Only after my first international medical mission have I come to fully appreciate the ethical challenges that missions carry with them, including those related to practice standards, informed consent, ongoing care, and privacy.

One day, during my visit to Facebook, I perused photographs taken on my recent mission. I was surprised to find an image of myself, wearing scrubs and holding a thyroid gland. As a surgeon, photographer, and heavy consumer of social media, I try my best to control the content of, and access to, my online profiles. As I browsed, I felt increasingly uncomfortable with the pictures I saw of our 12-day trip, which did not belong to me. They included a diseased body part without any identifying features, a portrait of a clothed patient (he had requested the photograph) next to me who could easily have been mistaken for a friend, and a young woman with a very large goiter smiling widely at the camera. I had serious concerns about the nature of the photographs and consent to their being shared, particularly online. Should I ask the people posting to remove only the images I was in, or were they all inappropriate for a social networking site? I knew with certainty that my colleagues and also felt immense personal satisfaction. This kind of new experience makes one want to capture and share the moments. Colleagues and I took photographs of the work and living environments, new friends, unusual and advanced pathology, and our patients. While I asked patients whether I could take a photograph, the consent that I obtained, sometimes through nonverbal communication, definitely would not extend to my posting it online. In some cases, implied consent when patients present for care is acceptable; however, it does not include photography.

Perhaps in the past such photographs would have been passed around the dinner table. But social networking tools have dramatically changed the way in which life events are communicated. For physicians and patients, the increasingly widespread use of social media has created new opportunities along with new challenges.

Social media is not at fault. Networking sites are not responsible for reviewing content; therefore, medical professionals will have to engage as apomediaries. Social media tools have great potential to enhance communication, learning, and care in medicine, but given the exponential scope of distribution of information, the possible harms are also amplified.

Much of the literature addressing content shared online pertains to trainees. Sixty percent of program directors surveyed reported unprofessional posts by trainees, of which 43% were related to confidentiality. A 2009 cross-sectional study of medical students’ and residents’ Facebook pages found 12 instances of potential breaches of privacy. What’s more concerning is that all of those breaches involved photographs taken on medical missions. Similarly, among professionals no longer in training, it appears that such violations of privacy are not rare. A Google Image search for the term “medical mission” yields thousands of publicly available photographs. This illustrates that even caring volunteers may follow different ethical practices when practicing medicine abroad than they normally would at home. A recent editorial in the Archives of Facial Plastic Surgery on the subject of photographic images during humanitarian missions suggests that as health professionals we have an obligation to be even more vigilant than usual in our approach to patients’ rights and confidentiality.

Many organizations, societies, and hospitals have begun creating guidelines on how professionals should ethically engage in social media, yet given the enormous scope of social media, there is no consensus on these or in the literature. As an example, the American Medical Association’s policy on Professionalism in the Use of Social Media addresses two of my concerns: “When physicians see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual... If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities...” Content posted may negatively affect their reputations among patients and colleagues may have consequences for their
medical careers and can undermine public trust in the medical profession. Unfortunately, the definition of professional conduct with respect to online content is often unclear, and knowing who the “appropriate authorities” are in a given situation can be very difficult.

Furthermore, we ought to consider the audience and intended outcomes of shared material. I could argue that in resource-poor nations, the power of imagery in motivating philanthropy and raising awareness about disparities outweighs the real harms to individual patients. The Facebook page of Médecins Sans Frontières (MSF) purposefully displays photos of ill and wounded patients. MSF’s photography and publication policies are strict: “[Photographers] must seek permission and explain how the images could be used. In certain particularly sensitive situations we will take photos in such a way that the patient is not identifiable. The vast majority of images taken by MSF staff are only used by MSF for communications or fundraising purposes. MSF often changes names of those in images to protect patient confidentiality.” (Linda O. Nagy, communications officer, MSF Canada, e-mail communication, August 8, 2012).

Guidelines pertaining to social media that specifically address the issue of missionary work are not easily available on the World Wide Web. My search did yield a statement from the North Carolina Medical Board’s medical director, who is explicit about the practice of posting pictures taken during medical mission trips: “These photos often include patients who have been seriously injured or have unusual conditions. Most ethicists believe it is improper for physicians or other clinicians to display such pictures on social media sites.”

I would have loved to share my phenomenal mission experience via photographs, but I recognized the need to respect the dignity of the patients whom we had the privilege of treating. It became apparent that I had to take action beyond simply dissociating myself from the images. Yet I was still torn, as this wonderful group had been organizing missions for many years. As a first-time volunteer I did not want to be perceived as policing my colleagues, thereby obstructing their good work. My other dilemma related to posts by local health professionals. They were demonstrating the enormous pride they felt in the work they had done and in having made new American friends. Do my norms and emphasis on privacy apply to them? And if they do, how should I intervene on the other side of the world?

I began by writing a message. I recommended that people remove the photographs and warned them of potential harms to their careers. Several health professionals have lost their jobs after posting online content about patients domestically, but I have not yet seen any reports of people suffering repercussions due to breaches of privacy away from home. One individual acknowledged the gravity of the situation and promptly removed the images. Another thanked me sincerely for my advice but felt no need to alter her posts. I considered alerting some professional organization but was deterred by the knowledge this might hinder future trips—a potentially devastating outcome for the communities it serves. So after seeking permission from the charitable organization’s director, I wrote a more serious letter to all the members, including local practitioners: “I feel that while many standards, such as sterility, may have been difficult to maintain given resources and conditions, it is easy for us to promise our mutual patients respect and confidentiality.” Thankfully, everyone understood, agreed, and complied.

Both medical missionary work and social networking can make positive contributions in health care but pose ethical concerns for health professionals. The intersection of the two is even more complex, partially due to the jurisdictions in which licensing boards and professional societies function. Where local privacy laws exist, we are obligated to make sure we understand and follow them, even if they are rarely enforced. Where no laws exist we are responsible, as self-regulating professionals, to thoughtfully establish standards for protection of privacy that our international patients deem acceptable. I urge people and groups embarking on missions to at a minimum establish their own guidelines prior to volunteering abroad. These should include a process for written informed consent and also take into account that while deidentified images sometimes safeguard patients, their presence can still lead to misjudgment of the medical profession and violation of public trust. Emerging technologies and societal trends will continue to evolve and bring about unique ethical considerations and new approaches to the physician-patient relationship. Whether the ongoing conversations are online or offline, let’s ensure they include global communities.

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