Ethics of social media & advertising

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Ethics of social media & advertising

At the end of the session students should be able to;

- Delineate the principles of ethics involved in social media & advertising including;
- Publishing or broadcasting information

  Certificates, Reports and other documents
- Teaching Photography and Consent

Advertising

- When publishing or broadcasting information the practitioner must not make claims about the quality of services nor compare services with those provided by colleagues.
- Announcements must not, in any way, offer guarantees of cures, nor exploit patients' vulnerability or lack of medical knowledge.

Advertising

- Published information about services must not put pressure on people to use a service, for example by arousing ill-founded fear for their future health. Similarly, services must not be advertised by visiting or telephoning prospective patients, either in person or through a deputy

Advertising

- Practitioners may announce any change of address or hours of practice in the local press either once in three papers or three times in the same paper, on three consecutive days, and the announcement should be made in a normal manner and not unduly prominently as by big advertisements.

Advertising

- Nameplates may be fixed at the residence and on the premises where the medical/dental practitioner practices and at his residence. The nameplate should not be ostentatious.

Certificates, Reports and other Documents

- When doctors are requested for certificates, medical reports birth or death certificates and any other documents, such documents should be factual to the best of their knowledge. Due care should be taken in regard to stating the date on which the patient has been examined.

Business and contractual obligations

- Physicians and dentists must ensure that :
  - they do not engage in any behaviour that negatively impacts directly or indirectly on patient care.
  - from entering into business or other arrangements that include financial incentives; sharing of fees including refund based on successful outcomes and payments for referral of patients for laboratory investigations or other procedures except when a partnership is publicly known to exist.

Consent

- Consent is the “autonomous authorization of a medical intervention by individual patients.” Patients are entitled to make decisions about their medical care and have the right to be given all available information relevant to such decisions. Patients have the right to refuse treatment and to be given all available information relevant to the refusal.

- Consent may be explicit or implied. Explicit consent can be given orally or in writing. Consent is implied
- When the patient indicates a willingness to undergo a certain procedure or treatment by his or her behaviour. For example, consent for venipuncture is implied by the action of rolling up one’s sleeve and presenting one’s arm. For treatments that entail risk or involve more than mild discomfort, it is expected that the physician will obtain explicit rather than implied consent.

Consent

- Signed consent forms document but cannot replace the consent process. There are no fixed rules as to when a signed consent form is required. Some hospitals require that a consent form be signed by the patient for surgical procedures but not for certain equally risky interventions. If a signed consent form is not required, and the treatment carries risk, clinicians should seriously consider writing a note in the patient's chart to document that the consent process has occurred.

- When taking consent the physician should consider issues of adequate disclosure, the patients capacity, and the degree of voluntariness.

Consent

- In the context of patient consent, “disclosure” refers to the provision of relevant information by the clinician and its comprehension by the patient. Disclosure should inform the patient adequately about the treatment and its expected effects, relevant alternative options and their benefits and risks, and the consequences of declining or delaying treatment and how the proposed treatment (and other options) might affect the patient’s employment, finances, family life and other personal concerns.

- **“Waiver”** refers to a patient’s voluntary request to forego one or more elements of disclosure. For example, a patient may not wish to know about a serious prognosis (e.g., cancer) or about the risk of treatment.

Consent

- **“Capacity”**refers to the patient’s ability to understand information relevant to a treatment decision and consequences of a complying or not complying with a treatment decision. A person may be “capable” (have adequate capacity) with respect to one decision but not with respect to another. When any doubt exists, a clinical capacity assessment by a third party may be required. In addition to assessing general cognitive ability, specific capacity assessment, determines the patient’s ability to appreciate information and implications of action.

- “**Voluntariness**” refers to a patient’s right to make health care choices free of any undue influence. However, a patient’s freedom to make choices can be compromised by internal factors such as pain and by external factors such as force, coercion and manipulation. In exceptional circumstances -- for example, involuntary admission to hospital -- patients may be denied their freedom of choice; in such circumstances the least restrictive means possible of managing the patient should always be preferred. Clinicians can minimize the impact of controlling factors on patients’ decisions by promoting awareness of available choices, inviting questions and ensuring that decisions are based on an adequate, unbiased disclosure of the relevant information.

Consent

The Unconscious Patient

- Consent may be implied or assumed on the grounds that if the patient were conscious they would consent to their life being saved.

Consent

The Violent Patient

- A doctor asked to examine a violent patient is under no obligation to put him/herself in danger but should attempt to persuade the person concerned to permit an assessment as to whether any therapy is required

Consent

The Mentally ill

- The Mentally ill Of the doctor is in any doubt as to the patient's capacity to consent it is advisable to seek specialist opinion as well as discussing the matter with parents, guardians, or relatives.

Consent

Children

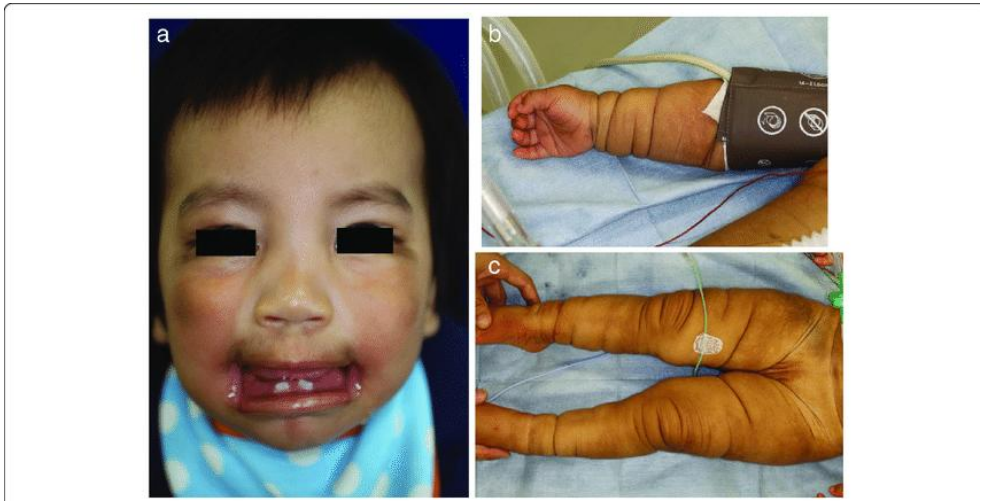
- Children are entitled to considerate and careful medical care as are adults. If the doctor feels that a child will understand a proposed medical procedure, information or advice, this should be explained fully to the child. Where the consent of parents or guardians is normally required in respect of a child for whom they are responsible, due regard must be given to the wishes of the child. Also, the doctor must never assume that it is safe to ignore the parental/guardian interest.

Teaching Photography and Consent

- Medical and dental students must identify themselves by name and must obtain permission from patients before examining them. It is advisable to limit the number of students examining any one patient.

Teaching Photography and Consent

- The taking of photographs or videos for instructional purposes also requires permission. As far as possible these photographs and videos should be done in such a manner that a third party cannot identify the patient concerned. If the patient is identifiable, he or she should be informed about the security, storage, and eventual destruction of the record.



Research Ehtics and consent

- When conducting medical research involving human subjects, investigators should remember their obligations with respect to individual patients. Ethical conduct of research requires that a human subject must participate willingly, having been adequately informed about the research and given consent; that there is a favourable balance between the potential benefit and harm of participation; and that protection of vulnerable people is ensured. The validity of findings must address questions of sufficient importance to justify any risks to participants. In any clinical trial there must be genuine uncertainty as to which treatment arm offers the most benefit, and placebo controls should not be used if equally effective standard therapies exist. When doubt exists, researchers should consult the existing literature and seek the advice of experts in research ethics.

Research Ehtics and consent

- All research projects involving human subjects, whether as individuals or communities, or the use of fetal material, embryos and tissues from the recently dead, should be reviewed and approved by an Ethical Review Committee of the institution before the study begins.

Research Ehtics and consent

- It is essential that written consent be obtained if patients are to be involved in clinical trials. The aims and methods of the proposed research, together with any potential hazards or discomfort, should be explained to the patient. The Consent document must be clearly written using non- technical language as to be understandable to subjects and use local language in addition wherever applicable.

Research Ehtics and consent

- In situations where study subjects are too young or too incapacitated, as well as the mentally ill or unconscious person, consent to take part in research may be unobtainable. Research is best avoided unless it can be shown to be relevant and potentially beneficial to the patient and there is no objection from parents or relatives.

Research Ethics and consent

- Medical research involving human subjects should be conducted only by scientifically qualified persons and under the supervision of a clinically competent medical person.

Research Ethics and consent

- The right of research subjects to safeguard their integrity must always be respected. Every precaution should be taken to respect the privacy of the subject, and the confidentiality of the patient's information.

Research Ethics and consent

- Research results must always preserve patient **anonymity** unless permission has been given by the patient to use his or her name.

Research Ethics and consent

- Volunteers and patients may be paid for inconvenience and time spent, but such payment should not be so large as to be an inducement.

Research Ethics and consent

- Refusal to participate in research must not influence the care of a patient in any way.

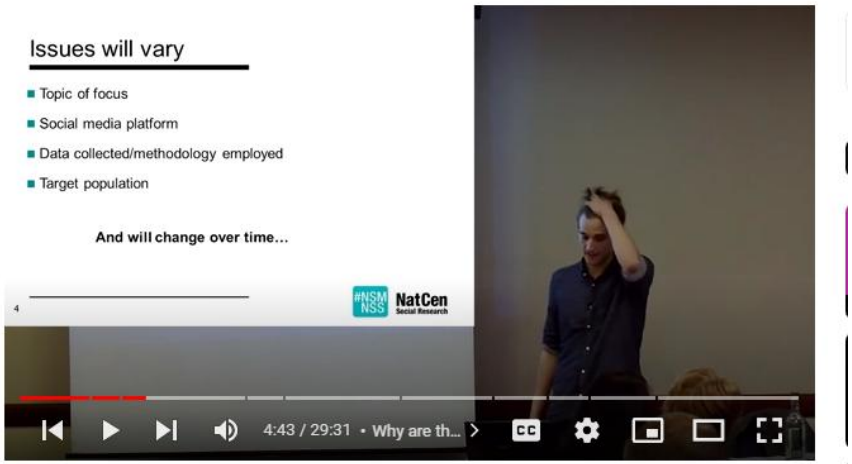
Research Ethics and consent

- Declaration of Helsinki The PMDC supports the resolutions and draws attention to the Declaration of Helsinki adopted by the 18th World Medical Assembly and revised by the 48th World Medical Assembly.

Research in Bioethics

Video:

https://youtu.be/hxfTGlnpG5g



Ethics, social media research, and users views

Publication Ethics

- https://www.springer.com/gp/authors-editors/authorandreviewertutorials/submitting-to-a-journal-and-peer-review/publication-ethics/10285588

Publication ethics

- Ethical standards for publication exist to ensure high-quality scientific publications, public trust in scientific findings, and that people receive credit for their ideas. It is important to avoid:

- **Data fabrication and falsification:**

  Data fabrication means the researcher did not actually do the study, but faked the data. Data falsification means the researcher did the experiment, but then changed some of the data.

- **Plagiarism:**

  Taking the ideas and work of other scientists without giving them credit is unfair and dishonest. Copying even one sentence from someone else's manuscript, or even one of your own that has previously been published, without proper citation is considered plagiarism—use your own words instead.

- **Multiple submissions:**

  It is unethical to submit the same manuscript to more than one journal at the same time. Doing this wastes the time of editors and peer reviewers, and can damage the reputation of the authors and the journals if published in more than one journal as the later publication will have to be retracted.

- **Redundant publications (or 'salami' publications):**

  This means publishing many very similar manuscripts based on the same experiment. Combining your results into one very robust paper is more likely to be of interest to a selective journal. Editors are likely to reject a weak paper that they suspect is a result of salami slicing.

- **Improper author contribution or attribution:**

  All listed authors must have made a significant scientific contribution to the research in the manuscript and approved all its claims. Don't forget to list everyone who made a significant scientific contribution, including students and laboratory technicians. Do not "gift" authorship to those who did not contribute to the paper. The International Committee of Medical Journal Editors has detailed guidelines on authorship that are useful for scientists in all fields: International Committee of Medical Journal Editors.

- Many journals have tools and processes in place to identify researchers that engage in unethical behavior. If you are caught your manuscript may be rejected without review and your institution informed.