

EDITOR'S MESSAGE

The “influence” of social media on medical professionalism

There is no doubt that the pervasion of social media into nearly every aspect of our lives is rapidly changing the way individuals, communities, organizations, and businesses communicate with one another. Until recently, organizations and businesses had limited means to identify possible target audiences to market to. However, the rise of “social media influencers”, and the associated monetization of social status, has vastly changed how products are marketed to certain populations. Companies interested in marketing a product or service to a certain population (e.g. university students, or more specifically, medical students) can pay “influencers”, or popular members of that community, for product placement in social media posts.

In the case of medicine, many of the influencers are medical students, residents, or staff doctors, who accept payment from third parties and promote products and ideas to their audiences¹. This practice begets an ethical slippery slope where medical professionalism may be at jeopardy: what exactly, then, are the ethical responsibilities of the medical influencer? Furthermore, wherein social media may promote the idealization of certain aspects of our lives – what role do these influencers have in how our profession is perceived by the public? How should physicians maintain their ethical standards whilst being in a privileged societal position? All of these questions lie in the fact that the privileged position of physicians is a result of a “bargain” between medicine and society, and the basis of this bargain is professionalism². In this brief editorial, I will address some of these questions using established Canadian ethical and professional guidelines as a framework.

A glance at the recent Instagram posts of some of the medical “lifestyle” influencers shows the extent of the romanticization of the medical profession. For example, one popular influencer, a 3rd year medical student with over 50,000 followers on Instagram (who we will call Ms. B), regularly posts about her “#medstudentlife”, showcasing a seemingly upscale lifestyle filled with luxuriously expensive goods and fancy vacations. Concurrently, many of these posts are actually paid sponsorships from those same luxury companies, or from other large companies capable of paying hefty sums for the marketing space (e.g. PayPal, a company with a market cap of over \$60 billion USD, or Amazon, one of the largest companies to date). Similarly, another influencer, a PGY1 resident with over 20,000 followers on Instagram (who we will call Ms. O), has advertising placements for somewhat random everyday products, such as watches, headphones,

and notebook brands. These are often accompanied by inspiring personal stories, or stories relating the product to medical school – a tactic increasingly used by social media influencers to display personability and engagement with their audience. Indeed, browsing through the “recommended” pages on Instagram as a medical student reveals countless other medical influencers, all promoting some product, service, medical treatment, or idea.

In the Western world, physicians’ salaries are often a major point of discussion^{3,4}. Glamorizing the lifestyle of medical professionals, as in the first case of Ms. B, only serves to further perpetuate the misconception that physicians are amongst the societal elite, in the ranks as local celebrities; that money and power are intrinsic aspects of the profession. This is despite evidence showing most medical students do not pave their medical career with income or prestige as key determinants⁵. Furthermore, when university students (who already consume social media at an increased rate⁶) browse influencers profiles’ and see glamorized lifestyles, this creates a scenario where income is prioritized over other aspects of the profession. Indeed, while income is an important factor to consider, the decision to pursue medicine should be a holistic one. Most importantly, painting a dishonest portrait of the medical profession to the public is in direct contradiction of the College of Physicians and Surgeons of Nova Scotia Professional Standards, which states that “...all communication by physicians with the public must not be misleading or deceptive,” and “...all communication...upholds the reputation of the medical profession”⁷. Simply put, it is a disservice to the reputation of medicine that all physicians have a duty to uphold.

An even more worrisome aspect of medical students, residents, and staff as influencers is the monetization of social standing, as in the case of Ms. O above. It should go without saying – accepting payment as an individual in one of these roles in exchange for advertisement of products to the public is in direct contradiction with current ethical standards and is a breach of fiduciary duties. For example, the Canadian Medical Association Code of Ethics, statement 24, states to “avoid using your role as a physician to promote services or products to...[the] public for commercial gain”⁸. This sentiment is echoed throughout the guidelines of multiple different regulatory bodies and organizations. Some have even drawn the similarities between medical students acting as influencers to collect side income, and physicians who promote

products to their patients outside of therapeutic use for financial gain; some of these physicians (a notable example being Dr. Oz) have faced disciplinary action from their respective licensing board.

The difference, however, is that the guidelines for physicians are straightforward, well-established, and enforced by regulatory boards; while those for medical students seem to exist in a gray zone, where it is not clear who takes responsibility for medical student misconduct on social media. This poses a challenge: if the medical school were to take responsibility for medical students' misconduct online, it would imply their access to students' social media profiles. This sacrifices the privacy of all students for the regulation of a proportionally minor population of influencers – it is not a solution.

In order for physicians to have their privileged position in society, we offer our utmost professionalism to patients – which, generally, means following a Code of Ethics that physicians collectively agree to uphold. For this reason, physicians are also afforded the privilege of self-regulation. Thus, where medical student influencers enter a gray zone of regulation, a logical solution is that as learners in the process of developing professionalism, medical students are included in the process of self-regulation. This means two things: first, promoting individual professional development early on in medical school through direct workshops on proper social media conduct, citing examples (such as those above) and outlining how ethical conduct was breached. Second, medical schools should adopt, or adapt, their own guidelines on proper

social media use, including specific guidelines on conduct pertaining to the rules of the influencer (e.g. not using the “MD” label as leverage for personal gain). Students should be reminded that professionalism is the basis of our fiduciary duty to patients. To breach that duty through dishonest portrayal of the profession, or by abusing our perceived privileged position by the public to accept personal payments, is a disservice to medicine as a whole.

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