



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

Social Media Policy

1. Definition

Social media is defined as web-based services that promote social interaction, publication of commentary and advertising. Prominent examples include Facebook, Instagram, LinkedIn, blogs (personal or professional), Word of Mouth Online, Twitter, Snapchat, YouTube, and RealSelf.

2. Responsibility

All responsibility with social media commentary resides solely with the medical practitioner and includes responsibility to monitor and remove any posts associated with the medical practitioner that breach guidelines. This applies even if you have delegated the task to another person. If referencing other social media which breach guidelines, the referring site is also in breach.

3. Advertising, confidentiality and privacy.

In using social media, it is necessary to comply with national and state laws as well as guidelines set by AHPRA and advertising regulated health services and the ACCS Code of Practice and your own medical defence organisation.

MBA Social Media Policy - <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Social-media-policy.aspx>

AHPRA Guidelines for Advertising Regulated Health Services - <https://www.ahpra.gov.au/Publications/Advertising-resources/Legislation-guidelines/Advertising-guidelines.aspx>

ACCS Code of Practice - <https://www.accs.org.au/images/uploads/images/ACCS-code-of-practice.pdf>



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

With respect to advertising

- Adhering to regulations with respect to S4 medications and not using branded names
- Not using testimonials
- Avoidance of promotional techniques such as discounting, including vouchers or coupons
- Not representing an unrealistic outcome
- No communication with the public to be false, fraudulent or misleading.
- Adhering to certain photography / videography guidelines - see below

With respect to confidentiality and privacy

- Patient confidentiality and privacy are of upmost importance and must be protected
- Consent for use of patient photographs is essential
- Understand the different privacy settings and defaults of each social media platform

4. Unsubstantiated claims

It is most important that all claims be realistic and professional. Comparisons of one's ability with others and claims that the practitioner is the best in that area of work or gets the best results are unprofessional and unsubstantiated. Superlatives should not be used in any advertising unless they can be readily proven to be correct and as such are not misleading. For example, to claim that a particular breast implant has the "least" risk of a specific complication would be acceptable if true and supported by the peer reviewed literature. Such information is of value to consumers. To claim a practitioner is the "best" in any way is not permissible as it is a value judgement, not readily proven, which could mislead consumers.

Because doctors have an ethical obligation to share medical advances, it is unlikely that a doctor will have a truly exclusive or unique skill or remedy. Claims that imply such a skill or remedy can be deceptive.



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

5. Representing Views

All statements should be professional, accurate, honest and respectful to College members and Fellows, colleagues and patients.

- (i) Private Views - When using social media, it is most important to stress that the individual is sharing their own private and personal views and not representing the College. A disclaimer to the effect of 'the views expressed in this blog/website etc are my own and do not reflect the views of the ACCS'.

Ethical concerns regarding social media:

Social media can create a false sense of familiarity for prospective patients, who may build their trust in a practitioner's "brand" based on cues usually reserved for a patient / doctor relationship. False intimacy can occur in social media. Patients may look to signals of competency such as providing testimonials, associating one's work with a celebrity, promoting "exclusive" practices, using scientific language or images to communicate the precision or effectiveness of a procedure, curating a sizeable online following, or demonstrating a particular charm in online postings.

Stylistic and aesthetic factors extraneous to medical practice eg. How well-made the social media account appears or how familiar the platform is to the user, can contribute to trust, thus serving as potential factors in retrospective feelings of betrayal. This trust, combined with signals about the scientific rigour of "innovative" treatments and access to videos or other materials that show portions of a procedure of before-and-after pictures, might lead prospective patients to undertake a procedure with inflated expectations, setting up both patients and practitioner for the difficult task of managing disappointment.

- (ii) College Views - If identifying an affiliation with the ACCS it is important to disclose the personal connection with the ACCS. Your view should be consistent with the ACCS Code of Practice and represent our high standards of professional conduct.



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

6. Photography / videography

Before and after photographs may be used to display the results of treatment and or complications. However, any before and after photographs should be represented with similar pose, presentation, lighting and exposure and should be typical results likely to be reproducible. Any identifying marks should be removed before publication. Photographs may not be altered and should represent the advertising doctor or clinic patients. Photographs or images should demonstrate real people with real outcomes so prospective patients can understand variability and reality of achievable results.

Publication of photographs cannot be done without patient consent. Beyond facilitating fully informed consent, the real challenge lies in clarifying what defines a post as unprofessional, which goes beyond the consideration of what is legal. Attempting to judge ethicality of videos / photographs (even with consenting patients) is subjective. The patient may be relatively nude, sometimes with strategically placed emojis covering nipples or genitalia. As such, these graphic videos / photographs can serve as unintended entertainment and may be considered unethical. Whilst videos / photographs may be posted in a legally compliant fashion by obtaining written consent beforehand, the nature of the post may still fail to reflect well on the profession and the practitioner and fail to honour the patient / doctor relationship above all else. This is an ethical dilemma and there must be commitment to professional content.

Even a well-intentioned surgeon posting photos of breasts and genitalia on social media must consider that the interpretation of such photos is largely contingent on context. Images of an infant breastfeeding and images of breasts in an art gallery, on a surgeon's Snapchat account, in a plastic surgery journal, or on a pornography website are all imbued with different meaning—nourishment, art, advertising, object of knowledge, and object of desire, respectively. Society often sexualises the body depending on context, and social media is certainly one of those contexts whereas a journal article is not. Clinicians must necessarily adapt content for media wherein sexualisation is more likely to occur due to either the audience's interpretation or social norms that permit such sexualisation. Photographs or videos of breasts and genitalia should only be posted if they conform to well-known clinical standards and if consent has been obtained with full disclosure of all the aforementioned risks.

When filming a surgical / procedural video, the practitioner should put the patient's safety and welfare first and foremost.



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

There are certainly benefits of social media. A practitioner may be able to honestly and openly answer questions, sharing success stories with patient permission, and thus can be a powerful way of transparently demonstrating how a practice does medicine and what reasonable expectations might be associated with particular treatments. It can serve to alleviate fears of certain procedures and therefore objectively educate followers rather than generate business.

But some posted videos or photographs of surgeons have raised ethical concerns, because, for example, they feature surgeons dancing and singing in operating theatre, telling jokes to a camera instead of focusing on the patient or cradling removed body parts, as a form of entertainment. “Franchising” one’s own persona online raises ethical issues.

Patients who decide they no longer want their images used for education or marketing purposes may find it difficult to remove undesired images from the internet completely. Images may be shared between different social media platforms and therefore may be ultimately controlled by a third party.

7. Conclusion

Social media is a problematic new ecosystem that can foster deceptive professional behaviour. It exists outside the internally protected confines of peer-reviewed literature. Emerging generations of patients are likely to continue seeking out social media platforms for health information and a sense of deeper connection to their clinicians. Adherence to social media policy is essential.

Issued - February 2019



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

References;

<https://journalofethics.ama-assn.org/article/when-posting-about-patients-social-media-unethical-medutainment/2018-04>

<https://journalofethics.ama-assn.org/article/when-advertising-plastic-surgeons-individual-brand-unethical/2018-04>

<https://journalofethics.ama-assn.org/article/can-plastic-surgeons-maintain-professionalism-within-social-media/2018-04>

American Society of Plastic Surgeons. Code of Ethics.

<https://www.plasticsurgery.org/documents/Governance/asps-code-of-ethics.pdf>.

Updated September 25, 2017. Accessed November 5, 2017

Dorfman RG, Vaca EE, Fine NA, Schierle CF. The ethics of sharing plastic surgery videos on social media: systematic literature review, ethical analysis, and proposed guidelines. *Plast Reconstr Surg*.2017;140(4):825-836.

Kepler N. Out-of-control plastic surgeons' Snapchat hijinks are putting patients at risk. *Vitals*. October 4, 2017. <https://vitals.lifehacker.com/out-of-control-plastic-surgeons-snapchat-hijinks-are-pu-1819113914>. Accessed January 6, 2018

Leonardo J. Growing presence of social media in the O.R. raises ethics, safety concerns. Plastic Surgery Education Network. <http://www.psenetwork.org/news-detail/growing-presence-of-social-media-in-o-r-raises-eth>. Published September 2016. Accessed February 22, 2018.

Simonds W. How to delete things from the internet: a guide to doing the impossible. Abine. <https://www.abine.com/blog/2017/how-to-delete-things-from-the-internet/>. Published July 11, 2017. Accessed January 6, 2018.

Gorney M. Ten years' experience in aesthetic surgery malpractice claims. *Aesthet Surg J*.2001;21(6):569-571.

Lober WB, Flowers JL. Consumer empowerment in health care amid the internet and social media. *Semin Oncol Nurs*. 2011;27(3):169-182.
<https://www.ama-assn.org/delivering-care/ethics/advertising-publicity>