

Resource Document on Ethical Considerations Regarding Internet Searches for Patient Information

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Introduction

The introduction of web search engines and their development in the 1990s dramatically changed the landscape of information gathering. With only a few clicks on a computer, cellphone or other device, an individual could access information on a wide range of topics in a matter of seconds, including personal information of others. To “Google” for information (i.e., to research something via Google or other search engines) has become routine in our daily endeavors. Search engines and social media such as Facebook, YouTube, Instagram, and so on, provide a ready trove of information on people, events, places and things. They encourage individuals to post personal information on these sites that can be easily accessed by others.

Physicians are not immune to the allure of social media. A survey of 202 residents and fellows in 2009 showed that 73 percent of them had a Facebook profile, on which over 90 percent posted personal information (Moubarak et al. 2011). In another survey of 4033 physicians, 87 percent used social media for personal use, and 67 percent used them for professional activities (Modahl, Tompsett, and Moorhead 2011). In early 2010, 16 percent of practicing physicians acknowledged having visited a patient’s online profile or that of a patient’s family member (Bosslet et al. 2011), and “Googling” patients (also called “patient-targeted Googling”) appears to be growing, more commonly among mental health professionals (Pirelli, Otto, and Estoup 2016; Tumolo 2016; Koh et al. 2013; Kolmes and Taube 2014), even among those in training who feel that such searches are “always or usually unacceptable” (DiLillo and Gale 2011, p.163). Patients and their families (and sometimes other physicians) have reported inappropriate physician communication with patients online, resulting in disciplinary proceedings from Medical Boards (Greysen et al. 2012).

Growing concerns about physician participation in social media (see, e.g., Greysen et al. 2012) highlight the need for ethical guidelines for appropriate use of social networking sites and related tools. The American Medical Association has developed policies regarding professionalism in the use of social media (AMA 2010) but no specific ethical guidelines on targeted Internet searches for information about a patient or the patient’s family members. The APA has provided some guidance through the Opinions of the Ethics Committee (APA 2016, Opinion A. 1. h, pp.5–6), but published opinions to date have been limited. There is some indication that physicians find viewing a patient’s social networking site profile (e.g., Facebook page) ethically problematic (Bosslet et al. 2011).

In the clinical practice of psychiatry, a physician may consider obtaining information about patients’ social media activity (Clinton, Silverman, and Brendel 2010). Oftentimes these inquiries may be initiated by the patient’s own request that the physician review the patient’s Facebook page, for example, or, as described in the New York Times, an invitation for the physician to “Google” the patient’s name to see the patient’s artwork (Warraich 2014). When considering whether it would be appropriate to seek, review, or otherwise deal with social media data about one’s patients (which includes the patient’s family members), a consideration of the ethical principles associated with professionalism, prudence, and fiduciary relationships can be helpful.

For example, the APA’s Ethics Committee has suggested that such activities be commenced only when done in the service of the patient and the patient’s needs and not out of curiosity or other motivation on the part of the physician (APA 2016; Zilber 2014). Similarly, googling a patient might be appropriate in emergency settings (see, e.g., Neimark, Hurford, and DiGiacomo 2006) but might be inappropriate in the course of the psychotherapy relationship. The purpose of the activity and its impact on patient care are paramount considerations (APA 2016; Clinton, Silverman, and Brendel 2010).

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A psychiatrist intending to conduct an Internet search of patients or their relatives should reflect on the following:

1. **Quality of Data**

The quality of data that one obtains via the Internet is highly variable. Anyone seeking out information on the Internet needs to be aware that information can be posted by almost anyone and under such multitudinous circumstances that each item of information needs to be assessed carefully for its reliability and authorship (Zilber 2014). Most physicians are aware that negative reviews can be posted about them by people who are not even patients associated with their practice.

Nonetheless, there are some potential benefits from seeking out information via the Internet. Appelbaum and Kopelman (2014) and others (e.g., Pirelli et al. 2016; Neimark et al. 2006) have noted that it may be a useful source of collateral information. For example, evidence suggests that many individuals (particularly adolescents and young adults) are remarkably open about mental health symptoms on social media (Cox-George 2015; Deen, Withers, and Hellerstein 2013). Appelbaum and Kopelman (2014) also endorse the possibility that research might be conducted via the Internet, although concerns about informed consent and human subjects' protection (Clinton, Silverman, and Brendel 2010), as well as the quality of data utilized for research, remain prominent.

DeJong et al. (2012) have noted several problems with data acquired via the Internet, including lack of nonverbal cues, the context of the narrative, the fact that the context may be fluid or changing, that often Internet data lack reflection and represent impulsive communications, that people using the Internet may be using it to role-play (also noted by Appelbaum and Kopelman, 2014), and that other important information may be totally lacking. Another concern is the possibility that Internet data linked to a particular name may be related to an individual other than the patient in question (Ashby et al. 2015). If the patient's name is common, searching for additional identifiers (e.g., unique email address) may be helpful (Recupero 2010).

If the psychiatrist keeps in mind the limitations of Internet- and social networking-based data, this information can be useful in supplementing traditional sources of clinical information, provided it is gathered and interpreted with the patient's best interests at heart.

Special considerations may arise in the context of a forensic evaluation (Pirelli et al. 2016, Glancy et al. 2015, and Recupero 2010). Researchers have noted the existence of websites containing mugshots and sex offender registries (Neimark, Hurford, and DiGiacomo 2006); finding an evaluatee's name on such a list may help to establish important areas for inquiry in the forensic assessment or further research. Similarly, checking a criminal database, such as ordering a BCI search, may be appropriate in forensic evaluations in which the psychiatrist needs more information to inform an assessment of dangerousness.

Before relying on any information obtained through a targeted Internet search, however, the psychiatrist should make reasonable attempts to corroborate the information (APA 2016).

2. **Boundaries (includes COI)**

The Internet and social media have contributed to a "blurring of boundaries between social and professional spheres" (Appelbaum and Kopelman 2014, p.21) that can pose special ethical challenges for

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psychiatrists and other mental health professionals. In the traditional setting of care, evaluation and treatment occurs within the confines and context of a private conversation between the psychiatrist and the patient. In some circumstances, a patient may allow the physician to exchange information with important third parties, such as close relatives. However, boundary issues may arise when communication with third parties is conducted through electronic means (e.g., via instant messaging software or videoconferencing chats). Providers should be extremely careful in those circumstances with respect to HIPAA rules and technological safeguards.

Many individuals use privacy tools on social networking sites, such that only one's "friends" or persons categorized as "friends of friends" may view content posted on a person's profile. Sending a patient a "friend" request in order to gain access to this more personal information arguably represents a departure from traditional clinical ethics and should be avoided unless compelling circumstances justify such a drastic boundary crossing.

Different people may embrace different values with regard to an investigation of their presence in social media and on the Internet (Wilkinson and Thelwall 2011; Zilber 2016). Some patients might assume that a treating psychiatrist will review their Facebook page and other Internet presence, while others may be quite offended by such an incursion. In the absence of an emergency, it would likely be inappropriate for a treating physician to conduct an Internet search on a patient without the patient's informed consent to the search. Asay and Lal (2014) and Tumolo (2016) have opined that it might be extremely useful in building a therapeutic relationship with the therapist or physician to inquire about Internet and social media activity, particularly with adolescents. Others have cautioned that pecuniary motivations, voyeurism (Ashby et al. 2015; Clinton, Silverman, and Brendel 2010), clinician bias development (Ashby et al. 2015; Block 2016), and other negative motivations need to be examined (Farnan et al. 2013). Among graduate students in counseling and psychology, trainees who performed targeted online searches for client information indicated that curiosity was the most common reason for the search (Harris and Kurpius 2014), and other studies have found curiosity-motivated searches among psychiatrists and other mental health professionals (Deen, Withers, and Hellerstein 2013; Ginory, Sabatier, and Eth 2012). When an Internet search on a patient is unnecessary, such a search may lead to unforeseen boundary problems that may adversely affect the psychiatrist-patient relationship (Gabbard, Kassaw, and Perez-Garcia 2011; Ginori, Sabatier, and Eth 2012).

Clinton, Silverman, and Brendel (2010) provide an illustrative clinical vignette involving a psychiatrist whose patient claims to be unable to pay his bill. The psychiatrist looks up the patient's address on Google Maps, discovers it to be a mansion in a wealthy neighborhood, and confronts the patient about it. As it turns out, the patient was renting a small room in the building in exchange for performing manual labor on the property, and the confrontation severely damages the doctor-patient relationship. The vignette illustrates the complexity of boundary problems that might arise in relation to "Googling" a patient or researching them online.

Kolmes and Taube (2014) suggest that patient-targeted research on social media could help mental health professionals to determine the social proximity of a patient without compromising the patient's privacy or confidentiality. Through tools such as Facebook, for example, it may be possible to find reassurance that one's patient is not within one's own social circle without, for example, mentioning the patient's name to one's colleagues or friends. In this respect, patient-targeted Internet searches could be used to identify potential future boundary problems. This does not, however, address the problem of what happens should the mental health professional come across sensitive information about the patient in the course of the search.

3. Safety and Liability

In the event of an emergency or other safety issue, the Internet may be a useful tool (Baker, George, and Kauffman 2014). One of the earliest reports in the literature about researching patients online described a case in which an undisclosed previous suicide attempt was discovered when the resident writing a clinical note decided to “Google” the patient and found a news item about the patient’s serious attempt several months earlier (Neimark, Hurford, and DiGiacomo 2006). In the case of an unresponsive or uncooperative patient (e.g., catatonia), searching the patient’s Internet presence or social media activity may enable clinical staff to locate the patient’s relatives for information about drug allergies and current medications (see, e.g., Deen, Withers, and Hellerstein 2013). Internet and social-media data may also allow the clinician to identify the need for emergency assessment or treatment as, for example, when someone informs the psychiatrist that a patient has posted content online that suggests homicidal or suicidal ideation (Ginori, Sabatier, and Eth 2012; McNary 2014). There may also be legitimate safety considerations for performing an Internet search for clinical data about a patient as, for example, when the psychiatrist hopes to confirm suspected relapse to substance abuse in a recalcitrant patient (Ashby et al. 2015). In all emergency situations necessitating an online search, the psychiatrist must be aware of the limits of the search, and should stop the search once the information sought is obtained.

Information associated with the patient via social media may aid a physician in complying with a Tarasoff-type duty. For example, if the patient discloses an intention to harm his girlfriend, but the psychiatrist only knows the girlfriend’s first name, examining the patient’s Facebook profile might reveal her full name and possibly even her contact information.

Before conducting a search of social media or other Internet content for information about a patient, the psychiatrist should be familiar with all applicable laws regarding mandated reporting (Zilber 2014), such as for suspected child abuse or neglect.

Some types of searches may be expected from the standpoint of safety and liability. In many jurisdictions, physicians are required to check a state-sponsored database (Prescription Monitoring Programs or Prescription Drug Monitoring Programs [PDMPs]) when prescribing certain controlled substances, so as to be aware of all controlled medications the patient is accessing through different physicians. Furthermore, in most jurisdictions with PDMPs, it is presumed that a physician will check the PDMP database regularly rather than relying solely on patient self-report.

Many areas have electronic Health Information Exchange (HIE) programs that facilitate clinical information sharing among different treatment providers. HIEs are electronic networks accessible by healthcare professionals, and patients typically control which providers are able to access their health information through the HIE. In areas with centralized HIEs, conducting some patient-directed research through the exchange may be an expected step in prudent clinical practice, not a boundary violation. The central repositories in HIEs are often useful for medication reconciliation, among other clinical tasks.

Similarly, many patients have adopted electronic Personal Health Records (PHRs), which are often linked through secure patient portals to portions of the Electronic Health Record (EHR) or Electronic Medical Records (EMRs) maintained by medical professionals (Turvey and Roberts 2015).

4. Confidentiality/Privacy

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If a psychiatrist locates information about a patient and needs to communicate with the patient or third parties (such as the patient's family or other treating clinicians) about the content of this information, utmost caution should be exercised with respect to the patient's privacy and confidentiality. For example, copying and forwarding a direct-link URL in an unsecured email message to the patient's primary care physician would not be an ideal means of sharing clinical information about the patient. Similarly, if the psychiatrist is engaged in academic research and encounters relevant data online in personal information (e.g., disclosures of abuse or suicidal ideation), such data should be de-identified to the maximum extent possible in any publications and presentations, even if the individual who posted the material did not appear to make extensive use of the website's (or application's) privacy tools (Wilkinson and Thelwall 2011).

If the psychiatrist performs an Internet search on a patient and finds publicly available information that may subsequently harm the patient, such a discovery might warrant a discussion with the patient about the importance of protecting one's privacy online. For example, an adolescent patient or an adult patient with bipolar disorder in a manic state might not exercise caution in protecting personal information through the use of a website's privacy tools. Patients may not consider the likelihood that employers and others might easily access such information; in some cases, it might be appropriate for the psychiatrist to initiate such discussions with patients (Ashby et al. 2015). An oft-cited study of bloggers (Viégas 2005) found that individuals who post content online often have a very specific, limited audience in mind for the material. Those who post personal information online often assume, albeit wrongly, that they enjoy some measure of privacy for this material (Kaslow, Patterson, and Gottlieb 2011), even when privacy controls are not used.

McNary (2014) notes the difficult ethical dilemmas that may arise, for example, if the psychiatrist's search yields information suggesting that a patient on disability is malingering. Similarly, if the psychiatrist finds the patient's (the patient's friend's) statements online to be acutely suicidal, does one have an ethical or moral obligation to attempt to help the patient or third party, even if it might increase one's own risk of liability?

Several commentators (e.g., McNary 2014; Clinton, Silverman, and Brendel 2010) have raised the question of whether data found through "patient-targeted Googling" should be added to the patient's medical record. It is also important to consider whether one should disclose the search to the patient, and, if so, how to appropriately do so.

5. **Professionalism**

Psychiatrists should be aware that their own social media and Internet presence may become of interest to their patients. Maintaining a professional Internet presence requires skill and attention (Farnan et al. 2013). Some have argued that patients should not be allowed to "friend" or "like" a physician's personal Facebook account but that allowing patients and their families to follow the doctor's professional account (e.g., the hospital's Facebook feed) may be useful. However, the risk of befriending a patient on Facebook includes the temptation to subsequently explore or research the patient's Facebook information and postings.

Speaking directly with patients is a standard aspect of most clinical medicine. Volpe, Blackall, and Green (2013) suggest that conducting digital research on a patient could be used inappropriately as a means of bypassing the personal relationship and direct communication between the clinician and the patient. Several commentators (e.g., Clinton, Silverman, and Brendel 2010; Farnan et al. 2013; Gabbard, Kassaw, and Perez-Garcia 2011; Geppert 2017; Harris and Kurpius 2014) have noted that using social networking

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sites to collect information about patients can undermine the patient's trust in the physician and damage the physician-patient relationship in ways that may be harmful to the patient's future wellbeing. Such searches may signify a psychiatrist's lack of trust in the patient or a desire to find an easy shortcut or work-around for important clinical responsibilities, such as direct and open communication with the patient.

Recommendations

- Except in emergencies, it is advisable to obtain the patient's informed consent before performing an Internet or social media search for information about a patient or the patient's family & significant others (Appelbaum and Kopelman 2014; APA Opinion; Clinton, Silverman, and Brendel 2010; McNary 2014; Wilkinson and Thelwall 2011).
- The psychiatrist should identify the thought process behind the impulse to perform a search and should clarify how the search might help the patient (DeJong et al. 2012; Clinton, Silverman, & Brendel 2010; McNary 2014). When a search is motivated by something other than the patient's best interests (e.g., the psychiatrist's curiosity), it is advisable to avoid performing the search.
- "Technology should be used in a bounded, confidential fashion" (DeJong et al. 2012, p.357), and any information obtained through patient-targeted Googling or other targeted Internet searches should be handled with sensitivity toward the patient's privacy.
- The psychiatrist should consider how the search might influence the clinician-patient relationship, possible risks or benefits of a search, and whether it might advance or compromise treatment.
- When interpreted with caution, Internet- and social media-based information may be appropriate to consider in forensic evaluations (Pirelli, Otto, and Estoup 2016; Recupero 2010).

Conclusion

This Resource Document represents guidance that is meant to prompt the thoughtful psychiatrist to examine the implications of targeted Internet searches of patients (i.e., "Googling patients"). Psychiatrists are encouraged to explore their own motivations for, and ethical issues related to, the Internet search for personal information about patients. The psychiatrist should clarify the reason for performing such a search and examine its potential outcomes. This guidance is intended to provoke careful consideration and discussion, and the Ethics Committee's suggestions are not meant to be interpreted as bright-line tests or rules.

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References

- AMA Policy: Professionalism in the Use of Social Media. Available at <https://www.ama-assn.org/sites/default/files/media-browser/public/about-ama/councils/Council%20Reports/council-on-ethics-and-judicial-affairs/i10-ceja-professionalism-use-social-media.pdf>. Accessed May 19, 2017.
- American Psychiatric Association. Opinions of the Ethics Committee on The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry, 2017 Edition. Arlington, VA: American Psychiatric Association, 2016. Accessed July 20, 2017 from <https://www.psychiatry.org/psychiatrists/practice/ethics>.
- Appelbaum PS, Kopelman A. Social media's challenges for psychiatry. *World Psychiatry* 2014; 13(1): 21–23.
- Asay PA, Lal A. Who's Googled whom? Trainees' Internet and online social networking experiences, behaviors, and attitudes with clients and supervisors. *Train Educ Prof Psychol* 2014; 8(2): 105–111.
- Ashby GA, O'Brien A, Bowman D, Hooper C, Stevens T, Lousada E. Should psychiatrists 'Google' their patients? *BJPsych Bull* 2015; 39(6): 278–283.
- Baker MJ, George DR, Kauffman Jr GL. Navigating the Google blind spot: An emerging need for professional guidelines to address patient-targeted Googling. *J Gen Intern Med* 2014; 30(1): 6–7.
- Block AM. Bias and knowing too much about your patient. *Clinical Neurology News*, 18 January 2016. Accessed 23 January 2016 from <http://www.mdedge.com/clinicalneurologynews/article/105821/bias-and-knowing-too-much-about-your-patient>.
- Bosslet GT, Torke AM, Hicman SE, Terry CL, Helft PR. The patient-doctor relationship and online social networks: results of a national survey. *J Gen Intern Med* 2011; 26(10): 1168–1174.
- Clinton BK, Silverman BC, Brendel DH. Patient-targeted Googling: The ethics of searching online for patient information. *Harv Rev Psychiatry* 2010; 18(2): 103–112.
- Cox-George C. The changing face(book) of psychiatry: Can we justify 'following' patients' social media activity? *BJPsych Bull* 2015; 39(6): 283–284.
- Deen SR, Withers A, Hellerstein DJ. Mental health practitioners' use and attitudes regarding the Internet and social media. *J Psychiatr Pract* 2013; 19(6): 454–463.
- DeJong SM, Benjamin S, Anzia JM, et al. Professionalism and the Internet in psychiatry: What to teach and how to teach it. *Acad Psychiatry* 2012; 36(5): 356–362.
- DiLillo D, Gale EB. To Google or not to Google: Graduate students' use of the Internet to access personal information about clients. *Train Educ Prof Psychol* 2011; 5(3): 160–166.
- Farnan JM, Sulmasy LS, Worster BK, et al. Online Medical Professionalism: Patient and Public Relationships: Policy statement from the American College of Physicians and the Federation of State Medical Boards. *Ann Intern Med* 2013; 158(8): 620–627.

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- Gabbard GO, Kassaw KA, Perez-Garcia G. Professional boundaries in the era of the Internet. *Acad Psychiatry* 2011; 35(3): 168–174.
- Geppert C. To Google or not to Google? Is “patient-targeted” Googling ethical? *Psychiatric Times*, January 30, 2017; accessed February 11, 2017 from <http://www.psychiatrytimes.com/cultural-psychiatry/google-or-not-google-patient-targeted-googlingethical>.
- Ginori A, Sabatier LM, Eth S. Addressing therapeutic boundaries in social networking. *Psychiatry* 2012; 75(1): 40–48.
- Glancy GD, Ash P, Bath EPJ, et al. AAPL Practice guideline for the forensic assessment. *J Am Acad Psychiatry Law* 2015; 43(2, Suppl.): S3–S53.
- 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(11): 1141–1142.
- Harris SE, Kurpius SER. Social networking and professional ethics: Client searches, informed consent, and disclosure. *Prof Psychol Res Pr* 2014; 45(1): 11–19.
- Health Insurance Portability and Accountability Act of 1996 (HIPAA). Pub. L. 104–191, 110 Stat. 1936.
- Kaslow FW, Patterson T, Gottlieb M. Ethical dilemmas in psychologists accessing Internet data: Is it justified? *Prof Psychol Res Pr* 2011; 42(2): 105–112.
- Koh S, Cattell GM, Cochran DM, Krasner A, Langheim FJP, Sasso DA. Psychiatrists’ use of electronic communication and social media and a proposed framework for future guidelines. *J Psychiatr Pract* 2013; 19(3): 254–263.
- Kolmes K, Taube DO. Seeking and finding our clients on the Internet: Boundary considerations in cyberspace. *Prof Psychol Res Pr* 2014; 45(1): 3–10.
- McNary A. Google: Valuable source of information or Pandora’s box? *Innov Clin Neurosci* 2014; 11(7–8): 47–49.
- Modahl M, Tompsett L, Moorhead T. Doctors, Patients, and Social Media. Waltham, MA: QuantiaMD & Care Continuum Alliance, September 2011. Available at <http://www.quantiamd.com/q-qcp/DoctorsPatientSocialMedia.pdf>. Accessed May 19, 2017.
- Moubarak, G, Guiot A, Benhamou Y, Benhamou A, Hariri S. Facebook activity of residents and fellows and its impact on the doctor-patient relationship. *J Med Ethics* 2011; 37(2): 101–104.
- Neimark G, Hurford MO, DiGiacomo J. The Internet as collateral informant (letter). *Am J Psychiatry* 2006; 163(10): 1842.
- Pirelli G, Otto RK, Estoup A. Using Internet and social media data as collateral sources of information in forensic evaluations. *Prof Psychol Res Pr* 2016; 47(1): 12–17.
- Recupero PR. The mental status examination in the age of the Internet. *J Am Acad Psychiatry Law* 2010; 38(1): 15–26.

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- Tumolo J. Most psychiatric professionals Google their patients, survey finds. *Psych Congress Network*, 2016. Accessed 24 May 2016 from <http://www.psychcongress.com/article/most-psychiatric-professionals-google-their-patients-survey-finds-27468>.
- Turvey CL, Roberts LJ. Recent developments in the use of online resources and mobile technologies to support mental health care. *Int Rev Psychiatry* 2015; 27(6): 547–557.
- Viégas FB. Bloggers' expectations of privacy and accountability: An initial survey. *J Comput Mediat Commun* 2005; 10(3): 12.
- Warraich HJ. When doctors "Google" their patients. *New York Times*, Jan 6, 2014. Available at <https://well.blogs.nytimes.com/2014/01/06/when-doctors-google-their-patients-2/>. Accessed May 19, 2017.
- Wilkinson D, Thelwall M. Researching personal information on the public web: Methods and ethics. *Soc Sci Comp Rev* 2011; 29(4): 387–401.
- Volpe R, Blackall G, Green M. Case study. Googling a patient. Commentary. *Hastings Cent Rep* 2013; 43(5): 14–15.
- Zilber C. Is it ethical to 'Google' patients? *Psychiatric News*, 5 August 2014. Accessed 15 May 2017 from <http://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2014.9a22>.
- Zilber C. Tips for maintaining your professionalism on Facebook. *Psychiatric News*, 27 May 2016. Accessed 15 May 2017 from <http://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2016.6a27>.