PERSPECTIVE

Social Media: An Opportunity for Fidelity in Extension of the Traditional Physician-Patient Relationship

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Social media (SM) sites are a critical component of our modern society, increasingly present not only in our personal lives, but also in professional spheres.[1] Within the medical profession, particularly during the ongoing COVID-19 pandemic, SM has emerged as a major influence in public health, research communications, and even individual health.[2] This technology increasingly reinforces and shapes the practice of medicine and the relationship between the physician and the patient. The view that SM is strictly personal is too limiting. SM is a modern tool and concept of care which influences population health and has evolved to become crucially important in healthcare communication. Understanding this nexus is critical to our modern understanding of fidelity in the healing relationship and Pellegrino's phenomenological core of medicine. The use of SM is an emerging issue of moral concern in bioethics, and guidance is needed to help medical professionals, technology companies, and the public understand and navigate the potential risks and benefits inherent to these platforms.

The field of bioethics has helped shape an understanding of the morality of medical treatment and technology. From individual virtues to the virtuous society, Pellegrino and others have developed a teleological philosophy of medicine centered by the physician-patient relationship. In Pellegrino's view, the primary end of medical treatment is healing and helping. From this foundation, physicians and patients are pursuing an end shaped by the "phenomenological core" of medicine: "the fact of illness," "the act of profession," and "the act of medicine." Essentially, medicine is a relationship shaped by the vulnerability caused by injury and illness, enacted by professionals dedicated to the service of the sick, and carried out with a shared intentionality to improve the patient's illness through the physician-patient relationship.[3,4]

Pellegrino's philosophy of medicine has been a cornerstone of modern bioethics but has been criticized for its primary focus on the personal physician-patient relationship at the neglect of the greater social context.[4,5] Pellegrino has recognized that his philosophy, at the granular individual level, is more developed than a

philosophy that promotes the good of institutions and society.[4] However, Pellegrino's model of beneficence and trust serves as a model for shaping social and institutional policy. SM offers one means by which to widen that lens. Pellegrino's "view from the gurney" offers a perspective that builds on an understanding of the social context of the healing relationship. SM platforms, however, can have both a strongly positive and strongly negative impact on those seeking medical information.[6] To that end, there is a fiduciary duty to optimize communication with patients through SM to enhance the physician-patient relationship and meet our professional obligation to serve the patient's good.

SM is influencing how medical information is shared, thereby influencing modern medical practice. Communication is at the heart of the traditional patient-physician relationship, and this has been expanded through SM. Patients are independently seeking medical information at increasing rates: 39% of Americans report using sites like Facebook for health information, and SM is the fourth most common source of health information in the UK.[6,7] There is great public demand to obtain and better understand medical information to restore the collective "wounded humanity" who face illness – this reality has never been more evident than through the isolating effects of a deadly global pandemic. Physicians report using SM to access discussions about medical topics, teach peers about medical innovations, review journal articles, and respond to public health concerns.[2] SM has also extended the reach of physicians in their capacity for public service. SM is expanding the scope of the physician-patient relationship and reinforcing fiduciary obligations to patients across new relationship models.

Beyond becoming a platform for health communication, SM is also an emerging tool in health research. Technology companies are studying user data to better understand the behaviors, motivations, and health of users.[8] Similarly, public health researchers utilize data from sites like Twitter, Facebook, and Google in their work to evaluate population health trends, examine ongoing health behaviors, and even predict or intervene in future individual health choices.[8,9] These data sets are expansive, offering many new possible insights that may shape future medical care, but they are also fraught with ethical questions about consent, privacy, and regulation. Big Data has the potential to shape the way medical knowledge informs the practice of medicine, as well as the trust that is foundational to the act of medicine. Bioethicists are needed to guide the development of practices that will build trust with the public and foster the medical profession's commitment to the good of both patients and society.

SM is no longer an exclusively personal endeavor, a passing fad, or a public relations trap; in health care it has become an extension of the traditional patient-physician relationship. The use of SM in healthcare expands an understanding of the phenomenology of medicine and the greater social context of Pellegrino's philosophy. SM actively affects the practice of modern medicine by enabling better communication with individual patients, educating vulnerable populations, and sharing information with colleagues, all while hopefully better understanding and improving the lives of patients globally. More specifically, while in the midst of a global pandemic, it is urgently clear that physicians and medical institutions must build new communication skills to effectively utilize SM so as to rapidly disseminate and receive accurate health

information. Methods of communication are medical interventions.[10] However, if academics, scientists, and bioethicists continue to frame SM as irrelevant to their work, healers and health care systems will miss a valuable opportunity to build practices that promote good health care and shared trust within physician-patient relationships. Bioethics as a discipline is uniquely positioned to engage questions of how to best employ SM technologies and guide best practices in this emerging space.

Notes

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