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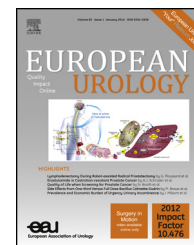
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European Association of Urology

## Platinum Priority – Brief Correspondence

Editorial by Matthew S. Katz on pp. 633–634 of this issue

# European Association of Urology (@Uroweb) Recommendations on the Appropriate Use of Social Media

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## Abstract

Social media use is becoming common in medical practice. Although primarily used in this context to connect physicians, social media allows users share information, to create an online profile, to learn and keep knowledge up to date, to facilitate virtual attendance at medical conferences, and to measure impact within a field. However, shared content should be considered permanent and beyond the control of its author, and typical boundaries, such as the patient–physician interaction, become blurred, putting both parties at risk. The European Association of Urology brought together a committee of stakeholders to create guidance on the good practice and standards of use of social media. These encompass guidance about defining an online profile; managing accounts; protecting the reputations of yourself and your organization; protecting patient confidentiality; and creating honest, responsible content that reflects your standing as a physician and your membership within this profession.

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Online social networking is a global phenomenon altering the way in which people interact. The majority of social media (SoMe) users are adults, and they use these media for both personal and professional communication. Consequently,

SoMe is becoming an increasingly important issue in medicine [1]. Patients, doctors, and other health care professionals utilize the Internet to gather and disseminate information via search engines, discussion forums, digital

libraries, and dedicated medical Web sites. With the introduction of Web 2.0, many of these now use online media such as Twitter, Facebook, and YouTube to source and share this information and as a mode of communication. This is particularly true within the field of urology, where blogs, journal clubs—such as the International Urology Journal Club on Twitter (#urojc)—and heavy use of Twitter at national meetings all point to the rapid adoption of SoMe [2–4].

## 1. Landscape of social media

SoMe describes Web-based applications that allow people to create and exchange content. It generally involves media designed to disseminate content through social interaction with easy-to-use publishing platforms. SoMe can help urologists to access, contextualize, and engage with academic medical content. SoMe includes various types of platforms, such as networking sites, forums and blogging sites, wikis (platforms that allows users to create and edit content), and social bookmarking.

Physicians use these key social networks [5]:

- Twitter (400 million tweets are posted each day), a microblogging site, is used for rapid communication of ideas and opinions. Since Twitter started, hundreds of millions of tweets have included the word “health” [6,7].
- Facebook (1.1 billion active monthly users) is used to interact with friends and acquaintances as well as to raise awareness of and support for health care–related and other causes.
- LinkedIn (240 million LinkedIn members) is used to find and contact health care professionals.
- Doximity (300,000 validated physician users) is a networking platform that allows US Health Insurance Portability and Accountability Act–compliant physician-to-physician messaging.

## 2. Benefits of social media in urology

Urologic SoMe communication has grown substantially in recent years. It can function as a way to keep up to date with urologic literature and news, follow live coverage of academic meetings, participate in a volley of ideas, and network with colleagues from around the globe [3]. For patients and relatives, SoMe has been used for patient- and advocate-centered activities such as virtual support groups, public health drives, and even disaster-relief efforts [8]. These new opportunities for patient information should be supported by the urologic community and the effects monitored by scientific evaluation.

Typical medical uses of SoMe are discussed below.

### 2.1. Sharing information, interaction, networking, and collaboration

SoMe networking sites aim to connect users. Urologists use these media to connect with other professionals, both locally and globally. Connection allows rapid sharing of

information, from colleagues, authors, or directly from sources—many journals release first details of manuscripts via SoMe—dissemination and exchange of experience and knowledge, sharing of stresses and concerns, and reaping of the benefits from involvement within a global community. Currently, sharing and discussing new information and crowd-sourcing opinions is the main use of SoMe for physicians. The use of SoMe for augmented or remote experience of professional meetings is also gaining popularity [9].

### 2.2. Professional presence online

It is likely that, in part, medical referral practice and communication will occur through the Internet. It is important that urologists create and define their professional identities to allow this. It is important that this identity does not stray into advertising and remains within the confines of appropriate medical legislation. Typically, this identity is best facilitated through a professional organization or an employer. Linking this to SoMe facilitates incorporation into the urologic community.

### 2.3. Protection of reputation

A natural extension of moving professional networking into an open environment is the potential for misrepresentation, identity theft, and abuse. Becoming active in SoMe makes one aware of these actions should they occur, provides the knowledge to counteract any problems, and allows the user to create and control his or her identity.

### 2.4. Measurement of impact

For various reasons, professionals may wish to quantify the impact of their presence in a community. To date, dissemination of knowledge through published manuscripts has been the main tool for this metric. In the future, Web-based analytic systems are likely to become important scoring systems. Because many metrics are time dependent (ie, they rise with longevity), early engagement within SoMe will raise impact measures. SoMe-based analytics quantify volume and impact of content (ie, not only how much a person publishes but also who reads, shares, and comments on that content) within a community. The relationship of SoMe metrics to traditional metrics, such as citations, is currently unclear, although some reports suggest they are directly correlated [10].

## 3. Risk of social media in urology

Although patients and providers benefit from SoMe, the boundaries between physicians and their patients can become blurred, putting both parties at risk. There are examples of health care professionals discussing protected health information, commenting in an unprofessional manner, and using SoMe to advertise or make claims that are beyond usual professional boundaries. The potential outcomes from inappropriate use of SoMe are stark,

including suspension or dismissal for unprofessional conduct. A recent report documented the scope and impact of unprofessional use of SoMe by physicians [11]. With this in mind, several professional bodies have released guidance for their members [12–16]. In addition, although discussions in SoMe may feel personal, between friends and colleagues, the comments are within an open environment. Despite privacy settings, it may be assumed that every user of those media may access the content of that discussion.

#### **4. European Association of Urology recommendations on the appropriate use of social media**

The European Association of Urology (EAU; @Uroweb) brought together a committee of SoMe users and stakeholders to create guidelines on the good practice and standards of use of SoMe by members and affiliates of this organization. The purpose of this committee was to review available guidance for SoMe use in medicine, to identify good practice, and to propose a statement of ethics and recommendations. Particular challenges for the EAU include the multinational, multilingual, and multiprofessional composition of its membership.

##### **4.1. Understand how other users behave online before interacting on social networks**

It may be beneficial to start out as a “passive user” or follower for a brief period of time before engaging actively. This will allow you to observe SoMe interactions and to develop an appreciation of good and bad behavior.

##### **4.2. Establish a digital professional identity that is in line with your professional practice and goals**

When setting up a professional account, state clearly who you are, what your profession is, and the role in which you are interacting with SoMe. In general, it is preferable to use your own name rather than a pseudonym. If using a pseudonym, make your name and profession clear on your home page. Although some users may wish to create anonymous accounts for various purposes, these are not acceptable if these accounts report medical opinion or medical expertise or seek to influence the medical opinions and views of others. In general, if you define your online persona as being a urologist, you should state your real name.

##### **4.3. Do not damage the confidentiality of the doctor–patient relationship**

Remember that SoMe is an open, public environment. Do not identify patients, show images that could lead to their identification, or discuss treatment or pathology in a manner that could lead to a patient’s identification. As a rule of thumb, do not post anything that you would not say in a crowded hospital elevator at full volume. Patient information needs to be communicated in a secure, protected manner and not via SoMe platforms. Remember that even

vague clinical details can result in patient identification and could violate professional ethical standards and health care privacy laws.

##### **4.4. Always consider your content in the context of appropriate professional opinion, views, and standards**

Whatever content you post online is going to be taken as a representation of your profession. Be honest, courteous, and professional. Although constructive criticism and discussion may be valuable, severe professional disputes should be dealt with elsewhere and not in public using SoMe.

Be aware that patients and caregivers are hungry for information about medical matters that affect them. Patients will search for their doctor, or a relevant physician, then follow to see what they are talking about. They will also search subjects that pertain to them with the same desire for information. When required, it might be prudent to post links to longer, more detailed sources of information on reputable Internet sites.

##### **4.5. Be clear that you are representing yourself and not your institution or professional body**

Many users address this by writing a disclaimer in their profile stating that posted content represents their own views and not those of their institution. Sample statements include “views are my own” and “retweets do not mean endorsement.” We suggest that you review any SoMe policies created by the institutions you represent or work within.

##### **4.6. Communicate clearly, openly, and honestly**

*Trolling* is the term applied to users who may try to goad others by posting inflammatory messages in the hopes of provoking a response or who may pester you through multiple media (eg, e-mail, direct messaging, or Facebook). The correct response to each incident will vary, but in general, be polite, ask for clarification, attempt to de-escalate any hostility, and then refer the conversation elsewhere or decline from further interaction [17]. Do not engage with provocative content that may pose a risk to your professional demeanor.

##### **4.7. Assume that anything you post will be permanent and its use beyond your control**

This is one of the central tenets of online posting. Once you hit *Enter*, you cannot delete the posted content and expect it to go away permanently because it may be re-posted or otherwise archived by others seconds later. Think carefully before posting. Some users always wait a period of time (*a pause*) before posting content. Do not post your e-mail or personal address on SoMe. If necessary, use closed messaging, such as a direct message in Twitter.

The EAU recommends that users refrain from professional SoMe use while intoxicated or otherwise distracted. Take care when using SoMe in clinical environments so that it does not distract your decision making.

#### 4.8. Maintain clear limits between yourself and patients

If directly contacted by your own patients, we advocate that you refer them to the normal channels of communications (eg, clinic or electronic medical record). If you are directly contacted by a patient who is not under your care, we recommend referring them to their treating physician or community doctor (general practitioner). This may result in a referral through the normal channels of communications.

We recommend that you do not accept patients as friends on your personal SoMe accounts (eg, Facebook). Although patients may wish to follow your professional SoMe feed, it is advisable not to follow them in return and not to respond to their personal medical questions in a SoMe setting.

#### 4.9. Exercise caution in mixing your professional and personal content

One option for overcoming the challenges of separation of personal and professional content is to establish separate SoMe accounts for each purpose. Many SoMe users, for example, create a Facebook account for friends and family and a Twitter account for a professional feed. Regardless of media, it is important to set privacy controls to prevent patients or unknown persons from accessing your personal accounts.

The posting of personal content (eg, family photos) onto your professional SoMe outlet is a personal choice. There are potential consequences of mixing professional and personal feeds. Any personal content posted to a professional profile should augment and not detract from your professional content and profile.

#### 4.10. Do not advertise, and refrain from self-promotion

SoMe engagement should augment and not detract from professional duties. Your posts are not peer reviewed or otherwise externally edited and, as such, do not technically require substantiation. However, remember your professional obligations to offer sound opinions and to report factually correct data. Do not make claims that could not be substantiated or verified, and do not advertise your services or results beyond medically verifiable data. Think twice before or refrain from posting images of surgery, patients, or clinical signs. Ensure that confidentiality will not be breached and that you are respectful of patients and their families.

#### 4.11. Post in the language in which you feel comfortable

The SoMe community is global. In general, work in a language that is most comfortable to you, that you are confident using, and that matches your target community.

## 5. Conclusions

Engaging in SoMe is a rewarding process that allows users to keep their knowledge up to date, to share and learn with others, and to engage in a diverse international community. Professional use of SoMe requires minimal time and yet

substantially augments more traditional means of acquisition and communication of pertinent medical information. Little technical knowledge is needed to use SoMe, but appropriate engagement requires courtesy, professionalism, and honesty. Adherence to these guidelines as well as to local institutional guidelines will help users reap the benefits of SoMe in a safe and effective manner.

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*Study concept and design:* Rouprêt, Morgan, Catto.

*Acquisition of data:* Rouprêt.

*Analysis and interpretation of data:* Rouprêt, Morgan.

*Drafting of the manuscript:* Rouprêt, Morgan.

*Critical revision of the manuscript for important intellectual content:* Bostrom, Cooperberg, Kutikov, Linton, Palou, Martínez-Piñero, van der Poel, Wijburg, Winterbottom, Woo, Wirth, Catto.

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## References

- [1] Brownstein CA, Brownstein JS, Williams III DS, Wicks P, Heywood JA. The power of social networking in medicine. *Nature Biotechnol* 2009;27:888–90.
- [2] Loeb S, Bayne CE, Frey C, et al. Use of social media in urology: data from the American Urological Association. *BJU Int* 2014;113:993–8.
- [3] Loeb S, Catto J, Kutikov A. Social media offers unprecedented opportunities for vibrant exchange of professional ideas across continents. *Eur Urol* 2014;66:118–9.
- [4] Thangasamy IA, Leveridge M, Davies BJ, Finelli A, Stork B, Woo HH. International Urology Journal Club via Twitter: 12-month experience. *Eur Urol* 2014;66:112–7.
- [5] Hulshof MC, van Andel G, Bel A, Gangel P, van de Kamer JB. Intravesical markers for delineation of target volume during external focal irradiation of bladder carcinomas. *Radiother Oncol* 2007;84:49–51.
- [6] Chaudhry A, Glode LM, Gillman M, Miller RS. Trends in Twitter use by physicians at the American Society of Clinical Oncology annual meeting, 2010 and 2011. *J Oncol Pract* 2012;8(3):173–8.
- [7] Chretien KC, Azar J, Kind T. Physicians on Twitter. *JAMA* 2011;305:566–8.
- [8] Kroenke CH, Kubzansky LD, Schernhammer ES, Holmes MD, Kawachi I. Social networks, social support, and survival after breast cancer diagnosis. *J Clin Oncol* 2006;24:1105–11.
- [9] Matta R, Doiron C, Leveridge MJ. The dramatic increase in social media in urology. *J Urol* 2014;192:494–8.

- [10] Eysenbach G. Can tweets predict citations? Metrics of social impact based on Twitter and correlation with traditional metrics of scientific impact. *J Med Internet Res* 2011;13:e123.
- [11] Greysen SR, Chretien KC, Kind T, Young A, Gross CP. Physician violations of online professionalism and disciplinary actions: a national survey of state medical boards. *JAMA* 2012;307:1141–2.
- [12] Murphy DG, Loeb S, Basto MY, et al. Engaging responsibly with social media: the BJUI guidelines. *BJU Int* 2014;114:9–11.
- [13] Marshall G, Ferreccio C, Yuan Y, et al. Fifty-year study of lung and bladder cancer mortality in Chile related to arsenic in drinking water. *J Natl Cancer Inst* 2007;99:920–8.
- [14] Beall C, Corn M, Cheng H, Matthews R, Delzell E. Mortality and cancer incidence among tire manufacturing workers hired in or after 1962. *J Occup Environ Med* 2007;49:680–90.
- [15] Dizon DS, Graham D, Thompson MA, et al. Practical guidance: the use of social media in oncology practice. *J Oncol Pract* 2012;8: e114–24.
- [16] Ziaee SA, Moula SJ, Hosseini Moghaddam SM, Eskandar-Shiri D. Diagnosis of bladder cancer by urine survivin, an inhibitor of apoptosis: a preliminary report. *Urol J* 2006;3:150–3.
- [17] Katz M. Twitter 103: trolls, malware & spam. Slideshare Web site. <http://www.slideshare.net/subatomicdoc/twitter-103-trolls-malware-and-spam>



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