Perspective Article

What role should social media play in the future of acute medicine?

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The screen time app on my iPhone tells me that I spend over ten hours a week on Twitter. And I'm not alone. As Netflix's *The Social Dilemma* illustrated, social media platforms are designed to keep us scrolling for hours, even if we only opened the app for a second.[1] Thousands of UK healthcare workers use Twitter every day, discussing everything from cutting edge COVID treatments to staff room fridge etiquette. As strange as it sounds, this esoteric little corner of the internet – affectionately if unoriginally nicknamed "MedTwitter" – has become a thriving online community.

But is this a good or a bad thing? What role should social media be playing in our professional lives?

Arguably more so than any other aspect of the internet, social media has changed the way we relate to each other. Platforms like Twitter, Facebook and Instagram are now news sources, social hubs and political battlegrounds for millions of people across the world.[2] The implications of this for acute medicine as a specialty and for healthcare more broadly are not yet clear.

In writing this commentary, I've tried to take a step back and evaluate the impact of social media on acute medicine objectively. As much as I enjoy MedTwitter's steady supply of memes, in-jokes and good-natured debate, we can't ignore the darker side of social media. After all, it is only a matter of time before those new to social media stumble across an anonymous account claiming that COVID is a hoax or that the NHS is complicit in some elaborate vaccine conspiracy. Misinformation is everywhere.

Sadly - as COVID-19 reminded us - healthcare workers are not immune to the fake news infection. Facebook has no editorial board, Instagram does not question conflicts of interest and tweets are not peer-reviewed before they are broadcast to the world. It can be difficult to tell the difference between a well-meaning expert and a snake oil salesman who has mastered the art of clickbait. In my experience, some of the worst conspiracy theorists are doctors themselves.

Nor can we ignore the rise of the "medfluencer".[3] Instagram and TikTok are full of healthcare workers sharing medical advice alongside insights into their personal lives. Senior clinicians may turn up their noses at this practice, but the reality is that these doctors are reaching audiences traditional forms of medical communication can only dream of. Love Island contestant and GP trainee Dr Alex George has two million followers on Instagram, dwarfing the BMJ's 12.1 thousand.

Unlike traditional medical publications, these medfluencers have real power to engage and educate ordinary members of the public. Most are using their platform for good, encouraging their young followers to get vaccinated, look out for red flag symptoms and talk openly about their mental health. However, with millions of followers comes the tantalising allure of advertising revenue. On social media, paid advertisements for health products masquerade as off-handed recommendations from friendly doctors and nurses. The ethics of this side of social media are a subject of fierce debate.[4]

Social media remains an unregulated frontier, where a mastery of online presentation usually trumps evidence and experience. The medical profession needs to modernise the way it communicates with the public but medfluencers have no regulator, oversight or public health training. Twitter's 280 characters cannot hope to capture the subtly and nuance of modern medical science. For this reason, I am not yet convinced that social media will communicate research findings to the masses any more responsibly than the tabloid press.

What about the acutely unwell patients we care for on AMU? Will they benefit from their doctors' use of social media? Could social media be used to guide patient pathways, redirecting people away from ED to more appropriate services? Could honest insights into life on AMU help fight the NHS conspiracy theories spreading across social media faster than a novel COVID variant? I'm not sure. Social media thrives on authenticity. Clumsy attempts by large organisations to fake this often fall flat. On Twitter, an individual doctor may have a larger audience than the trust they work for.

Even so, few healthcare workers seek to educate the general public through their personal social

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media accounts. Those who do so must invest many years growing an audience, a brand and a thick skin. That's not something most NHS staff have time for. Of the professionals I know from Twitter, most joined the platform for the camaraderie they enjoy with like-minded colleagues. For the vast majority of healthcare workers, social media is more virtual mess than virtual clinic.

In this, social media can still be transformative. Medical educators are using podcasts, Twitter threads and TikTok videos to provide innovative bite-sized teaching sessions. I've been to conferences where some of the most interesting conversations took place online. And with industrial action once again looming on the horizon, social media platforms are vital spaces for discussion and debate.

It goes deeper. Freed from the medical profession's stifling hierarchies, healthcare workers share things online that they may be reticent to talk about in the real world.[5] On Twitter, I've learned a great deal about the racism, misogyny, homo- and transphobia that our colleagues face on a daily basis. I am very grateful for that education. Similarly, medical students and foundation doctors are more willing to call out bad behaviour from senior clinicians and institutions. In the years to come, social media will be a vital tool in reforming the more archaic corners of our profession.

Unfortunately, this very same freedom can lead nefarious actors to behave terribly. Polite disagreements often degenerate into uncivil arguments. These arguments can and do spill out into the real world, with very real consequences for those involved. All too often, the threat of a GMC referral is weaponised when doctors feel another professional has acted "unprofessionally". Worst of all, some members of our profession seem to think abuse and bigotry are perfectly acceptable behind the mask of online anonymity. While these individuals are in the minority, their very existence is profoundly depressing.

But what does all this mean for acute medicine as a specialty?

For acute medicine, I feel the true power of social media lies in its ability to build communities unimpeded by geography. Looking back, MedTwitter was instrumental in my own career choices. As a Foundation doctor, I loved the acute take, but didn't have much insight into what a career in acute medicine looked like. Online however, I saw senior registrars and consultants doing the job I wanted to do in the way I wanted to do it. Lurking on the periphery, I became aware of a thriving community of doctors, nurses, pharmacists and physician associates who shared my passion for medicine at the front door.

When I failed to get a training number on my first attempt, I turned to Twitter for consolation and was genuinely stunned by the response I received. I was inundated with friendly offers of support from acute physicians across the country. So many were willing to give up their time to offer advice and mentorship. Many of these very same people are now my colleagues and friends.

During the pandemic, these friendships became more vital than ever. At a time when mess nights were outlawed, who could resist a space where doctors could share experiences, console each other and – dare I say it – make risqué jokes about the virus? In the years since, we've celebrated and commiserated in equal measure. When the acute medicine community returned to conferences and meetings, it was a genuine pleasure to see all these people again face-to-face.

The pandemic isn't our only shared trauma. Even if COVID, monkeypox and winter pressures were to disappear overnight, acute medicine remains a demanding career and an arduous training program. Trainees change jobs every 6-12 months, with many of us spending long chunks of time in hospitals and departments that still don't "get" acute medicine. After a challenging med reg shift, it's always nice to speak to people who know exactly what I'm going through.

The future of our community is digital. For a small but rapidly-growing specialty like acute medicine, social media may be our greatest recruitment tool. While the dangers of misinformation and the morality of doctors as advertisers leave much to discuss, I do think MedTwitter does more good than ill. The job we do is often strange and sometimes awful, but rarely boring. Social media is no different.

References

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