

ADVANCES IN HEPATOLOGY

Current Developments in the Treatment of Hepatitis and Hepatobiliary Disease

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Social Media and Hepatology



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G&H Why should hepatologists and physicians in general engage in social media at all?

JW There are many reasons to engage in social media as a physician, but for me there are 2 important reasons I choose to do so to some extent. The first reason is that patients are on social media. They use social media for information surrounding a number of issues, including their health. In light of this, it is important for hepatologists to have a sense of what information is circulating involving the type of medicine they practice. The other reason I choose to engage in social media is that my peers are using it. A good deal of research and knowledge is being shared in that space. Even if an individual hepatologist does not want to be the one leading these conversations, it is valuable to be aware of the content of these conversations as they relate to the type of medicine that the hepatologist is practicing.

G&H How can social media promote collaboration and networking among hepatologists?

JW Social media shrinks the world. Through connections made on social media platforms, it is now possible for hepatologists to engage directly with individuals they might not have otherwise been able to contact because of the distance between their institutions. Along those lines, hepatologists also have more opportunities to share research findings that they want to make public and/or receive feedback on. It is no longer necessary to rely solely on publishing articles to achieve these goals; social media can be leveraged to make exciting findings known more broadly and in a quick and efficient way through social

media platforms such as Twitter (which has recently been rebranded as X).

G&H How can social media impact clinical education?

JW When it comes to clinical education, a number of interesting conversations about unique or difficult cases often take place in spaces such as Twitter/X. Frequently, those conversations include some of the leading experts in their respective fields. Thus, there certainly is an opportunity to obtain insight and guidance on social media, often from leaders in the field.

Also, there are frequently videos of small excerpts, or even full videos, from medical conferences or lectures given by individuals who are attending those meetings. Such resources can be quite valuable for physicians who are not in attendance at the conference. Therefore, there are a number of ways that social media can be leveraged for the purpose of clinical education.

G&H How can social media affect patient education of liver diseases (eg, health literacy, especially in underserved communities)?

JW There are several ways. One is that there are a number of patient advocacy groups that are active on social media. By connecting with entities such as the Global Liver Institute, patients can be introduced to health literacy on their specific liver disease. Another way involves opportunities for those patients directly by leveraging the social network that exists through patient support groups on social media.

In terms of trying to reach underserved populations,

most patients typically now have access to smartphones, and social media can be leveraged to combat barriers to care and health information. Many times, barriers are created because of a lack of health centers or specialists near the area where patients live. However, through social media platforms such as Facebook or Twitter/X, the

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world can contract, patients can engage and learn, and physicians can reach out to patients. Barriers surrounding transportation and access are also being eliminated by tools such as Zoom, which are being leveraged for virtual patient visits in partnership with programs expanding broadband and Internet access such as President Biden's Affordable Connectivity Program.

G&H Thus far, which of these tools appear to be most effective for patient education or communication?

JW A number of different platforms (eg, Twitter/X, TikTok, Instagram, and Facebook) are currently being used, but I do not know that any one single tool is necessarily the best. The best tool likely varies depending upon the patient population being reached and its specific needs or goals. For instance, it could be that leveraging Facebook might work best in older patients, whereas TikTok may be a better tool when trying to reach younger patients. A number of issues still need to be studied and understood in terms of social media and health literacy, and one of those issues is beginning to contextualize which social media outlets are the best to leverage in different populations. More research is needed in this area and is starting to be conducted. For example, I am currently working with Bharathi Selvan, a Duke medical student, on a project to understand how young people on TikTok respond to issues around colon cancer screening. We are also going to be looking at how we can leverage social media to reach underserved populations to teach about hepatitis C screening and treatment.

G&H How can hepatologists help protect against misinformation on social media?

JW Misinformation is a significant problem on social media. I think part of the solution involves physicians being active participants in conversations on social media platforms. It is important that hepatologists and other physicians weigh in whenever they see misinformation being spread. At the same time, they need to make sure that they are having direct conversations with their patients. They should ask where patients are getting their information and make sure that patients do not have any misinformed beliefs about their disease. It is very important to check in with patients to make sure they correctly understand relevant information about their particular disease. I do not think the solution to misinformation is expecting any of the social media entities to police it completely by themselves; they do not have the bandwidth or resources, or even the expertise to do so in a manner that we as hepatologists and physicians can.

However, the issue is not just misinformation itself but the speed by which it can be circulated. As misinformation is spread, it can become more and more difficult to correct. One thing that social media entities could do is to better define the process for how to correct information that is wrong. An example I have seen on Twitter/X is a correction with a link underneath that states that a particular post is untrue. Leveraging more technology like this will be vital. Helping patients understand what is real and what is not real will become even more important as artificial intelligence and ChatGPT become more prevalent. Physicians need to keep having conversations with patients and make sure the door is open for them and that they feel comfortable asking about the things they hear or see on social media that do not make sense. Also, more research is needed not only to understand how much misinformation is circulating but to understand what is the best way to deliver accurate information and what is the best way to correct the misinformation.

G&H Is any society or institutional guidance available on responsible social media use for hepatologists or physicians in general?

JW There is not much guidance, although institutions may offer some periodically. For example, Duke University School of Medicine has released best practices on different social media platforms emphasizing patient privacy and the importance of accountability and clarifying what is personal opinion vs what is science or fact. In addition, at the last meeting of the American Association for the Study of Liver Diseases (AASLD), a number of sessions centered around leveraging social media and how to

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create engaging, informative social media content. All of these resources have been valuable, but more are needed in the future.

G&H Do you have any advice for using social media in the field of hepatology?

JW It is key for hepatologists to spend time on different platforms first to understand what feels most comfortable to them. Once they find a platform they are comfortable with, they should observe what individuals are doing in that academic space and see what things they feel comfortable doing and have the skill set to do before actually doing anything. Once something is put on social media, it cannot be taken back. Being thoughtful and intentional from the beginning will help individuals create informative content that has the impact they want and will help them avoid mistakes.

G&H How has social media changed the field of hepatology, and what do you foresee for the future?

JW As I mentioned, social media has certainly shrunk the world of hepatology to the point where knowledge as it pertains to liver disease can be shared much more

efficiently and quickly across the world. This not only includes knowledge accumulated by individuals who practice hepatology, but by entities such as the AASLD or research journals that are able to participate in that space and disseminate knowledge very quickly in an efficient manner. This is all very beneficial. It has allowed us to have conversations with individuals across the world in different spaces that otherwise would not have been possible in the past.

We have begun to leverage tools such as Zoom and webinars on social media platforms. These will continue to grow in the future, particularly now that patients are becoming much more comfortable with remote engagement. I predict that entities, particularly societies, will continue to leverage these platforms and even more so for creating online communities not just for prior content but active content where hepatologists can have conversations and engage around liver disease issues with their peers and their patients.

Disclosures

Dr Wilder has served as a consultant for Gilead, Mallinckrodt, Janssen, PLUTO, TruLab, Health Monitor, and Allergan; has received research funding from Gilead, Janssen, Mirum, and Health Monitor; and has received the Clinical, Translational, and Outcomes Research Award from the AASLD.

Suggested Reading

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