

COUNTERPOINT

Doctors Should Tweet Their Political Views

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In the doctor's office, medicine and politics are not a good mix. A friend switched pediatricians because of a campaign poster in the doctor's waiting room. What bothered her was not that she didn't like that particular candidate but that the doctor was forcing his views upon every person there. I'm guilty, too: A few times, during election years, I've talked politics with patients. It's very nice if we discover we're on the same side of the aisle, but when we're not, it can be pretty awkward.

Outside of the office, it's a completely different story. Doctors can—and should—contribute to public conversations about medicine. Marcia Angell, in a *USA Today* editorial, recently chastised doctors for their reticence on the abortion and forced ultrasound issue. Bemoaning the inequities in health care and griping about the media's misinterpretation of medical research to nobody other than our officemates and ourselves accomplishes nothing. Speaking up via articles, op-eds, letters to the editor, or blogs, on the other hand, can make a profound and potentially wide-ranging difference.

But it's one thing to have a strong opinion about an issue and quite another to get it down in publishable form. And so we are lucky to live in the era of Twitter, which

emphasizes simple, short, and fast communication. With 100 million registered users in the United States, doctors and patients who don't tweet or read tweets will soon be in the minority. With Twitter, we can advocate for our patients and our profession without any particular writing skills. Some people simply retweet links to important articles or blog posts without adding any commentary: That counts as advocacy, too. And although this tweet from humorist Andy Borowitz was obviously sarcastic—"Whenever there is injustice in the world, Americans will rise up as one and retweet a link"—retweeting is a heck of a lot better than doing nothing.

I was hesitant with my first few tweets. A couple of times, I worried I might be revealing too much. Maybe the world (or, I should say, the small group of people who receive my tweets) didn't need to know my political leanings. I worried that some of my tongue-in-cheek posts were unprofessional. I worried about what my patients and colleagues might think. I'm still very much of a novice; there are all kinds of abbreviations in the Twitter lexicon that I don't understand, and sometimes I feel as confused by Twitter as when I'm trying to make sense of an ophthalmologist's note in the medical record. But the

beauty of Twitter is that one does not need to be an expert to use it.

Fellow doctors, it's not that complicated: Think before you write, familiarize yourself with social media guidelines from your institution or practice as well as those recently published by the Federation of State Medical Boards, separate your personal and professional use of social media, and tweet about issues rather than candidates or political parties. It feels good—it feels right—to read a provocative article or blog post and then to tweet a link to it, with or without a brief comment, and to know that others will read and ponder it, too.

There's a world of difference between having a conversation with a patient in the office about your political views and tweeting these views into cyberspace—one is personal, the other isn't. My friend who fired her pediatrician for his political posters told me that she wouldn't have minded if he had tweeted his views; they just didn't belong on the walls of his office.

We owe it to our patients and ourselves to get comfortable expressing our views via social media, especially Twitter. It's a terrific way to set the record straight, educate the public, show policymakers what matters to us, and advocate for issues that affect our patients. **SGIM**

A Note on Social Media

We are lucky to have both sides of the complicated story of physician involvement in online networks in this issue of *Forum*, written by Drs. Chretien and Reisman, both veteran social media gurus. Be it Facebook, Linked-In, Twitter, or personal blogs, the problems are paradoxically the same as the benefits: Anyone, including your patients, has access to your commentaries and opinions. Whatever the reason for being digitally

connected, the point/counter-point series in this issue reminds us that physicians can do well to practice medicine online the same way they do in the office: professionally and with the benefit of the patient at the center of the conversation.

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