Advantages and Challenges of Social Media in Pediatrics

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Our patients and their parents are likely communicating, networking, and sharing information about themselves and about their health using social media. Many are friending, chatting, liking, blogging, mashing up, posting, podcasting, updating status, tweeting, and texting faster than you can learn what this all means and care for their health and well-being. See Sidebar 1 (page 431) for brief definitions of these terms, particularly if you find not just a generational gap but a technological one between the tools you are familiar with and those likely put to use by many of your patients.

The Pew Internet and American Life report on Social Media & Mobile Internet Use Among Teens and Young Adults reported in 2010 that 73% of online American teens use social networking sites, an increase from 2006 (55%) and 2008 (65%).1 In addition, almost one-third of online teens (31%) get health, dieting, or physical fitness information from the Internet and 17% of online teens report that they use the Internet to gather information about drug use and sexual health.1,3 Topics that they might consider difficult to discuss with their caregivers. Additionally, with the advent of wireless connectivity, the cellphone has been transformed into a media content delivery platform.2 During the past 5 years, the proportion of 8- to 18-year-olds who own a cellphone has grown from 39% to 66%. It is imperative that pediatricians are well-versed in social media and can offer their patients guidance on situations they will encounter there. This article describes how pediatricians can use social media to enhance their practices, and advocate for children's health. In addition, we will discuss ways to help keep your patients safe when they use social media. Lastly, we will discuss social media’s inherent challenges and how you can avoid the pitfalls, helping your patients do the same, including how to portray your “professional self” online.

POSITIVE USES OF SOCIAL MEDIA

In 2009, the Pew Internet & American Life project reported that 61% of American adults look online for health information.3 Just more than half...
(52%) of all online queries are on behalf of someone else, i.e., are parents of pediatric patients. Sixty percent of e-patients (those that go online for health info) access user-generated health content, such as online commentary or blog entries. They have accessed online rankings and reviews of hospitals or doctors, signed up to receive health updates, or listened to a health/medical podcast. These online health inquiries have significant impact on the health of these adults, or on the health of someone for whom they care.

There is a lot of misinformation on the Web, but not all online health-related information patients and their parents bring you is useless. For example, social media sites have been fertile ground for creating online conversations between doctors and patients with regard to immunization. One example of the use of social marketing campaigns was for smoking cessation in Washington state in 2000, or more recently to increase immunization rates. In another study about antibiotics information found on Twitter, the author wrote that this microblogging social network and other similar applications may provide a venue to identify potential misuse of misunderstanding of antibiotics, to promote positive behavior change, and to disseminate valid information.

In addition to creating and disseminating constructive tweets, clinicians can also encourage followers of their own material. If your practice has a blog, your patients and their families can sign up to receive notification about notable preventive and public health measures such as when your influenza vaccine shipment has arrived. Taking care to remain professional at all times if you are a physician using Twitter, consider taking an opportunity to tweet evidence-based valuable information that your patients can use.

Pediatricians can also take this a step further, toward advocacy. Public concerns about childhood immunizations have been fueled by flawed and/or biased information online and by celebrity opponents to vaccination who typically argue their case often using social media, often without scientific support.

To counter these efforts, organizations such as the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) have used social media to provide evidence-based culturally sensitive information promoting greater acceptance of universal vaccination.

**SOCIAL MEDIA FOR ADVOCACY**

In a study of more than 500 Facebook groups dedicated to the exchange of information related to cancer, the authors suggested that there are as yet untapped opportunities to decrease the burden of cancer through social networking tools that should not be ignored, such as exchanging information, providing support, and lobbying and fundraising efforts. For example, patients/parents of patients may blog about their own medical conditions, enlisting the support of their blogs’ readers. In one blog post, titled “Fight Cancer with Social Media,” a blogger wrote about how social media transformed her nephew’s battle with leukemia, and ended with a call to raise money for cancer research. The “Check a Box, Save a Life” campaign held in 2009 promoted the World Health Organization’s surgical safety checklist through a webcast, with outreach for the event conducted mainly through social media applications. Although in cases such as these, care must be taken to ensure the reliability of the information, this was an independent, self-organized, decentralized effort, and an example of student social organizing for patient safety.

**THE RISKS OF USE AND OVERUSE**

While parents and pediatricians should caution children and adolescents about the content they read, text, or post and with whom they interact, emerging research suggests that how often they are online is of concern as well. Teens sending more than 120 text messages per day or spend-
Including teaching children how to limit having four or more sexual partners.12 Impulsive behaviors such as binge drinking or cyberbullying.17 Other patient education suggestions include teaching children how to limit the information they share or post. Discuss that everything posted on the Internet, including pictures, can be accessed by anyone, anywhere, and that the information does not go away, even when deleted. This means patients are leaving digital footprints that remain for anyone to search for and see, potentially allowing both “friends” and predators to learn more about them than they might have intended.13,14

Some of this content can pose a physical threat to the patient. In a New York Times blog post titled “Stupid Teenage Tricks for a Virtual Audience,” the author asked if the Internet is making teenagers do more “stupid” things than in previous generations.15 There is a virtual peer pressure to attempt and then post videos of the silly — but also the dangerous — stunts teens see on YouTube and Facebook. While more studies are needed about this topic, typing in keywords such as “fire tricks” or “choking games” into Internet search engines, returns footage of myriad unsafe stunts. Increasing the awareness of parents and pediatricians about the posting, sharing, and viewing of these videos, in addition to addressing the motivation behind these underlying behaviors, can help prevention and intervention plans for patients.

Traditionally, pediatricians have had a role in discussing, identifying, treating, and preventing bullying; now they have a new task as those behaviors develop on the Internet through cyberbullying, which involves a power imbalance between a perpetrator and a victim.16 As a pediatrician, you can discourage teens from gossiping, spreading rumors, bullying, or damaging others’ reputations using texts or other social media tools. You might also get involved in your local school system to educate parents, teachers, and students about the ill-effects of cyberbullying.17 Sexting is a form of texting inappropriate messages, which may or may not include pictures of children/teens in which they are either naked or engaged in sex acts. Teens who pay for all the costs of their cellphone usage are more likely to send sexts than those who do not; having “unlimited” texting plans increases the likelihood of a teen receiving texts.16

Social media is also often used by patients to share information that detracts from health, such as the “thin-spiration” or pro-anorexia and pro-bulimia websites and blogs. In one study, researchers rated these sites’ perceived level of harm and found them “alarmingly easy to access and understand,” using graphic material to motivate site users to continue their eating-disordered efforts.18

TOOLS TO PROMOTE SAFETY

In 2005, the AAP Committee on Communications issued “Keeping Kids Safe in Cyberspace,”19 safety guidelines for children’s online interactions. These included an emphasis on identity protection; not to share personal information; not to get together with someone they “met” online; not to respond online if uncomfortable; not to send any messages that they would not want to communicate in person; and to talk to a parent or trusted adult if uncomfortable with or frightened by anything online.19 Pediatricians can emphasize these guidelines when discussing patients’ “screen time” (see Sidebar 2, page 433). The AAP also offers resources on their Internet Safety Site.20 CyberSafe: Protecting and Empowering Kids in the Digital World of Texting, Gaming and Social Media, a book by Gwen Schurgin O’Keeffe, helps parents to support, protect, and keep their children safe online.21 Growing Up Online is a PBS series depicting teens as being immersed in a virtual world about which their par-

SIDEBAR 1.

Social Media Terminology and Definitions

- **Social media:** Online technologies designed for social interaction, includes social networking sites where content is shared in an online community (eg, Facebook, Twitter, etc).
- **Web 2.0:** The interactive Internet with user-generated content.
- **Blogging:** From “web log,” online journaling. Posts usually appear in reverse chronological order. Readers can post comments. Can contain video, photos, links.
- **Microblogging:** A type of blogging where posts or updates are very brief, posts might have a character limit (eg, each Twitter update is limited to 140 characters).
- **Mashup:** Online content that uses and combines data or functionality from several sources to create something new.
- **Podcasting:** A series of audio or video files that is released as episodes and usually available online.
- **Friending:** Process of allowing another person access to online identity and information on Facebook or other social media site; once “friends,” personal online content is shared.
- **Chatting:** Can refer to any kind of communication over the Internet, but most often refers to instant messaging.
- **Texting:** Messaging in which brief notes are exchanged between phones over cellular networks, originally limited to text, but now can include images, video, audio.
- ** Sexting:** A type of texting in which sexually explicit messages or images are sent between phones.

Source: Kind T, Greysen R, Chretien K.
PHYSICIANS AND THE USE OF SOCIAL MEDIA

Social media applications present opportunities for members of scientific communities to engage in an open discussion with patients. There is an egalitarian aspect to the communication in that it is no longer the traditional one-way transmission of information but rather a conversation, through technology. As with any other new technology, however, there are professional risks inherent in the use of social media. Obviously, any breach of patient privacy is unacceptable. Users of social media might be uninhibited in the moment and not fully consider the full scope of who and what they are representing (just themselves, their practice or hospital, all pediatricians, all physicians, etc). Pediatricians, like the teens they serve, might not recognize the potential audience for the information shared online, nor recognize the impact and permanency of their digital footprints. In this way, social media can act as a mirror, reflecting the best and the worst aspects of what is displayed, sometimes magnified and sometimes distorted.

It can be challenging to avoid blurring personal and professional boundaries. Most pediatricians will, at some point, be faced with a social networking friend request from a patient or parent. Issues arise because friendships with patients have not been a customary part of the patient-doctor relationship, and online friendships with patients might not prioritize the therapeutic interests of the patients and could lead to oversharing by either party.

As a pediatric professional, you might have concerns about oversharing, from your vacation photos to your feelings about your colleagues and those you train to your exact whereabouts at all times. For example, some social media applications have built in location and time detectors, employing “geosocial” or “geolocation” networking techniques reporting to all your exact latitude and longitude. In addition, these social media applications create the perception of availability at all times. It also might be challenging to communicate effectively in that the richness of face-to-face discussion is lost.

In 2010, the American Medical Association issued a policy statement on professionalism in the use of social media, as have several medical schools. In addition to the questions found in Sidebar 3, these tools can also serve as a starting point to help pediatricians navigate the way. Consider using staff meetings to discuss the implications of social media use.

**SIDEBAR 2. Opportunities to Discuss Social Media Use with Patients**

When taking a history of a patient’s use of social media, consider incorporating this information:

- **Activities**: Ask about online use, texting, chatting.
- **Friends**: How much time do they spend with their “Facebook” friends?
- **Bullying**: Advise on aspects of cyberbullying, addressing the role of being both the victim and consequences of being the aggressor.
- **Relationships with parents**: Would they show their parents their text logs?
- **Safety**: Do they feel safe online? Have they ever received messages or images that made them uncomfortable?
- **Sexual health**: Warn about sexting and the long-term aspects of a digital footprint.
- **Resources**: Where do they get online information about their health? Offer patients options of visiting reputable sites where they can obtain reliable information.

Source: Kind T, Greysen R, Chretien K.

**SIDEBAR 3. Self-Reflective Questions for Physicians Who Use Social Media**

- What content, including photos, do you want to make publicly available? How much about yourself do you want to share?
- Have you checked your privacy settings?
- Have you upheld the standards of patient confidentiality?
- Will you make social media (e.g., Facebook) friend requests to your patients? Their parents? Your students/trainees? Co-workers? How will you respond to “friend requests” by each of these parties?
- Have you portrayed yourself professionally? Are you serving as a role model?
- Can you separate your personal and professional lives?
- To what extent are you anonymous online?
- How available do you want to be?
- What would you do if you came across an unprofessional post by a colleague?
- Have you read your institution or practice’s guidelines on social media use? Or, do you need to develop a policy for your practice?

Source: Kind T, Greysen R, Chretien K.
CONCLUSION
Ultimately, pediatricians should know how their patients and their families use social media. As pediatricians become more familiar with various social networking applications, they may experiment cautiously and professionally with them to advance pediatrics, even if it is just to ensure that accurate health information is available to their patients.

REFERENCES