

## Practicing Physicians Should Post on Social Media



To the Editor:

Twitter colleagues alerted me to the recent commentary by Dr Doroghazi.<sup>1</sup> He shares comments from subscribers to his financial newsletter in response to his statement that “the more a practising physician posts on social media, the less likely I would be to entrust them with my care. You are not first on their list.” The frank insights that followed were interesting. Although initially shared using traditional methods and largely negative about social media, the comments would in fact not be out of place in the daily physician conversations currently occurring on Twitter.

I agree that physicians must comply with institutional social media policies including fierce protection of patient privacy and not posting while providing direct patient care. However, I disagree that physicians posting on social media should not be trusted. Like it or loathe it, social media is ubiquitous in our lives and is here to stay. The average Internet user spends 2.5 hours per day on social media, and this is increasing.<sup>2</sup> Physicians across all medical specialties are online, discussing research, science, teaching, and advocacy. In addition to our colleagues, our patients, institutions, and politicians are present. If we are absent, the spaces will be filled by others, disinformation can flourish, and we veto avenues to have our voices heard.

The way we share knowledge is evolving. Up until recently, scholarly work was shared by professors via invited conference speaking engagements and scientific writing, and discussions were largely limited to corridor conversations with colleagues in our physical world. Waiting at the letterbox for a journal, with papers written months prior, to physically arrive seems quaint now. It has always been difficult for busy physicians to keep up to date while working, and this continues to be challenging because the volume of medical knowledge is increasing exponentially.<sup>3</sup> Social media can help physicians keep across the tsunami

of information using time saving instruments such as infographics, tweet chats, podcasts, and videos.

Social media levels the medical hierarchy allowing across and within silo discourse and learning. Now, anyone with a phone can create, read, and respond to information immediately. Like traditional publications, this method of information sharing still requires careful analysis; however, peer review can be done instantly and publicly by world experts online. Physicians who do not post can also benefit their patients by “listening” to these conversations. In these uncertain pandemic times, those making “multiple inane posts that day on Facebook about physician burnout”<sup>1</sup> can find many who care and share practical resources and personal stories to help destigmatize mental health. Hippocrates himself believed in broad sharing of medical knowledge and debate and, if alive today, may well have posted on Twitter.<sup>4</sup> Instead of advocating abstinence, we should engage wisely.

Dr Doroghazi asks if your personal hero posts on social media. I see many physician heroes online, sharing their expertise with strangers. I agree that giving away knowledge for free is unlikely to advance financial goals, but in medicine and in life, money is not everything. I warmly encourage Dr Doroghazi, readers of his newsletter, and readers of *The American Journal of Medicine* to embrace change and join the Twitter community. No invitation is necessary, there is no hierarchy, no fee, and there is a place for everyone.

Tanya Selak

Department of Anesthesia,  
Wollongong Hospital, Wollongong,  
NSW, Australia

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Requests for reprints should be addressed to Corresponding author. Tanya Selak, PO Box 1508, Wollongong, NSW, 2500, Australia.

E-mail address: [tanya.selak@health.nsw.gov.au](mailto:tanya.selak@health.nsw.gov.au)