, a greater portion of the physician’s status likely accrues for natural reasons of life and death; physicians are professionals whose power is to restore a patient to health. But roles and role expectations change: the changing status of professional pilots attests to this (and safety has not changed). Might the democratization of medical information, the “friending” of physicians by patients and other non-physicians, and the self-selected participation of physicians on social networks all contribute to a change in social status? Is it possible that what society expects or desires from physicians qua physicians tilts more to the side of relationships than with any concern with “higher professional standards”? In solidarity with physicians who have shed the white lab coat, who may not be keeping up traditional appearances, it’s reasonable to wonder when and where and to what degree physicians might take down other barriers with patients, as in the use of social media, thus giving up some professional vestiges in the interest of creating an opening for better interpersonal relationships. Admittedly this could be a tricky affair, but it’s far from clear that such efforts would erode patients’ trust, unless taken to extreme, or clearly reckless. What the excerpts from these articles also bring into question is how “higher standards” become higher: what function or purpose do they serve or further? And, one might wonder in what proportion the imposition of a “higher standard” is really the consequence of the expectations of a “lay public,” or more so the work of professional organizations? Simply put: “Physicians don’t do that.” I am reminded of the reception that the pediatrician Patch Adams experienced from colleagues with his unconventional bedside manner. Arguably, these “standards” are professional and, by extension, social—and sometimes political and economic—constructs. Viewed professionally, questions of behavior and boundaries are best approached, and grounded, within the context or frame of the physician-patient relationship and the best interests of patients—including patients’ trust. But must higher standards of conduct imply patients’ holding their physicians to standards different than they would hold a trusted friend?

What do younger physicians make of this “for better or worse” standard? Perhaps, to make use of an admittedly older advertising slogan, “It’s not your father’s Oldsmobile.” The authors seem on track to go deeper with questions of changing social roles and image and the constraints of social personae (are social media liberationist?) in the furtherance of communi-
cation, education, and a shared reality with patients. Conversely, although roles and behaviors and expectations may change, there are clearly reasonable and defensible boundary limitations, professional and social, that reflect or lead the culture.¹⁰

The perpetuation of the image of physicians as above or aside from human frailty or frivolity might be a role that physicians and medical societies encouraged, not entirely for self-regarding reasons, but with benefits and burdens: for example, this image may engender trust, or portray power and efficacy both in diagnosis and prognosis: the physician as wise parent or caretaker. But then, perhaps younger physicians are part of a sea-change in interpersonal relations and how we live.¹¹ Others may be unnerved in learning that their new nextdoor neighbor is a physician: “But she’s just like the other neighbors!”—“for better or worse.”

NOTES

1. R. Shore et al., “Report of the AMA Council on Ethical and Judicial Affairs: Professionalism in the Use of Social Media,” in this issue of JCE.


3. Farnan and Arora, see note 2 above.

4. Thompson and Black, see note 2 above.


6. Thompson and Black, see note 2 above.

7. Admittedly, the example of pilots is one off: the comparison is limited. But the point speaks to perception. It is unclear that the behavior of pilots has changed, although the circumstances of flying and the experience have changed, changing the social prestige of being a pilot and flying. Regarding safety, the Global Airline Industry Program (MIT) reports, “despite worries at the time of deregulation that competitive cost pressures might lead to reduced maintenance standards, there is no statistical evidence that airline safety deteriorated.” 2007, http://web.mit.edu/airlines/analysis/analysis_airline_industry.html, accessed 14 June 2011.

8. In a recent survey, 32,000 Europeans from 16 countries were asked about trust in their community: “institutions, professions, friends and family.” “In every country people agree that either fire-fighters (92%) or airline pilots (88%) are the professions they trust the most. The medical professions (doctors, nurses, and pharmacists) also rank highly, achieving over 80% vote of confidence.” Interestingly, firefighters led the list in trust, followed by airline pilots and later physicians, but we would want to know more about the respondents’ understanding and application of “trust” in each instance.

And the attribution of trust is all the more interesting in that I would suspect that most travelers have not had a personal relationship with their pilot, much less a firefighter, but have had a relationship with their physician. As for trust in pilots, can we assume that having arrived at their destination safely increases trust (assuming that the 32,000 respondents were frequent flyers)? Or, because firefighters may put their lives at greater risk—or offer to do so if called upon—in the performance of duty, they are perceived as heroic, and most trusted, even as most of us have never had occasion to know a firefighter? All of this raises more questions than can be unpacked and addressed here. “Reader’s Digest Publish Results of 10th Annual Trusted Brands Survey: Across Europe We Put Our Lives in Those We Trust,” http://www.redeurope.health.com/trusted-brands/releases/professions.pdf, accessed 14 June 2011.

9. Thompson and Black have made such a effort to establish guidelines for the use of social media by students, see note 2 above.