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# Doctors and social media

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## OPINIONS

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## **Doctors who use social media must take care not to create problems for themselves, their patients or the medical profession in general.**

Doctors, in common with many others, are diligent users of social media, both in open and closed forums. They use these media as doctors, as private individuals, and in other roles. The Council for Medical Ethics considers it important for doctors and medical students to participate in such forums. Participation helps receive and disseminate knowledge, but we also find that it presents some particular challenges for doctors. In 2012, Trond Markestad issued advice on doctors' use of social media [\(1\)](#), which the Council now wishes to update. A fundamental question to ask is: Might your activity on social media have unfortunate consequences for your patients, your doctor-patient relationship, your colleagues, or your own career [\(2\)](#)?

'Doctors must be conscious of their role as medical professionals and consider whether the information that they are publishing about themselves online could potentially undermine general trust or affect a doctor-patient relationship,' Markestad writes [\(1\)](#). It is every bit as important today.

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## **Ethical rules for doctors**

The following paragraphs in the Norwegian Medical Association's Code of Ethics for Doctors [\(3\)](#) are especially important in this context: 'A doctor should according to his or her ability contribute to objective information to the public

and the authorities on medical matters' (Chapt. I, section 11), 'A doctor shall base his practice on respect for fundamental human rights, and on truth and justice in relations with patients and to society (Chapt. I, section 1), 'A doctor shall maintain confidentiality and exercise discretion in respect of information he or she obtains in his or her medical capacity' (Chapt. I, section 4), 'A doctor must not use or recommend methods which lack foundations in scientific research or sufficient medical experience' (Chapt. I, section 9), 'A doctor should according to his or her ability contribute to objective information to the public and the authorities on medical matters' (Chapt. I, section 11) and 'A doctor must show respect for colleagues and collaborators, and assist, advise and guide them' (Chapt. II, section 1). Chapter III concerning marketing is also relevant in its entirety.

When doctors express themselves as private individuals, they must be clear on their role as a doctor. What they publish about themselves, as well as pronouncements in online debates, may be of a nature that undermines doctor confidentiality or affects the doctor-patient relationship.

In order to maintain a professional distance, doctors should not be Facebook friends with current or former patients. Friend requests should be politely declined, with the justification that the Directorate of Health has a strict interpretation of the duty of confidentiality [\(1, 4\)](#).

Doctors may certainly participate in discussions, but they must express themselves in such a way that their posts cannot be perceived as derogatory or discriminatory. They should also be impartial. A useful rule is to imagine that what one writes may be printed in a newspaper [\(5\)](#).

*«A useful rule is to imagine that what one writes may be printed in a newspaper»*

It may be tempting to offer diagnostic assessments of public figures. This should be avoided [\(6\)](#).

The Code of Ethics includes strict provisions regarding the duty of confidentiality. Patients can often be recognised, even when an attempt has been made to anonymise them. The closed Facebook group 'The GP initiative' encourages posted messages that include patient characteristics to be published by a colleague in another part of the country to reduce the risk of recognition. Patient consent does not absolve doctors of the duty of confidentiality – medical histories may also concern third parties. Doctors have a particular responsibility when discussing children. A doctor must never inform readers that a doctor-patient relationship exists or has existed.

Chapter III in the Code of Ethics for Doctors deals with marketing. The Council for Medical Ethics believes that the rules are also suitable for doctors' use of social media as marketing channels. There is a trend to use marketing professionals, but these have not always acquainted themselves with our ethical rules, and it is for the doctor with medical responsibility to ensure that the

marketing does not breach ethical rules – irrespective of which channel is used. The name of the doctor with medical responsibility must also appear in the advertisement.

Social media are widely used in the field of aesthetic medicine. In one case, a cosmetic surgeon tagged images of a 14-year-old (7), resulting in the patient's followers being led to the clinic's website. The clinic's Instagram follow-up was outsourced to a third party, but this does not absolve the clinic of responsibility for its marketing.

A cosmetic surgery clinic ran a lottery for treatments on its Facebook page. People were encouraged to share their stories, and a winner was drawn each month. The Council took the view that this constituted disreputable marketing practice without due regard for patient confidentiality and instructed the clinic to cease this type of marketing (8). Use of Facebook can also be a way of evading the ban on before-and-after pictures, a practice that is not permitted (9).

The Norwegian Medical Association's Department of Social Policy has prepared guidelines for use of social media with the guidelines listed as bullet points (Box 1). The Council encourages members to acquaint themselves with these, and always to think carefully each time they publish a post.

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**Box 1 Do you give thought to how your use of social media may affect patients, colleagues or your career? Below are some guidelines for use of social media.**

- Investigate whether your place of work has separate guidelines for social media. Learn them
- Acquaint yourself with your privacy settings for the various channels
- Ensure that you always have control of what is written in your name
- Report any inappropriate content that you find on social media
- Do not get involved in professional discussions, but at a general, not a patient-specific level
- Do not share images or other information about patients without written consent
- Do not give, confirm or disseminate patient information or confidential information via social media
- Consider whether being friends with patients on social media may affect the doctor-patient relationship
- Be wary of answering medical enquiries on social media
- Remember that journalists are free to quote from social media. Any information posted on public web pages with unrestricted access can be quoted freely in other information channels
- Do not use the organisation's logo when you act as a private individual
- Be wary of commenting on work-related cases as a private individual
- Marketing of health services shall not breach Norwegian law or the Code of Ethics for Doctors

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## LITERATURE

1. Markestad TJ. Råd om legers bruk av sosiale medier. Tidsskr Nor Legeforen 2012; 132: 1125–6. [PubMed][CrossRef]
2. European Junior Doctors. Social media flyer. [https://www.juniordoctors.eu/sites/default/files/EJD\\_Social%20Media%20Flyer%20042\\_0.pdf](https://www.juniordoctors.eu/sites/default/files/EJD_Social%20Media%20Flyer%20042_0.pdf) Lest 9.1.2019.
3. Den norske legeforening. Etiske regler for leger. <https://legeforeningen.no/Om-Legeforeningen/Organisasjonen/Rad-og-utvalg/Organisasjonspolitiske-utvalg/etikk/etiske-regler-for-leger/> Lest 3.4.2019.
4. Storvik AG. Fastlege får Facebook-refs av Helsetilsynet. Dagens Medisin 19.1.2017. <https://www.dagensmedisin.no/artikler/2017/01/19/fastlege-far-facebook-refs-av-helsetilsynet/> Lest 9.1.2019.
5. Rådet for legeetikk. Årsberetning 2018. Side 33. <https://legeforeningen.no/Emner/Andre-emner/Etikk/Arsberetninger-Radet-forlegeetikk/Arsberetning-2018-pdf/> Lest 15.8.2019.
6. Fjerndiagnostisering HK. <http://dx.doi.org/10.4045/tidsskr.16.0811> Tidsskr Nor Legeforen 2017; 137: 380–1. FjerndiagnostiseringHK. Tidsskr Nor Legeforen 2017; 137: 380 - 1. [10.4045/tidsskr.16.081128272571](https://doi.org/10.4045/tidsskr.16.081128272571)[PubMed] [CrossRef]
7. Otterlei SS. Plastikkirurger skrev «nice photo» til 14-åring for å markedsføre seg – nå legger de seg flate. NRK 18.6.2018. [https://www.nrk.no/hordaland/plastikkirurger-skrev-\\_nice-photo-til-14-aring-for-a-markedsfore-seg-na-legger-de-segflate-1.14130754](https://www.nrk.no/hordaland/plastikkirurger-skrev-_nice-photo-til-14-aring-for-a-markedsfore-seg-na-legger-de-segflate-1.14130754) Lest 9.1.2019.
8. Rådet for legeetikk. Årsberetning 2017. Side 25. <https://legeforeningen.no/Emner/Andre-emner/Etikk/Arsberetninger-Radet-forlegeetikk/Arsberetning-2017-pdf/> Lest 3.4.2019.
9. FOR-2013-01-17-61. Forskrift om markedsføring av kosmetiske inngrep. <https://lovdata.no/dokument/SF/forskrift/2005-07-01-749> Lest 15.8.2019.

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