A woman with dark curly hair, wearing a white lab coat over a blue and white striped shirt, is shown in profile. She is holding a pair of glasses and looking thoughtfully to the right. The background is a soft, out-of-focus light blue.

skelly
SKILLS

Ethics and the Dietitian

In the Digital Age

By Kathleen Pellechia, RD
and Sheila Kelly, MS, RDN

[**www.SkellySkills.com**](http://www.SkellySkills.com)

Ethics and the Dietitian in the Digital Age: Using Social Media Responsibly and Ethically

By Kathleen Pellechia, RD, author of [Do You 'Like' Us? Using Social Media and Technology for WIC, Head Start and Other Public Health Programs](#), and Sheila Kelly, MS, RDN

Learning Objectives

This CE self-study article is designed to earn you 1 CPEU/CEU. Here are the learning objectives. At the conclusion of this article and CE quiz, the learner will be able to:

1. Articulate two examples of how social media is being used in clinical care.
2. Identify one principle of the Code of Ethics that dietitians must adhere to when engaging in social media.
3. List the components of the SMART formula that dietitians can follow to help ensure ethical social media use.
4. Identify the difference between ethical issues and legal issues.
5. Identify unique conflict of interest disclosure challenges posed by social media.
6. Analyze the impact of social media ethical guidelines for healthcare professionals (HCPs) on current personal or professional use of social media.

Introduction

A weight loss clinic uses Twitter as part of its support network for patients. A dietitian has a Facebook page for her new private practice. A diabetes outpatient program promotes the use of Instagram to clients so they can share photos of healthy meals and portion sizes. A staggering 65% of adults use social networking sites, which represents a nearly tenfold jump in the past decade. (1)

Given the popularity of social media, it would make sense for dietitians and other health professionals to understand and consider incorporating it into practice. Yet as with other areas of practice, the benefits and usage of social media are laden with ethical implications. According to an article in the medical journal *Circulation*, "Social media has the potential to truly improve health behaviors, allow governments to respond to public health emergencies, and even alert pharmaceutical companies to adverse drug reactions more rapidly than current reporting mechanisms (perhaps even in real time)." (2)

Other examples of social networking and overall clinical care include: (3)

- Peer-to-peer healthcare using online communities and social network sites. These sites can create a culture of support, encouragement, and a quick way to share information and insight. If health care professionals are part of these communities, then value-added, accurate health and medical information may also be shared under certain circumstances.
- Data sharing platforms. These enable patients to share their conditions, symptoms, and treatments, track their own health, and connect with others experiencing similar health challenges, all while building the community's collective wisdom. (3) This data sharing not only benefits the patient experience, but can lead to opportunities for improved clinical practice and

research.

- Health provider sharing of information and “crowd sourcing” of ideas for improving care and processes.
- Health-provider established social network sites that provide secure, concierge-style access to healthcare on-demand and for a fee.

For all of the benefits of social media in creating connections, promoting positive health behaviors, and increasing the speed at which such connecting and information sharing happens, there are risks to using social media in the healthcare setting. While not necessarily specific to dietetics, there have been “reports of patients stalking their physicians, healthcare professionals disclosing private information about patients, and students blogging denigrating descriptions of patients under their care.” (2)

All RD/RDNs are bound to the [Code of Ethics](#) (4) of the Academy of Nutrition and Dietetics (Academy)/Commission on Dietetic Registration (CDR). The Code of Ethics for the dietetics profession was originally developed in 1934; the current Code was updated in 2009 by a joint Task Force comprised of members of the Academy and CDR.

The Code helps to guide a dietetic practitioner’s practice. The focus of the Code is education, remediation, and self regulation. As in all other activities, RDNs engaging in social media must conduct themselves in an ethical and professional manner so as to abide by our Code of Ethics.

Social Media and the Code of Ethics

While most, if not all, of the principles listed in the Code of Ethics likely apply to social media, a 2014 article in the Journal of the Academy of Nutrition and Dietetics outlined specific areas to focus on when engaging in social media, all of which primarily pertain to maintaining the trust of the public and fellow professionals. These principles include:

- Principle #6: The dietetics practitioner does not engage in false or misleading practices or communications.
- Principle #10: The dietetics practitioner protects confidential information and makes full disclosure about any limitations on his or her ability to guarantee full confidentiality.
- Principle #15: The dietetics practitioner is alert to the occurrence of a real or potential conflict of interest and takes appropriate action whenever a conflict arises. (4)

The SMART Framework

In order to adhere to these (and all Code of Ethics principles), the RDN should keep the following items in mind. Just as with SMART Goals, we have categorized these practices as SMART.

S – Security. Keeping your social media accounts and postings secure primarily begins with you. With any tools that you use, review the privacy and security settings and filter your contacts so as to keep professional and personal information separate. Having completely separate accounts for your personal social media is sometimes the easiest way to do this.

Also, it is important to recognize that even if you've set up your accounts properly, social media by its nature usually results in a loss of control. As soon as a message, photo, or video is posted, it is out in cyberspace and thus often difficult, if not impossible, to rein back in. Think twice before posting or commenting on social media and ask yourself whether you are conducting yourself in a professional and ethical way.

M – Marketing. Social media platforms bring free (or even paid) advertising opportunities your way for you and your organization; however, by their nature they also simply market you as a person and dietitian. Your digital profile is just as important as how you conduct yourself in person.

A –Attribution. Just because social media content is quick and easy to draft and share, you still must ask yourself whether you have the right to do so. Even if you don't see a copyright notice, it doesn't mean that the content isn't protected. It is important to seek permission to use someone else's work and to reference the content. In web/social media content this could mean providing a link back to the original source, including a notation of the original source, and/or tagging/mentioning the original source in your social media post. This also holds true for your own work. It is a good practice to add a copyright notice to your work (i.e. © 2016 Name/Business) (6). For more information about copyright and protecting intellectual property, you can refer to the [U.S. Copyright Office](#).

R –Respect. There is a vast need to respect laws, regulations, privacy, confidentiality, professional boundaries and more when it comes to using social media. The laws of the Health Information Portability and Accountability Act (HIPAA) protect patient privacy and allow providers to share only such information as needed to treat and care for patients. This sharing does not include social media and even the sharing of what may appear to be "general" patient stories can be a violation of privacy. Providers must also ensure that patients have trust in them by maintaining confidentiality and conducting themselves both online and in person in a professional manner. Keep informed of the laws, regulations and policies pertaining to your organization and state. The [Office of the National Coordinator for Health Information Technology](#) has a wealth of information related to patient privacy and security related to technology and mobile access.

T – Transparency. Social media can offer an opportunity to engage in discourse publicly on a topic either as yourself (or your organization) or anonymously. However just because you can post anonymously doesn't mean you should. There have been legal cases in the area of food and nutrition related to the posting of disparaging or false remarks made anonymously. In addition, since 2009, the Federal Trade Commission (FTC) has included digital and social media in its regulations regarding truth in endorsements and testimonials guidelines. Being transparent in all online communication is essential. (7) Many dietitians can be involved in marketing products or services and being truthful about those connections in social media and blog posts is not only the legal thing to do, it can help ensure you maintain trust with your audience.

Ethical Dilemmas in Dietetics Practice

In 2012, the Academy developed a series of [social media ethics case studies](#) with questions and answers for discussion that are an excellent resource for dietitians and educators of dietetics students and interns. Here are two examples: (8)

1. “An intern applicant posted negative remarks on Facebook about an internship for which she had applied. The negative comments were focused on the policy for professional dress as an intern. After the director saw the comment, the student was not selected for the internship.”
2. “An RD consultant receives a free package of cereal in the mail from a cereal company for which she serves as a consultant. The RD consultant writes a blog about this cereal’s health benefits for her personal website, where she has listed all her current clients on the “About Me” page. Does she need to disclose the free cereal she received in the blog itself?”

With any ethical dilemma, you can begin by asking yourself: 1. Is this an ethical issue? 2. If so, what principles of the Code of Ethics could this issue potentially violate? A more extensive framework for evaluating whether this is an ethical issue is below. By reviewing these examples from the Academy, as well as its other ethics resources, you can be better prepared for how using social media impacts dietetics practice, for good and bad. The more experience you have, the more likely you can maintain the positive aspects of social media and continue to spread the word about the benefits of nutrition and health.

Ethical vs. Legal Issues: What’s the Difference?

The Academy has also developed an extensive [Ethics Education Toolkit](#) (9) for those involved in educating current or future dietetics practitioners on the Code of Ethics. If you work with students or interns, you may wish to refer to this resource for guidance in educating them.

In the Toolkit, the handout ‘First Steps in Working Through an Ethical Issue’ provides a helpful framework for determining how to identify what type of issue the practitioner faces. Specifically, the handout first tasks the practitioner with identifying whether the issue is an ethical one or a legal one. It further delineates the differences between ethical and legal issues. That is, laws are enforced via the criminal justice system and may not be universally considered ethical. Ethics, on the other hand, stipulate guidelines for behavior and may not be formalized into law. (9)

The difference here is key. Even though many laws also apply to our profession, breaking the law does not necessarily constitute an ethical violation for the practitioner. An example might be the dietitian who receives a ticket for speeding on her way to work. This is a violation of traffic law (that is, a legal violation) which does not, in this instance, constitute an ethical violation.

Conversely, ethical violations can occur which do not involve breaking the law. It’s therefore crucial for the practitioner to understand the difference, as well as have a clear understanding of the Code of Ethics which guides our profession.

Social Media Usage and Guidelines for Other Healthcare Professionals (HCPs): What Can RD/RDNs Learn?

It can be helpful for the RD/RDN to also understand how other HCPs are using social media, and what their governing bodies issue as guidance for such use. In 2014, the *Journal of Medical Internet Research* published a [review](#) of the use of social media among HCPs (10). It stated that “blogs are the oldest, most established, and evaluated form of social media, with articles as early as 2004 noting their use in medicine and family practice.” The article went on to note that peer-reviewed articles on medical and healthcare-related blogs have been published, and that such articles tend to highlight

the efficacy with which blogs can promote best practices, applications in clinical knowledge and promotion of professional reflection and development.

However, much like with RD/RDNs, other HCPs' use of social media presents ethical dilemmas and risks to the health-care profession as well. A 2014 [article](#) in *Pharmacy and Therapeutics* journal entitled "Social Media and Health-Care Professionals: Benefits, Risks, and Best Practices" (11) identified risks to both patients and HCPs including distribution of poor-quality information, damage to professional image, patient privacy breaches, and violation of personal-professional boundaries.

Many healthcare professional associations and governing bodies have issued guidelines to help mitigate these risks, including guidelines from a position paper issued by the American College of Physicians (ACP) and the Federation of State Medical Boards (FSMB) (12), a policy statement from the American Society of Health-System Pharmacists (ASHP) (13), and a white paper from the National Council of State Boards of Nursing (NCSBN) (14). There are many commonalities among these bodies' guidelines which have relevance for RD/RDNs. The *Pharmacy and Therapeutics* article summarized commonalities from these various guidelines as including (but not limited to) the following (11):

Content:

- Only share information from credible sources.
- Refute any inaccurate information you find.
- Avoid providing specific health-related advice to non-patients.
- Provide appropriate disclosures and disclaimers regarding the accuracy, timeliness, and privacy of electronic communications

Networking:

- Do not ask patients to join your network.
- Ask patients who wish to join your personal network to contact you via a more confidential means of communication or to your professional site.

Privacy:

- Do not write about specific patients.
- Be sure to comply with all applicable privacy laws.
- Obtain patient consent when necessary.
- Protect patient information through "de-identification." (De-identification includes changing names and identifying characteristics such as diagnosis, geographic location, race, ethnicity and so forth. More guidance on de-identification from the Department of Health and Human Services (DHHS) is [here](#).)
- Be respectful when discussing patients.

Lest you think this guidance is purely abstract and theoretical in nature, consider this: on March 8, 2016, Senator Tom Carper of Delaware called for an [investigation](#) (15) of social media abuse of residents in nursing homes, following a *ProPublica* [report](#) (16) detailing 37 such incidents between 2012 and 2015. Most of the incidents involved inappropriate pictures of nursing home and assisted living residents taken and uploaded by staff to social media sites like Facebook and Snapchat.

Legal action against the offending employees was often taken, and all of them were terminated by their employers. Senator Carper has asked the Office for Civil Rights of the DHHS what, if anything, they are doing to safeguard patients' HIPPA rights, pursue legal action against those responsible, and combat the growing incidence of patient privacy violations on social media.

Addressing Conflict of Interest: Some Considerations and A Potential Framework

Another review in the *Journal of General Internal Medicine* (17) looked specifically at conflict of interest risks for physicians using social media. In it, the author noted the existence of guidelines around social media usage for HCPs but specifically highlighted the lack of appropriate guidance available for addressing conflict of interest.

The author identified three significant differences between traditional and social media, all of which make conflict disclosure uniquely challenging for social media:

1. Social media content spreads more easily, quickly, and in condensed forms often intermingled with other ideas beyond an individual HCP's control. Subsequent messages might carry the originating HCP's endorsement within a social network but not the original disclosure.
2. Social media content is frequently brief, and makes adequate disclosure more difficult. The author gives the example of Twitter, which allows only 140 characters; a typical generic disclosure has 71: "The author has no conflict of interest to report related to this Tweet."
3. The relative trustworthiness of social media still remains relatively unknown.

The author also indicated his concern that current social media guidelines mistake "disclosure" with "management" of potential conflicts. He highlighted that disclosure in medical research, education, and practice is already a widespread ethical obligation in professional guidelines (and a legal obligation of manufacturers in the United States). What he believes is needed is a more comprehensive set of management guidelines. He lists five areas of further consideration for physicians using social media, all of which can be helpful for RD/RDNs to be aware of:

1. Physicians seeking advice on social media must be aware of preliminary evidence that suggests existence of undisclosed potential conflicts online.
2. Physicians who contribute to social media should recognize the consensus around the ethical obligation to disclose potential conflicts.
3. New, more effective and creative disclosure mechanisms should be created (for example, the author suggests permanent electronic "tags" on social media content for which an individual has a potential conflict, which links to full disclosure forms).
4. Specific management strategies should be developed to assist physicians' ethical decision-making about managing conflicts in social media.
5. Ongoing research must be conducted on the prevalence, nature, and effects of physicians' conflicts of interest in social media, including an assessment of the costs and benefits of management strategies.

As the ethical considerations around social media usage for HCPs evolve, it's important for dietitians to stay abreast of consensus, emerging trends and best practices for the healthcare profession as a whole. Maintaining integrity and ethical behavior on social media will enable dietitians to continue to be leading and trusted voices for food, nutrition and health.

References

1. Social Media Usage 2005-2015. Pew Research Center. October 8, 2015. <http://www.pewinternet.org/2015/10/08/social-networking-usage-2005-2015/>. Accessed January 15, 2016.
2. Chretien, K and Kind, T. Social Media as a Tool in Medicine. *Circulation*. 2013; 127: 1413-1421. <http://circ.ahajournals.org/content/127/13/1413.full>. Accessed January 25, 2016.
3. Parsi, K and Elster, N. Why Can't We Be Friends? A Case-Based Analysis of Ethical Issues with Social Media in Health Care. *American Medical Association Journal of Ethics*. 2015;17(11):1009-1018. <http://journalofethics.ama-assn.org/2015/11/peer1-1511.html>. Accessed January 18, 2016.
4. Academy of Nutrition and Dietetics. Code of Ethics. 2009. <http://www.eatrightpro.org/resources/career/code-of-ethics>. Accessed January 22, 2016.
5. Ayres, E. The Impact of Social Media on Business and Ethical Practices in Dietetics. *Journal of the Academy of Nutrition and Dietetics*. 2014;113(11): 1539–1543.
6. Cochran, N and King, D. Dietitians on Social Media: Promoting and Protecting Your Work. *Today's Dietitian*. October 2015. <http://www.todaysdietitian.com/newarchives/1015p50.shtml>. Accessed January 24, 2016.
7. Alderton, M. Social Media Disclosure: The Ethics of Reviews and Recommendations. *Food and Nutrition Magazine*. February 5, 2012. <http://www.foodandnutrition.org/Winter-2012/Social-Media-Disclosure-The-Ethics-of-Reviews-and-Recommendations/>. Accessed January 24, 2016.
8. Academy of Nutrition and Dietetics. Ethics Case Studies: Impact of Social Media. October 20, 2013. http://www.eatrightpro.org/~media/eatrightpro%20files/career/code%20of%20ethics/social_media_ethics_case_study.ashx. Accessed January 22, 2016.
9. Academy of Nutrition and Dietetics. Ethics Education Toolkit: Facilitator's Guide. March 1, 2013. <http://www.eatrightpro.org/~media/eatrightpro%20files/career/code%20of%20ethics/ethics-education-toolkit-2013.ashx>. Accessed Feb 16, 2016.
10. Grajales III, FJ, Sheps, S, Ho, K, Novak-Lauscher, H, and Eysenbach, G. Social Media: A Review and Tutorial of Applications in Medicine and Health Care. *Journal of Medical Internet Research* 2014;16(2):e13. <http://www.jmir.org/2014/2/e13>. Accessed Feb 16, 2016.
11. Ventola, CL. Social Media and Health Care Professionals: Benefits, Risks, and Best Practices. *Pharmacy and Therapeutics*. 2014;39(7):491-520. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4103576/#b13-ptj3907491>. Accessed Feb 15, 2016.
12. Farnan JM, Snyder Sulmasy L, Worster BK, Chaudhry HJ, Rhyne JA, Arora VM, 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;158:620-627. <http://annals.org/article.aspx?articleid=1675927>. Accessed Feb 17, 2016.
13. American Society of Health-System Pharmacists. ASHP statement on use of social media by pharmacy professionals. *Am J Health-Syst Pharm*. 2012; 69:2095–7. <http://www.ashp.org/DocLibrary/BestPractices/AutoITStSocialMedia.aspx>. Accessed Feb 17, 2016.
14. National Council of State Boards of Nursing. White Paper: A Nurse's Guide to the Use of Social Media. August, 2011. https://www.ncsbn.org/Social_Media.pdf. Accessed Feb 17, 2016.
15. Ornstein, C. Senator asks privacy regulators to stop abuse of nursing home residents on social media. *ProPublica*. March 8, 2016. <https://www.propublica.org/article/senator-privacy-regulators-stop-abuse-nursing-home-residents-social-media>. Accessed March 9, 2016.
16. Ornstein, C. Inappropriate social media posts by nursing home workers, detailed. *ProPublica*. Dec 21, 2015. <https://www.propublica.org/article/inappropriate-social-media-posts-by-nursing-home-workers-detailed>. Accessed March 9, 2016.
17. DeCamp M. Physicians, Social Media, and Conflict of Interest. *Journal of General Internal Medicine*. 2013;28(2):299-303. doi:10.1007/s11606-012-2251-x. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3614128/>. Accessed Feb 15, 2016.

For Your Continued Learning

Academy of Nutrition and Dietetics. Why Social Media Ethics Apply to You in Nutrition and Dietetics ([webinar recording](#)). August 23, 2013. Accessed January 25, 2016.

Pellechia, K. (2013). *Do You 'Like' Us: Using Social Media and Technology for WIC, Head Start and Other Public Health Programs (7 CPEUs)*. Arlington, VA: Skelly Skills. Available at: http://www.skellyskills.com/Social_Media_and_the_RD_p/techph-01.htm.

Utah Academy of Nutrition and Dietetics. Registered Dietitians and Social Media. <http://eatrightutah.org/wordpress/wp-content/uploads/2014/05/UAND-soc-media-handout.pdf>. 2014. Accessed January 25, 2016.

SocialMedia.org Blog. <http://socialmedia.org/blog/>. Accessed January 25, 2016.

CE Quiz

1. Which is one of the examples of social networking and overall clinical care mentioned in the article?
 - a. Referrals to specialists
 - b. Peer-to-peer healthcare
 - c. Caregiver connection and support
 - d. Validation of the patient's own opinions
2. True or False: One of the benefits of social media mentioned is "Health provider sharing of information and "crowd sourcing" of ideas for improving care and processes."
3. Which of the following is NOT a specific ethical recommendation the author cautions readers to be aware of?
 - a. The dietetics practitioner does not engage in false or misleading practices or communications.
 - b. The dietetics practitioner presents reliable and substantiated information and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist.
 - c. The dietetics practitioner protects confidential information and makes full disclosure about any limitations on his or her ability to guarantee full confidentiality.
 - d. The dietetics practitioner is alert to the occurrence of a real or potential conflict of interest and takes appropriate action whenever a conflict arises.
4. Fill in the revised version of the SMART formula outlined in the article and briefly describe what each term means.

S:
M:
A:
R:
T:
5. True or false? Sharing even "general" patient stories on social media may be a violation of patient privacy under HIPPA guidelines.
6. Which of the following is a characteristic of an ethical, rather than legal, issue?
 - a. Stipulates guidelines for behavior
 - b. May or may not break the law

- c. Is enforced by the criminal justice system
- d. All of the above
- e. A and b only

7. Which of the following is true about medical blogs, according to the article?

- a. They are one of the oldest forms of social media
- b. They have not been peer-reviewed
- c. They can be helpful for professional development, but not professional reflection
- d. All of the above
- e. None of the above

8. True or false? According to research cited, it's ok for HCPs to 'friend' their patients on Facebook.

9. Which of the following are differences cited by research presented on conflict of interest disclosures in social (vs. traditional) media?

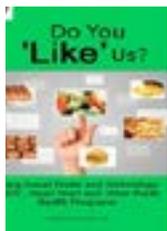
- a. The dynamic and fluid transmission of information means that disclosures may not stay attached to the message
- b. There are no character limitations, which make it easier to make disclosures
- c. The relative trustworthiness of social media is readily known
- d. All of the above
- e. None of the above

Final Critical Thinking Questions.

10. Review and consider the Academy's Ethics Case Studies: Impact of Social Media (available here: http://www.eatrightpro.org/~media/eatrightpro%20files/career/code%20of%20ethics/social_media_ethics_case_study.ashx.) Choose one you found particularly thought-provoking and/or relevant to your current professional environment. Now answer: will what you learned in this case study change the way you approach and/or assess a similar situation in the future? Why or why not?

11. If you are currently using social media, has this article changed the way you approach EITHER your personal and/or professional social media usage? Why or why not? If you are not currently using social media, does this article make you more or less inclined to do so? Why or why not? What else can you do to ensure you are using social media ethically and responsibly?

Need More CPEUs? Learn more and earn 7 CPEUs with our ebook course:



[Do You 'Like' Us? Using Social Media and Technology for WIC, Head Start and Other Public Health Programs \(7 CPEUs\)](http://www.SkellySkills.com). Available at: www.SkellySkills.com

For information on how to get your 1 CPEU, please turn to the next page.

Getting your 1 CPEU

Once you've read and completed the CE quiz questions above, go to this link:

<https://www.surveymonkey.com/r/SMEthicsandtheRD>

The CE quiz questions listed above will display. Answer them and then use the answer key provided to score yourself. Once you've reviewed your progress and corrected any wrong answers, complete the feedback survey and reporting form. Once you submit that, you'll be provided with your 1 CPEU CE Certificate of Completion. Questions? Contact us at info@SkellySkills.com!

Suggested Learning Needs Codes

(1000) Professional skills

(1020) Computer, electronic technology

(1050) Ethics (note: this program fulfills the 1 CPEU ethics requirement for recertification starting in 2012)

(1080) Legislation, public policy

(1090) Media skills

(1140) Written communication skills, publishing

(4000) Wellness and Public Health

(7090) Human resources management, labor relations

Learn more about all our CE courses for RD/RDNs, CDEs and DTRs at www.SkellySkills.com!



Skelly Skills is an accredited CPE Provider for RD/RDNs and DTRs by the Commission on Dietetic Registration (CDR), and an approved CE provider for CDEs by the National Certification Board for Diabetes Educators (NCBDE).

(c) 2016 Skelly Skills. All Rights Reserved.