

Looking up patients online: Why it's a bad idea

Tyler R. Stoltz, MD, and Kaustubh G. Joshi, MD

Dr. Stoltz is a third-year general psychiatry resident, Palmetto Health, Columbia, South Carolina. Dr. Joshi is Associate Professor of Clinical Psychiatry and Associate Director, Forensic Psychiatry Fellowship, Department of Neuropsychiatry and Behavioral Science, University of South Carolina School of Medicine, Columbia, South Carolina.

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Searching for someone on the Internet and viewing his or her social media profile is an effective way to obtain information about people, including patients. Following our patients' "digital footprint" may help us understand the context of their lives, reconcile discrepancies in what they have told us, or allow us to confront denial and address incomplete reporting.¹ However, perusing our patients' online profiles could negatively impact treatment and adherence. Consider these factors before looking up your patients' online profiles¹⁻³:

Inaccurate information. Information on the Internet, especially what you can find on user-generated forums, is largely unregulated; as a result, the veracity of that information cannot be guaranteed.¹ Patients may choose to portray themselves inaccurately on their online profiles, and their identities often cannot be confirmed. Even if some information is accurate, you might discover things that you did not expect to learn about your patients, including important information that they did not share, or even something they lied about. This can create the conundrums of what to do with such information and how to discuss it at the next visit.

Impact on treatment. Despite patients' online activities being displayed for the world to see, many patients do not expect their clinicians to access their online information. They might perceive such perusal as a breach of trust, which might lead some to view the doctor-patient relationship as adversarial. Accessing this infor-

mation also could create a more intimate relationship than intended. Even if a clinician acquires consent to perform a search, patients may still feel coerced into allowing it because they might feel that declining to grant permission would make the clinician suspect that they have something to hide, or that the clinician would search without consent.²

In addition, if patients are aware that their psychiatrists are monitoring them, they might change their behavior. For example, they may delete certain data, add additional information that may not be accurate, or censor future social media posts. Knowing that their clinicians could be paying attention to them around the clock also might motivate certain patients to act out more or become withdrawn.

Possible medicolegal repercussions. If clinicians are able to access their patients' electronic profiles, are they then legally obligated to monitor them? For example, if a patient who posts a picture with a noose around his neck later completes suicide, does the clinician who intermittently monitored this patient's online profile face legal



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ramifications for not seeing the post? Do clinicians have to call 911 for vaguely suicidal tweets? What responsibilities does a clinician have at the first sign of an innocuous “sad” emoji? The sheer volume of online content that patients can create over different outlets is staggering. It can be overwhelming and ineffective to attempt to monitor patients’ online activities in addition to attending to one’s usual clinical duties, and the medicolegal repercussions of doing so are largely unknown.

Before searching the Internet to learn more about your patients, first consider the ramifications of doing so. While such searches could be helpful, they may lead to poor adherence, a lack of trust, or legal quagmires.

References

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Accessing a patient’s online profile information may be perceived as a breach of trust