

# REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS\*

CEJA Report 4-A-24

Subject: Physicians' Use of Social Media for Product Promotion and Compensation  
(Resolution 25, A-22)

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Referred to: Reference Committee on Amendments to Constitution and Bylaws  
(, MD, Chair)

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1 At the 2022 Annual Meeting, the House of Delegates referred Resolution 025-A-22 (Resolution  
2 025), "Use of Social Media for Product Promotion and Compensation" which asked that the  
3 American Medical Association (AMA) "study the ethical issues of medical students, residents,  
4 fellows, and physicians endorsing non-health related products through social and mainstream  
5 media for personal or financial gain."  
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7 This report by the Council on Ethical and Judicial Affairs (CEJA) explores ethical issues posed by  
8 this use of social media and reviews existing guidance in the AMA *Code of Medical Ethics (Code)*.  
9

## 10 BACKGROUND

11  
12 Resolution 025 details the recent phenomenon of physicians' involvement in promotions and  
13 endorsements on social media. While Resolution 025 is limited to the context of physicians  
14 promoting non-health related products through social media, this report encompasses the issue  
15 broadly in the contexts of promoting both non-health related and/or health related products. The  
16 concept of social media has changed dramatically in the last couple of decades and has altered how  
17 consumer goods and services are advertised, promoted, and sold. Social media now accounts for a  
18 broad range of communication—e.g., Tik Tok, Instagram, Facebook, X (formerly Twitter),  
19 YouTube—that can reach millions of people, and now often involves "influencing", where  
20 individuals promote or sell goods and services or promote themselves (e.g. their personality or  
21 lifestyle) as a financial venture.  
22

## 23 ETHICAL CONCERNS

24  
25 Physicians' and medical students' sale and promotion of products or services and use of social  
26 media raises several ethical concerns. (1) These practices may damage the patient-physician  
27 relationship. If patients feel pressured to purchase products or services, this may undermine the  
28 trust that grounds patient-physician relationships, since it raises questions about whether physicians  
29 are fulfilling their fiduciary duty to put patients' interests above their own financial interests. (2) If  
30 inappropriate pressure is applied, then selling and promotion of products may result in the  
31 exploitation of patient vulnerability. (3) If physicians lend their credibility as medical professionals  
32 to products or services that are not supported by peer-reviewed evidence or are of questionable

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1 value, then they may put patient well-being and the integrity of the profession in jeopardy in the  
2 interest of profit-making.

#### 3 4 Welfare of the Patient and the Patient-Physician Relationship

5  
6 The sale and promotion of goods and services by physicians has the potential to negatively affect  
7 the welfare of patients. If a physician puts their financial interests above the interests of the  
8 patients, then this undercuts the foundational ethical principle that physicians must regard their  
9 “responsibility to the patient as paramount. [Principle VIII]. In addition, since patients are  
10 “vulnerable and dependent on the doctor’s expertise” and there is an “asymmetry of knowledge”  
11 between patients and physicians, there is a risk that patients may be exploited and this, in turn, can  
12 “undermine a patient’s trust” [1]. Further, if patients find out about a physician’s financial  
13 incentive to recommend certain products or services after the fact, they may feel that they have  
14 been purposefully deceived, and so have reason to distrust both that individual physician and the  
15 profession as a whole. It is therefore imperative that physicians conscientiously distinguish when  
16 they are acting in their professional capacity by recommending products or services intended for  
17 patient benefit or public health, and when they are acting as commercial agents independent of  
18 their professional identity.

#### 19 20 Integrity of the Profession

21  
22 Physician sales and promotion of products and services may also damage the integrity of the  
23 profession. Physicians have an ethical duty to uphold professional standards in their role as  
24 physician in all areas of life. A key principle of professional integrity is that physicians should  
25 recognize that they carry the authority of their professional role with them into other social spheres.  
26 Physicians “engage in a number of roles” which include conveyors of information, advocates,  
27 experts, and commentators on medically related issues [2]. For many physicians, “navigating  
28 successfully among the potentially overlapping roles ...poses challenges.” [2] Physicians “carry  
29 with them heightened expectations as trusted...representatives of the medical profession.” [2]  
30 Physicians should be aware that these expectations cannot be entirely separated from their personal  
31 identity either online or elsewhere and should take care to curate their social media presence  
32 accordingly.

#### 33 34 PROFESSIONALISM IN THE USE OF SOCIAL MEDIA

35  
36 The concept of social media has changed since the technology’s first appearance and widespread  
37 adoption. Today, social media platforms are broadly internet-enabled technologies that enable  
38 individuals to have a presence online and ability to share opinions and self-generated media content  
39 to a wide audience.

40  
41 Opinion 2.3.2 “Professionalism in Social Media” reflects an outdated understanding of the types  
42 and uses of social media, modeling its guidance on traditional sites such as Facebook, where the  
43 primary purposes are social networking among friends and colleagues, and perhaps also  
44 disseminating beneficial public health messages. While guidance that addresses these uses is still  
45 necessary (and so should be retained), modifications are required to reflect the fact that social  
46 media can now be used as a form of marketing intended to financially benefit individuals and  
47 corporations. The ethical concerns that arise in this context mirror those that arise in other  
48 situations where physicians are selling and promoting goods and services, that is, use of social  
49 media by medical professionals can undermine trust and damage the integrity of patient-physician  
50 relationships and the profession as a whole when physicians inappropriately use their social media  
51 presence to promote personal interests.

1 CONCLUSION

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3 Updating 2.3.2 “Professionalism in the Use of Social Media” so that it includes guidance on using  
4 social media to sell and promote products makes it clear that the consolidated guidance clearly  
5 applies to the concerns raised in Resolution 025. Revising this also provides an opportunity to  
6 update language to reflect the current realities of technology and contemporary business practices.  
7

8 RECOMMENDATION

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10 In consideration of the foregoing, the Council on Ethical and Judicial Affairs recommends that:  
11 Opinion 2.3.2, “Professionalism in the Use of Social Media” be amended by substitution to read as  
12 follows and the remainder of this report be filed:  
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14 Social media—internet-enabled communication platforms—enable individual medical students  
15 and physicians to have both a personal and a professional presence online. Social media can  
16 foster collegiality and camaraderie within the profession as well as provide opportunities to  
17 widely disseminate public health messages and other health communications. However, use of  
18 social media by medical professionals can also undermine trust and damage the integrity of  
19 patient-physician relationships and the profession as a whole, especially when medical students  
20 and physicians use their social media presence to promote personal interests.  
21

22 Physicians and medical students should be aware that they cannot realistically separate their  
23 personal and professional personas entirely online and should curate their social media  
24 presence accordingly. Physicians and medical students therefore should:  
25

- 26 (a) When publishing any content, consider that even personal social media posts have the  
27 potential to damage their professional reputation or even impugn the integrity of the  
28 profession.  
29
- 30 (b) Respect professional standards of patient privacy and confidentiality and refrain from  
31 publishing patient information online without appropriate consent.  
32
- 33 (c) Maintain appropriate boundaries of the patient-physician relationship in accordance with  
34 ethics guidance if they interact with their patients through social media, just as they would  
35 in any other context.  
36
- 37 (d) Use privacy settings to safeguard personal information and content, but be aware that once  
38 on the Internet, content is likely there permanently. They should routinely monitor their  
39 social media presence to ensure that their personal and professional information and  
40 content published about them by others is accurate and appropriate.  
41
- 42 (e) Publicly disclose any financial interests related to their social media content, including, but  
43 not limited to, paid partnerships and corporate sponsorships.  
44
- 45 (f) When using social media platforms to disseminate medical health care information, ensure  
46 that such information is useful and accurate based on professional medical judgment.  
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48 (Modify HOD/CEJA Policy)

Fiscal Note: Less than \$500

REFERENCES

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3. Council on Ethical and Judicial Affairs, CEJA Report 1-A-99, "Sale of Health-Related Products from Physician's Offices." <https://code-medical-ethics.ama-assn.org/sites/default/files/2022-08/9.6.4%20Sale%20of%20health-related%20products%20--%20background%20reports.pdf>.