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General practice

Engaging the online social networking revolution

Current Australian health, hospital and primary care reforms^{1,2} emphasise e-health strategies, including online communities and the electronic Person Controlled Health Record (ePCHR), as a means to improving patient support and self management of chronic disease. However, the benefits and risks of these tools to general practice are poorly understood.

Web 2.0³ and social networking⁴ technologies such as 'Facebook,' are used by millions globally as information portals, to share experiences, and as tools for research, education and fundraising.⁴ User focused Web 2.0 tools such as 'wikis', 'blogs', instant messaging and video chats that create and edit personal and general information, in collaboration with peers, educators and software designers, have enabled online communities to evolve from seekers and consumers to generators of online information.⁵ The resulting interactive Healthcare 2.0 environment has promoted patient centred care and relationships, with significant social impacts on patient-doctor interactions. It influences the way young people access health information, use peer support networks,⁶ and manage their healthcare.⁷

Application interfaces to MEDLINE have been developed to enable Facebook users to find and retrieve citation data, maintain and publish a list of their MEDLINE indexed publications, and link to relevant publications within their network of friends and health professionals.⁸ Patient initiated information, eg. email, blogs, messages or 'tweets', has provided insight into patient health needs and supported public health status monitoring.

With family and peer support structures increasingly occurring online,⁹ the means for communications, socialising and peer support among a 'network of friends' and interactive

teleconsultations with professionals in a 'network of health professionals' have become relatively inexpensive. However, real life networks of friends and health professionals are still necessary for well informed shared decision making. This can be within a 'medical home',¹⁰ such as a trusted family practice, where there is an ongoing therapeutic relationship to support shared decision making and provide coordination and continuity of care¹¹ required to facilitate health promotion and chronic disease management.¹²

Online social networking is most effective when geopolitical boundaries or functional and privacy constraints that exist in healthcare networks are properly addressed. Yet, the tension between unrestricted information sharing and concerns about privacy breaches pose significant challenges, such as: liability for leakage of sensitive documentation outside of the usual communication channels; privacy and security of shared information, eg. sensitive information shared online at emotional times cannot be withdrawn easily; and criminal issues with online identity theft and predatory behaviour by bullies, con artists and sexual deviants.

In this rapidly evolving world of online communication, little is known about whether and how patients use these technologies to coordinate and manage their health; ways we can incorporate these emerging technologies into general practice to facilitate better coordination of patient care; and strategies to address ethical, legal and social issues effectively within general practice. There are no consistent benchmarks for the safe use of social networking technologies in health, particularly in general practice and primary care. For example, what are the clinician's ethical and legal responsibilities in the online world? What does the clinician do when someone posts suicidal intent on their blog? How does the clinician respond to online flirting? Can mobile

SMS and microblogging sites such as twitter add value over email or facsimile in promoting the sharing of health information among peers and health professionals or local support networks? Can these technologies reach and support people who do not regularly access traditional healthcare services? These issues must be anticipated and addressed by society, the health profession and individuals.

Online communities supported by an ePCHR are emerging to address the community need for credible health information, interactive information sharing among peers and health professionals, and fair, equitable and cost effective access to local health services. General practitioners need to be part of this revolution. The risks to patient and clinician privacy, safety and quality of care, and the patient-doctor relationship must be managed with an ongoing monitoring and evaluation program. This needs to be embedded within a comprehensive research and development program, while emphasising the safety and cost effectiveness of social networking technologies to support health promotion and self management of chronic diseases.

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