



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

GUIDELINES FOR GOOD PRACTICE IN THE HEALTH PROFESSIONS

ETHICAL GUIDELINES ON SOCIAL MEDIA

BOOKLET 16

PRETORIA

MARCH 2025

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THE SPIRIT OF PROFESSIONAL GUIDELINES

High quality clinical outcomes are only achievable when patients and healthcare practitioners trust each other explicitly. Practice in the healthcare profession is therefore a moral enterprise and demands that health practitioners have a life-long commitment to sound, ethical professional practice and an unstinting dedication to the interests and wellbeing of society and their fellow human beings.

It is in this spirit, that the HPCSA formulates these ethical guidelines, to guide and direct the practice of health practitioners. They apply to all persons registered with the HPCSA and are the standard against which professional conduct is evaluated.

[In these guidelines, health practitioner and healthcare professional may be used interchangeably, both referring specifically to persons registered with the HPCSA].

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1. ABOUT THESE GUIDELINES

These guidelines are developed to support health practitioners with regard to understanding their obligations when using social media. The guidelines apply to all health practitioners registered with the Health Professions Council of South Africa (HPCSA).

2. INTRODUCTION

- 2.1 The usage of social media is expanding rapidly as individuals and organisations are embracing user-generated content through social networks, internet forums and personal blogs.
- 2.2 Irrespective of whether online content is accessible to the public at large or is limited to a specific health practitioner, there is a need to maintain the highest professional and ethical standards in using social media.
- 2.3 Awareness to potential risks involved in engaging and sharing of information via social media, even if the consequences may be unintended, is critical for a health practitioner.
- 2.4 These guidelines shall be read in line with the Ethical Rules of Conduct for Health Practitioners Registered under the Health Professions Act, 1974 (Rules), as amended, and any other applicable regulatory tools.

3. DEFINITION OF SOCIAL MEDIA

- 3.1 Social media describes any online tools and electronic communication platforms that are used for private messaging, social networking, sharing content such as opinions, information, photos, videos and audio.

- 3.2 Social media includes social networks, content-sharing platforms, personal and professional blogs, internet discussion forums and the comment sections of websites.

4. CONTEXT IN RELATION TO HPCSA

- 4.1 A key mandate, amongst others, of the HPCSA is to guide the professions and to protect the public.
- 4.2 Social media is beneficial as it allows instant updates on the latest developments, including healthcare issues, through reputable user-generated content, builds a professional support network; as well as to communicate and share information with the public and amongst health practitioners.

5. OBLIGATIONS IN RELATION TO SOCIAL MEDIA

- 5.1 Just as with all aspects of ethical and professional conduct, a health practitioner shall be aware of their obligations on the Rules and other pieces of relevant legislations, such as the Promotion of Access to Information Act, 2000, the Protection of Personal Information Act, 2013, and other applicable laws.
- 5.2 There are ethical obligations and responsibilities imposed on a health practitioner regarding their relationships with their patients and each other, such as those set out in the *General Ethical Guidelines for Health Care Professionals (Booklet 1)* and *Confidentiality: Protecting and Providing Information (Booklet 5)*.
- 5.3 Obligations relating to the electronic storage and transmission of health records for professional purposes are found in *General Ethical Guidelines for Management of Health records (Booklet 9)* and *Ethical Guidelines for Good Practice in Telehealth practice (Booklet 10)*.

6. PATIENT CONFIDENTIALITY AND PRIVACY

- 6.1 Patients and clients are entitled to privacy and confidentiality, which is enshrined, first and foremost, in the Constitution of the Republic of South Africa, 1996, as well as in other legislations.
- 6.2 Disclosure of a patient's information may only be done in accordance with a court order, the patient's consent and/or in terms of the law.
- 6.3 Sharing of confidential information with other members of the health care team involved in the patient's care and with individuals who have the patient's consent is an acceptable conduct.
- 6.4 Sharing of private information when it is justified is acceptable, such as in the public interest. For example, when failure to do so will result in harm to the patient or others.
- 6.5 Written informed consent of the patient is required before publishing or communicating information (e.g. case histories and photographs) about them in media or on any platform to which the public has access, whether or not a health practitioner believes the patient can be identified by the data, unless there is an acceptable justification.
- 6.6 If the patient is a minor, written informed consent of the patient's parent or guardian and assent of the minor is required.
- 6.7 Sharing information or data for purposes other than diagnosis, treatment or education and training through social media without informed consent must ensure that the information is anonymised before the information and data is disclosed.
- 6.8 Where it may be appropriate to communicate through social media with other health practitioners and professionals, a health practitioner must ensure that

the recipient of patient information understands that such information is given to them in confidence, which must be respected.

- 6.9 Disclosure of health information on social media to the public must be avoided, and if it is not possible at all, it must be kept to the bare minimum necessary in order to protect the rights of patients.
- 6.10 A health practitioner must be aware that there is always a risk that the information can be disseminated, even in so-called “invisible” groups, (i.e. people you do not know are reading the information or who you did not know could read the information).
- 6.11 The obligation to keep patient information confidential remains even after the patient dies.

7 THE HEALTH PRACTITIONER-PATIENT RELATIONSHIP

- 7.1 Interaction between a health practitioner and the patient on social media can blur the boundaries of the health practitioner-patient relationship.
- 7.2 It is advised that no interaction with patients via social media platforms, as such may result in failure to maintain strict professional relationships with patients and may result in other ethical dilemmas.
- 7.3 The acquisition of data about an individual's health or sex life outside the healthcare setting, for the purpose not related to the collection, processing and storage, and without consent, is unlawful. Health practitioners may find themselves privy to personal patient information that has not been shared in the healthcare setting during social media interactions with patients.
- 7.4 Sharing personal information by the health practitioner with their patients during face-to-face consultations is common, but social media does not offer a similar level of control over the extent and type of content sharing.

- 7.5 If a health practitioner performs a non-medical role in their community, maintaining appropriate professional boundaries may be difficult as they may receive requests on social media from patient's they know in a non-professional capacity. In these instances, a health practitioner shall consider the circumstances and implications before accepting these requests. If a patient or a client contact a health practitioner through social media platforms, such a patient or client should accordingly be directed to an appropriate healthcare establishment for a proper consultation.
- 7.6 Should a health practitioner receive an inappropriate message from a patient via social media, they should politely re-establish professional boundaries and explain their reasons for doing so.
- 7.7 Except in an emergency or life-threatening situation, if a patient is seeking health care interventions over social media, the patient shall politely be requested or referred to a formal health establishment to get proper consultation.
- 7.8 If a patient persists in contacting the health practitioner over social media, a record or a log of all contacts may be kept before an advice can sought from the HPCSA.
- 7.9 Providing health care advice over social media to individuals with whom the health practitioner does not have a professional relationship is discouraged and should be done with the outmost discretion, if necessary.
- 7.10 If health care advice is shared online, it must be evidence based, scientifically sound and generic, and the recipient must be directed to consult with a health practitioner in person before following through such advice.
- 7.11 It is advisable to keep separate professional and personal social media accounts to help maintain the appropriate professional boundaries with patients.

8 THE HEALTH PROFESSION'S IMAGE

- 8.1 If a health practitioner uses social media in their personal capacity, their online activity may nevertheless bring the profession into disrepute.
- 8.2 The media routinely monitors online activity to research stories or potential stories. Information posted online may be disseminated, whether intended or not, to a larger audience, and may be taken out of context.
- 8.3 Content posted on social media may also harm the health practitioner's employability, professional reputation and recruitment prospects, limiting professional development and advancement. Employers also monitor the social media profiles of prospective employees and are known to turn away applicants based on questionable digital behaviour.
- 8.4 Social media activities that a health practitioner should avoid for example include:
- a) Taking photographs during surgery and other forms of care or treatment;
 - b) Making unsubstantiated negative comments about individuals or organisations;
 - c) Making informal and derogatory comments about patients;
 - d) Making comments that can be perceived as racist, sexist, homophobic or otherwise prejudicial, even if meant in jest or as satire.
- 8.5 Engagement on full and health debates on health matters is encouraged. However, awareness of the laws regarding defamation, hate speech, copyright etc, is important as such also extend to content shared via social media.
- 8.6 Prohibition is placed on sharing opinions relating to probity, skill or professional reputation of colleagues on social media, lest the public lose faith in the healthcare professions.

- 8.7 Online relationships between health practitioners of varying levels of training should only be initiated upon consideration of the purpose of the relationship. In the case of senior staff receiving social media requests from students (or vice versa), the purpose might be mentorship, research or career advice. Regardless of the intent, the traditional boundaries of the trainee-teacher relationship apply even in interactions via social media. These boundaries also extend to staff and other health practitioners.
- 8.8 If a colleague makes derogatory or inappropriate comments on social media, a health practitioner is advised to bring it to their attention discreetly, and not to engage or respond publicly on the social media platform.
- 8.9 A disclaimer shall be included in the media profiles, indicating that the views expressed therein are their own and not those of the health profession or the health establishment, they may represent. However, this does not absolve the health practitioner from liability.

9. COMMUNICATING INFORMATION ABOUT HEALTH SERVICES

- 9.1 Health practitioners must be honest and not mislead the public about their skills, experience, qualifications, professional status, and professional services they provide.
- 9.2 Information shared shall always be scientific, factual, and shall not exploit the public's vulnerability or lack of medical knowledge.
- 9.3 When sharing information about specific health interventions, health practitioners should adequately inform of the associated risks, benefits and complications. The need for a proper health consultation must be made clear.
- 9.4 Misrepresentation of facts or allowing others to misrepresent facts is not acceptable.

10. CONFLICTS OF INTEREST

- 10.1 Social media is also a popular tool for the advertisement and promotion of goods and services, with the growing online market being one of the most emphasised in business practice.
- 10.2 When using social media, even if via personal or anonymous blogs, a health practitioner must comply with the HPCSA rules on advertising practice, (including not engaging in active or passive touting and canvassing or allowing others to do so on their behalf), and must make sure that declaration of financial interests in hospitals is done (see Booklet 2 *Ethical and Professional Rules of the Health Professions Council of South Africa* and Booklet 11 *Guidelines on Overservicing, Perverse Incentives and Related Matters*).
- 10.3 Touting involves drawing attention to one's professional goods or services by offering guarantees or benefits that fall outside one's scope of practice. An example is advertising airconditioned rooms for patients' enjoyment while waiting for their consultations. Health practitioners are also not allowed to barter health services with social media exposure.
- 10.4 Canvassing involves the promotion of one's professional goods and services by drawing attention to one's personal qualities, such as superior knowledge, quality of service, professional guarantees, or best practice. An example of canvassing is a health practitioner declaring on social media or posting patient reviews that state he or she is 'the best health practitioner in the country'. Exploitation of professional relationships with patients by trying to gain advantage from their social standing or social media influence, is not acceptable.
- 10.5 It is not acceptable for a health practitioner to advertise, endorse or encourage the use of any hospital, medicine or health-related product and services on social media for purposes of financial gain or other valuable consideration.

- 10.6 However, health practitioners are not prohibited from endorsing non-healthcare products or non-medicinal products, provided that there is a clear disclaimer to indicate that such promotions are paid. Health practitioners shall clearly disclose any sponsorships, financial incentives, or any other information which would likely affect the patient's perception of the health practitioner's services offered or product being endorsed.
- 10.7 A failure to follow these guidelines when using social media undermines the public trust in the health profession.

11. PRECAUTIONARY MEASURES WHEN USING SOCIAL MEDIA

- 11.1 A health practitioner must be aware that, even with a pseudonym, anonymity on social media platforms is never guaranteed. The identity and location of the user can be easily traced through their linked accounts or IP address.
- 11.2 If social media is being used in the personal capacity, it is advised that an adjustment of privacy settings is made to restrict public access. However, even with advanced security measures and end-to-end encryption, complete privacy on social media cannot be guaranteed. There is always the risk that the content can be shared beyond the scope of the health practitioner's personal network.
- 11.3 Once content is shared online, it is difficult to remove, social media is used with the understanding that the information they post will remain on the internet permanently.
- 11.4 Even if the information is deleted on a social media site, it does not necessarily mean the content has been removed completely. Content may be copied or reproduced by other users before it has been deleted, and many websites and internet browsers use cache and cookie systems that inconspicuously store data.
- 11.5 It is recommended to avoid using social media when stressed, tired, upset or under the influence of alcohol.

- 11.6 It is advised to err on the side of caution when using social media. If uncertain about whether it is ethically and legally permissible to share particular content via social media, it is best not to do so until advice has been obtained.

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South African Medical Association: Guidelines for doctors using social media (2015)

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Ethical guidelines for good practice in the health care professions

The following booklets are separately available:

Booklet 1: General ethical guidelines for health care professions

Booklet 2: Ethical and professional rules of the health professions council of South Africa as promulgated in government gazette R717/2006

Booklet 3: National Patients' Rights Charter

Booklet 4: Seeking patients' informed consent: The ethical considerations

Booklet 5: Confidentiality: Protecting and providing information

Booklet 6: Guidelines for the management of chronic diseases

Booklet 7: Guidelines on withholding and withdrawing treatment

Booklet 8: Guidelines on reproductive health management

Booklet 9: Guidelines on patient records

Booklet 10: Guidelines for the practice of Telemedicine

Booklet 11: Guidelines on overservicing, perverse incentives and related matters

Booklet 12: Guidelines for the management of health care waste

Booklet 13: General ethical guidelines for health researchers

Booklet 14: Ethical guidelines for Biotechnology research in South Africa

Booklet 15: Research, development and the use of chemical, biological and nuclear weapons

Booklet 16: Ethical Guidelines on social media

Booklet 17: Ethical Guidelines on Palliative Care

Booklet 19: Ethical guidelines on matters relating to ethical billing practices