Guest Editorial

Social Media – What dentists need to be aware of

What is social media?

The Oxford English Dictionary\(^1\) definition is:

*Websites and applications that enable users to create and share content or to participate in social networking*.

Many of us will instantly think it relates to sites such as Facebook, Twitter and Instagram. However, it encompasses a variety of websites and all types of social networking. When I was asked to write this article, I researched some basic demographics about social media, which I found astounding. The United Kingdom has a population of approximately 65 million\(^2\) and 92.6% of this population actively use the internet, a number far higher than I expected.

Whilst sitting on the train travelling to work and walking from the station to the hospital, I notice that the majority of people are transfixed to their mobile devices. I find the same scenario on my return journey, and notice more and more people out for dinner with their partners and family, mute, as they are using their mobile devices and not engaging in verbal conversation. What has happened to the world? Am I old before my time? Do people not socialize verbally anymore and share their experiences; do they only use social media? The answer to the latter, although may not apply to everyone, is yes to an extent. This is certainly the way the trend seems to be moving. I am a supporter of social media, but am concerned that our lives are overrun with ‘apps; ‘posts; ‘tweets’ and ‘re-tweets’. What we as professionals need to remind ourselves is that our ‘electronic posts’ may well be visible to all, and therefore we must consider what we post on social media, as the footprint is likely to remain there for ever, irrespective of removal of, or deletion, of posts. Some have described this as a digital tattoo.\(^3\)

We should all be aware of the General Dental Council Guidelines\(^6\) on social media, for both students and qualified dentists which, in the Professional Standards, states:

*You must not post any information or comments about patients on social networking or blogging sites. If you use professional social media to discuss anonymised cases for the purpose of discussing best practice you must be careful that the patient or patients cannot be identified.*

For those of you not familiar with it, in 2015 there was a case whereby a dental nurse was reported to the GDC for unprofessional and offensive behaviour and the professional conduct committee found that the nurse’s fitness to practise was impaired, and issued a reprimand. Only recently have we seen the case of the American Dentist who shot a Tiger which was posted on social media and became headline news.\(^5\) Not a practice builder I am sure you will agree but, irrespective of his actions, his professional profile was darkened.

So, why do we use social media? Well this can be for a variety of reasons, which can include updating friends and family on situations; especially in recent months, where we have suffered terrorist attacks. Facebook has allowed people to ‘check in safely’, for discussions; creation and sharing of ideas, social updates, opinions or to advertise as a business and other professional means. Over 2 million businesses use Facebook for advertising, and 84% of adults use some form of social media, 76% of whom view it on a daily basis. Data from June of this year shows that Facebook has just over 2 billion active users, and Twitter has over 15 million active users in the United Kingdom alone, of which more than 65% are under the age of 34.\(^6\)

Social media has excellent potential for professional development\(^7\) but, as mentioned above, we as professionals must be cautious as it can be extremely damaging when used inappropriately.\(^4\) Professionally, we are drawn to social media. There are a variety of professional bodies which host Facebook pages, such as the Faculty of General Dental Practitioners, all of The Royal College of Surgeons, several associations such as the British Association of Oral Surgeons, The British Dental Association and the British Society of Periodontology, to name but a few. There are other platforms within social media, such as Pinterest which, as the name suggests, is a pin board where you can post and share images, Instagram, which again is a photographic

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There have been reports in the United States of medical students posting unprofessional online content which included violations of patient confidentiality, profanity, discriminatory language, depiction of intoxication and sexually suggestive material. Chretien et al reported that 7% of medical students were dismissed following posting of unprofessional content and 67% were given informal warnings. At the time of publication, in 2009, only 39% of Medical Schools surveyed had policies in place for such issues, however, at the time of the research, the majority were developing them. Given the timescale since this publication, I would be very surprised if not all universities, irrespective of their programmes, had such policies in place.

We, as a profession, whether qualified or a student, should be conscious of our public image and be aware that any use of social media has the potential to damage or destroy our career irreversibly. We must be vigilant and think before responding or posting any comments. Often, it is prudent to ‘bite one’s cheek’ (excuse the pun) and let whatever the original comment pass us by or, indeed, take some time out before responding in such a public forum. Privacy settings should be reviewed and activated to ensure optimal security, although this should not be relied on as, with some social media sites, friends of friends, who may have no link to the original profile posting, may be able to see the original post and thereby it becomes uncontrollable.

On a more positive note though, there is endless high quality information available electronically for use by us as professionals. It allows networking to be much easier, such as LinkedIn, and it allows patients to access such information. However, we should be cautious of this and err on the side of caution with some websites, as the information patients read and digest might not always be entirely accurate.

There are opportunities to utilize social media in a positive, engaging manner to inform the public of medical and dental issues, for example sponsored ‘tweets’ reinforcing health messages similar to that of advertising businesses. Would social media companies consider tweeting ‘sponsored’ NHS messages free of charge to reinforce seasonal health messages to all accounts? Perhaps a discussion for another time, but certainly private healthcare providers are using social media to advertise their services.

Hopefully, this will not deter us, as professionals, from using social media in a professional and responsible capacity, and maintaining social links with friends near and afar.

Welcome to Dental Update 2018 and to its first issue

It is in this issue that we see the last article in the Immune System series. This has been a fascinating look at our immune system, as the title of the articles state – the basis of so much health and disease. I very much wish to thank the authors, Drs Georgakopoulou and Hassona, for their superb input but, in particular to mention Professor Crispian Scully, whose ‘brainchild’ the series was. Following his untimely passing, all students of dentistry, be they young or old, will miss his writing. He had the knack of making potentially difficult subjects interesting to read.

References