Patients’ use of social media: e-rating of doctors

Background
Patients are increasingly posting online reviews about their medical care, including rating their doctors.

Objective
This article discusses patients’ use of social media to comment on and ‘rate’ their medical care, with a particular focus on what a general practitioner (GP) can do about a negative online review.

Discussion
The vast majority of online reviews about doctors are positive.\(^1\) However, the small proportion of negative online reviews can be a source of great distress to those doctors who are the subject of these reviews. GPs should seek advice before considering whether or not to respond to a negative online review.

Keywords
medico-legal, jurisprudence

Case history
The general practitioner (GP) was ‘googling’ his name when he came across the following review about him:

‘The worst GP I have ever seen. I took my daughter to see him when she was very sick. He missed the diagnosis and was deliberately rough with her. It was like we were imposing on his time. I’d ask a taxi driver for medical advice before seeing this GP. Never see him if you are ill – or well.’

The GP was very distressed. He did not know who had made this comment about him. He wanted to know what he could do to have the online comment deleted.

Discussion
There are a number of websites, such as RateMDs, Yelp and TrueLocal, which allow users to anonymously post ratings and commentaries regarding medical practitioners. These websites have been described as ‘the 21st century’s answer to word-of-mouth or over-the-garden-fence chit chat’,\(^2\) and ‘chaotic and unregulated activity, which brings to mind the notorious witch trials of Salem’.\(^3\)

A 2012 survey conducted in the US found that 42% of consumers had used social media to access health-related consumer reviews, including 11% who reviewed doctor rating sites.\(^4\) Another US survey in 2014 found that 59% of respondents reported doctor rating sites were ‘somewhat important’ or ‘very important’ when choosing a doctor, although rating sites were endorsed less frequently than other factors, such as word-of-mouth from family and friends.\(^5\)

It has been suggested that people who use website ratings may be more extreme (positive or negative) in their views, be younger than the general population and may vary in their health status. Perhaps more importantly, ‘gaming’ may occur, where competitors post adverse comments and practitioners (or their representatives) provide favourable ratings.\(^6\)

Most medical practitioners find these websites fundamentally flawed:

- How can a handful of ratings properly represent an appropriate assessment of a medical practitioner, who may see several hundred patients each month and many thousands over a career?
- The anonymity means there is generally no ability to identify the person who has posted the rating – is it a patient, a person who has a grudge against them or even a colleague who is in ‘competition’ with them?
- Is this an appropriate method of assessing a practitioner’s skills as a doctor?

What are your potential options if you are the subject of an adverse website rating?

There are a number of potential options:

- Do nothing.
- If you can identify the patient, consider contacting the patient directly to discuss their concerns and see if they will remove the post.
• Utilise the website policy for removal of posts.
• Send a letter to the patient and/or website proprietor requesting removal of the post and/or threatening the commencement of defamation proceedings.
• Commence defamation proceedings. Defamation is the area of law that deals with reputation. A publication is defamatory of a particular medical practitioner if, when published to a third person, it is likely to cause an ordinary person to think less of the medical practitioner. It must injure the practitioner’s reputation; for example, give rise to contempt, hatred or ridicule, or be likely to cause an ordinary, reasonable person to shun or avoid the medical practitioner.

The remedies for defamation include compensation, public apologies, retractions or rectification statements.

In order to seek a legal remedy against the person who posted the comment, the poster must be able to be identified. If the identity of the person making the comments on the website cannot be adequately proven, then there is likely to be very little a medical practitioner can do.

A letter requesting removal of the post can be sent to the website proprietor and may result in its removal. However, this step could, in some cases, further highlight the adverse rating and the letter requesting removal of the post may be displayed on that website and others; for example, there are certain websites that post these types of letters to try to embarrass and further criticise the medical practitioners.

Can and should you respond to a patient review?

Most negative comments are not worth responding to online. If you feel you must provide an online response, do not respond when angry and be very careful not to breach patient confidentiality. Ensure your reply is caring and demonstrates a willingness to take on feedback and continually improve. Seek advice from a colleague and/or your medical defence organisation about your proposed response. Keep any response simple, for example, ‘Thank you for your feedback. I am committed to improving my practice and have taken your comments into consideration’.

It is worth identifying if there is any constructive criticism in the negative rating:

• Is there anything you could do differently to improve your practice?
• Should the concerns raised in the review be considered at a practice meeting? A number of complaints on these sites are about waiting times, parking and other practice management matters.7

If you can identify the patient who has posted the comment, consider whether it is appropriate to contact the patient to discuss and try to address their concerns. Again, it is worth discussing the comments and circumstances with a colleague and/or your medical defence organisation.

Never post a favourable review of yourself. Nor is it advisable to encourage your patients to do so. Consumer and patient information sharing websites that invite public feedback/reviews about their experience of a health practitioner are not considered ‘advertising of a regulated health service’ under the Medical Board of Australia guidelines.8 However, it is not acceptable to use testimonials in your own advertising, such as on your website or Facebook site. This means that you cannot use or quote testimonials on a site or in social media that is advertising a regulated health service, including patients posting comments about a practitioner on the practitioner’s business website. Medical practitioners should therefore not encourage patients to leave testimonials on websites they control that advertise their own regulated health services, and should remove any testimonials or positive reviews that are posted there.

Conclusion

Some commentators recommend monitoring your online presence and reading patients’ stories, suggesting these ‘stories are nuggets of qualitative data on patients’ attitudes regarding the quality of care and their needs and preferences in their relationships with their doctors’.2 However, most medical practitioners find adverse postings on these websites immensely upsetting and anxiety-provoking, especially as there is little that can be done to remove, or even respond to, these negative posts. As another commentator has concluded, ‘The hard truth is that there probably isn’t a lot doctors can do to protect themselves from this kind of cyber attack, apart from doing their best to ensure any criticism is undeserved’.9

Key points

• Online doctor rating sites are becoming increasingly popular.
• Seek advice before you respond to a negative online rating.

Sara has presented on this topic at GP14 and other conferences. She has also written an article ‘eRating Doctors’ in Defence Update Autumn 2012.

Author

Sara Bird MBBS, MFM (Clin), FRACGP, Manager, Medico-Legal and Advisory Services, MDA National, NSW. sbird@mdanational.com.au

Competing interests: None.

Provenance and peer review: Commissioned; externally peer reviewed.

References


This article is provided by MDA National. They recommend that you contact your indemnity provider if you have specific questions about your indemnity cover. The scenarios are based on actual medical negligence claims or medico-legal referrals; however, certain facts have been omitted or changed by the author to ensure the anonymity of the parties involved.

correspondence afp@racgp.org.au