

Root of The Matter: Social Media, A Dental Hygienist's Responsibility

Jacqueline Guyader Senior Dental Hygiene Advisor



It was not so long ago that information was provided to a client in a one-on-one setting, usually face-to-face, or sometimes over the telephone. Now with the push of a button, hundreds are able to receive information and updates through social media. Whether we like it or not, social media is here. These days if you're not on Facebook®, Twitter®, LinkedIn®, Instagram®, Snap Chat®, or blogging it seems that you are behind the times and "not in the know". Social media is a low cost way to market a business and an instant way to spread information and share ideas. As such, there are many benefits for incorporating some aspects of social media in one's practice; however, there may also be risks involved.

Social media has changed the way we communicate with our clients and other health care professionals. This brings in a new dimension on how the CDHBC Code of Ethics applies to these growing online formats. It is also important to understand that professional standards for dental hygienists do not change when communicating or sharing information via these online platforms. Utilizing social media has implications related to ethical responsibilities such as confidentiality, privacy, professionalism, conflict of interest, and maintaining public trust. When incorporating social media into one's practice, it is important to adhere to the [Interpretation Guidelines on Social Media](#)¹ and [Code of Ethics](#)² to ensure that professional boundaries are maintained.

What are a registrant's responsibilities related to governing laws and the CDHBC Ethical Standards? Let's take a closer look.

In section 7 (1) of the [Human Rights Code](#)³ there is clear information outlined pertaining to discrimination in publications:

"A person must not publish, issue or display, or cause to be published, issued or displayed, any statement, publication, notice, sign, symbol, emblem or other representation that

(a) indicates discrimination or an intention to discriminate against a person or a group or class of persons, or

(b) is likely to expose a person or a group or class of persons to hatred or contempt because of the race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation or age of that person or that group or class of persons."

Recommendations related to ethical conduct when using social media are outlined in **Table 1**.

TABLE 1

Principle	CDHBC Ethical Statement ²	Recommendations
CONFIDENTIALITY	Practice the principle of confidentiality.	<ul style="list-style-type: none"> • Content posted on social media should never reference a client or provide any identifiable information related to the client.⁴⁻⁶ • Informed consent must be obtained from a client if posting information such as a testimonial on Facebook®. However, the client must understand the intended use of the information and privacy regulations must adhere to the Personal Information Protection Act.⁷ • Discussions with clients related to their oral health care should not occur on an open social media site.^{5,9} • Ensure high privacy settings are in place. However, even these cannot always guarantee privacy.^{4,8}
PROFESSIONALISM	Hold paramount the health and welfare of those served professionally.	<ul style="list-style-type: none"> • Keep the postings professional with general information about your practice setting. • Keep personal and professional information separate.⁸ • Think twice before accepting a “friend” invite to a social media site from a client, as it can blur the professional boundaries.^{4, 6, 8-10} • Be cautious when posting as professional character may be judged based on how one portrays themselves online.^{5, 9} • Language and photos should be professional and responsible.⁸⁻¹¹ • Ensure links and posting of oral health related information are from credible sources using appropriate copyright permission.^{4, 5} • Use professional judgment when posting, as a dental hygienist is accountable and responsible for information posted on a social media platform.¹⁰
MAINTAINING PUBLIC TRUST	Represent the values and ethics of dental hygiene before others, and maintain the public trust in dental hygienists and their profession.	<ul style="list-style-type: none"> • If you identify yourself as a dental hygienist on Facebook®, remember to act responsibly at all times and uphold the reputation of your profession.⁸ • Anything posted on social media is permanent even with high privacy settings. Negative remarks and inaccurate information may impact client trust and have a harmful effect on the image of the profession.⁹⁻¹¹ • Even if a post or photo is deleted, there is a digital footprint that will always remain. Therefore, post with caution.^{8,9} • Ensure credentials are not misrepresented.⁵
CONFLICT OF INTEREST	Avoid a conflict of interest in carrying out professional duties, but where such conflict arises, fully disclose the circumstances without delay to the client or appropriate agency.	<ul style="list-style-type: none"> • A health professional should disclose to the public if there is a conflict of interest.^{4, 8, 10} For example, recommending a product without disclosing that you work for the company and benefit from the sale of the product.
DUTY TO REPORT	Report to their licensing body or other appropriate agencies any illegal or unethical professional decisions or practices by dental hygienists, or others.	<ul style="list-style-type: none"> • It is considered an ethical responsibility to report a dental hygienist if and when information posted on their professional online site constitutes unethical behavior or if the behavior posted is not in the best interest of the client or public.^{2, 5, 6}

If the College receives a complaint regarding unethical or illegal conduct posted on social media by a registrant, the College may conduct an investigation. Such postings call into question the integrity of the registrant and the dental hygiene profession as a whole. An example might include posting misleading or false information or breaching a client's privacy.

There are many benefits to using social media in one's practice including improving information sharing and collaborating with other health professionals.⁹ Using social media is also a cost-effective way to market your practice.¹² However, there are risks and limitations involved in the use of social media including the time required to maintain the social media platforms and maintaining privacy settings.

It is the registrant's responsibility to ensure content posted on social media aligns with the [CDHBC Code of Ethics](#)², [Marketing Bylaws](#)¹ and all government privacy legislation. The bottom line is that all communications with clients, both in-person and via social media, need to occur in an ethical manner with honesty and integrity. Review and reflect on any information or photos prior to posting. Only if the content upholds the principles of confidentiality, maintains professionalism and professional boundaries while upholding public trust, and avoids a conflict of interest, should you consider posting the content.

References

1. College of Dental Hygienists of BC [Intranet]. Interpretation Guidelines on Social Media: Victoria: College of Dental Hygienists of British Columbia; 2018. Available From: <http://www.cdhbc.com/Practice-Resources/Interpretation-Guidelines/Social-Media.aspx>
2. College of Dental Hygienists of BC [Intranet]. CDHBC Code of Ethics: Victoria: College of Dental Hygienists of British Columbia; 2013. Available From: <http://www.cdhbc.com/Practice-Resources/Code-of-Ethics.aspx>
3. Government of British Columbia [Intranet]. Human Rights Code (Chapter 210): Victoria: Queen's Printer; 1996. Available from: http://www.bclaws.ca/Recon/document/ID/freeside/00_96210_01
4. Canadian Medical Association [Intranet]. CMA Policy. Social media and Canadian physicians: Issues and rules of engagement. Ottawa: Canadian Medical Association; 2011. Available from: <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD12-03.pdf>
5. Katherine C. Chretien, MD; Terry Kind MD, MPH. Social Media as a Tool in Medicine, Social Media and Clinical Care Ethical, Professional and Social Implications. Circulation Journal AHA [Intranet]. 2013. Available from: <https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.112.128017>
6. Spector, N., Kappel, D. Guidelines for Using Electronic and Social Media: The Regulatory Perspective. The Online Journal of Issues in Nursing [Intranet]. 2013 September: 17 (3): Manuscript 1. Available from: <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No3-Sept-2012/Guidelines-for-Electronic-and-Social-Media.html>
7. Government of British Columbia [Intranet]. Personal Information Protection Act (Chapter 63): Victoria: Queen's Printer 2003. Available from: http://www.bclaws.ca/Recon/document/ID/freeside/00_03063_01
8. College of Occupational Therapists of Ontario [Intranet]. Practice Guideline: Using social Media: 2014. Available from: https://www.coto.org/docs/default-source/guides-guidelines/guidelines_useofsocialmedia.pdf?sfvrsn=2
9. F. Gholami-Kordkheili, DDS, V. Wild, MD, and D. Strech, MD, PhD. The impact of Social Media on Medical Professionalism: A systematic Qualitative Review of Challenges and Opportunities. Journal of Medical Internet Research [Intranet]. 2013. Available from: <http://www.jmir.org/2013/8/e184/>
10. Pause Before You Post Social Media Awareness for Regulated Health Professionals. ELearning. <https://members.caslpo.com/public/elearning/socialmedia/player.html>
11. College of Registered Dental Hygienists of Alberta [Intranet]. In Touch: Communicating Through Social Media: A regulatory perspective: 2013. Available from: http://www.crdha.ca/media/17100/in_touch_july_2013_final.pdf
12. S. A Moorhead, PhD, MSc, D. Hazlett, PhD, MSc, L. Harrison MSc, J. K. Carroll MD, MPH, A. Irwin, PhD, and C. Hoving, PhD. A New Dimension of Health Care: Systematic Review of the Uses, Benefits, and Limitation of Social Media for Health Communication. Journal of Medical Internet Research [Intranet]. 2013, 15 (4). Available from: <http://www.jmir.org/2013/4/e85/>