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EDITORIAL COMMENT

Digital identity—or digital presence—might be divided between passive and active. Passive identity comprises the relatively static content that is the focus of much of the article by Gill et al: departmental Web sites hosted by universities, hospitals, and so forth; and profiles on physician-rating pages and other Web sites. To the extent that a growing proportion of patients do search their prospective physicians online, without question a well-managed passive identity is better than an unmanaged one, and the article offers good advice on getting started. At a bare minimum, hopefully every reader of the article will at least search himself or herself on Google to see what content is available and what comes up first.

A growing number of physicians, on the other hand, are embracing a more active digital presence through social media outlets. The article describes these briefly under the topic of commentary and teaching, but further discussion of this rapidly expanding medium is warranted. Multiple sites for social interaction exist, prominently including Facebook, Twitter, LinkedIn, YouTube, and many others. Any of these can be used to help establish an overall online presence and to help drive traffic to a physician’s own webpage. Some sites like Sermo and Doximity have aimed to create more private communities, closed to nonphysicians, for discussion of clinical and academic questions.

Physicians have used LinkedIn, principally to establish connections with the business community, and some maintain professional Facebook pages to help promote a clinical practice, recruit patients to studies, and so forth. A number of blogging or mixed media sites (eg, Huffington Post, Forbes, Slate, KevinMD, and many others) offer space to physicians who have the time to write regular, longer form commentaries with varying exposure and publicity. Twitter, however, clearly stands out as the leading, and growing, forum for news and online discussions about topics in urology and other health disciplines. Twitter allows very rapid communication of new findings or opinions to a potentially diverse audience, and has an increasingly prominent place at major medical conferences and meetings.

The American Urological Association (https://www.auanet.org/press-media/social-media-bp.cfm) and European Association of Urology2 have developed best practices for urologists using social media, which are well worth reviewing. A few points worth emphasis: (1) maintain professionalism, courtesy, and respect for discourse, and recall that tone and emotion may be misinterpreted in brief posts, especially by strangers. (2) Absolutely avoid violating patient confidentiality, even inadvertently, and assume your patients will be reading your posts. (3) Realize that anything posted may be public forever, regardless of attempts at retraction. (4) Be very careful in mixing personal and professional content. Twitter users and blog writers generally seek to maximize their exposure, and care should be taken posting photos of family and the “like” in such a public forum, rather than on a Facebook page or other site with restricted access.

For better or worse, digital identity will only become more important in health care as time goes on, and every urologist should take as much control as possible of his or her online presence.

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REPLY

As mentioned in the editorial comment,1 online material can be conceptualized as “passive and active” depending on its purpose. We agree with this statement and the emphasis it places on how various types of online content are used and incorporated differently into one’s digital identity. As our article highlighted, another important dichotomy to acknowledge is the difference between physician-controllable and noncontrollable online material. Although not synonymous with active and passive, either categorization scheme raises the important point of contemporary physicians needing to be aware that their digital identity exists, whether they have taken a role in creating it. Using active online content to sustain a dynamic and engaging digital identity is becoming more common among physicians. When this will transition from exception to the rule is yet to be seen, but it may be worthwhile to consider training current residents on its effective implementation.

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