

Social networking as a tool of patient education

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Today the impact of the concept social networking has on our lives cannot be underestimated. In yesteryear surfing through the web was similar to roaming in a street full of strangers where no one interacts. Social networking has brought our personal identities online and has revolutionized human interactions. So as our online identities are increasingly becoming humanoid, now we have an online self.

So what does social networking offer the field of patient education?

Social networks apart from allowing friends to interact with each other also allow people with common interests to come together. For example this happens in the way of becoming a member in a group in Facebook or by following a profile on Twitter. This has allowed far greater number of people to get together and share their experiences. This sharing of experience is not limited to the doctor patient relationship. A multitude of physicians from various countries can share their experiences while patients can also gain valuable knowledge from each other. The following diagram (Figure 1) explains how this system would work.

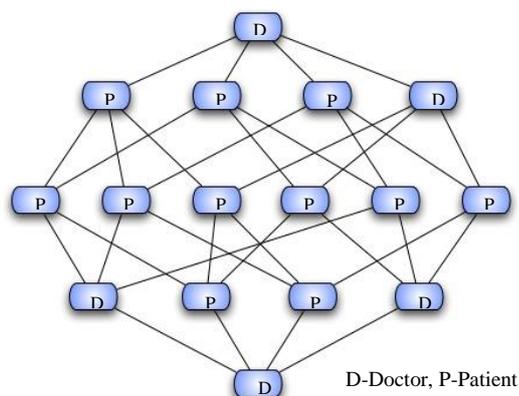


Figure 1: This image illustrates the cascading effects of social networks, and the richness of interactions that may happen, unseen, when a community of shared interests gains momentum

This shows ways in which massive collaborations, often across traditional organizational borders can become the new method of personal interactions.

Apart from having a large number of interactions, does the web based approach increase people participation in discussions?

There are many advantages to web-based approaches at participation. The meetings are not restricted by geographical location. Access to the information about the issues being discussed is available from any location that has web access. The information is also available at any time of the day thus avoiding the logistic problems associated with holding meetings. The concept of “24/7” access (i.e. 24 hours a day, 7 days a week) opens up opportunities for more people to participate in public consultations. With a web based system the public is at the end of a communication pathway that enables them to make comments and express their views in a relatively anonymous and non-confrontational manner compared with the traditional method of making a point verbally in front of a group of relative strangers.

How will it happen?

Currently there are social networking sites specially dedicated to link doctors with doctors, and doctors with other specialists in the industry (e.g.: Sermo, Ozmosis). In a similar way a social networking platform can be developed where a doctor can join and invite his patients to join the network as well. Here, the doctor gets the opportunity to keep in touch with his patients all the time, giving patients unhindered access to their physicians to gain knowledge about illnesses as and when they need. At the same time doctors can send notifications about routine checkups to patients to prevent ‘loss to follow up’. This platform would also allow doctors to interact with other doctors in the field to share knowledge and patients to communicate with other patients who are having similar conditions. In the homepage of each of these patient/doctor groups latest news

items can be displayed which will update patients' knowledge as well as evidence based practice in doctors.

Where are we?

There are numerous web sites on the World Wide Web dedicated to patient education. Apart from them all the social networking sites have pages or groups dedicated most of the diseases of mankind. But a networking site with the potential mentioned above is yet to be developed. New developments include a web site developed by Google, which is still in its early staged called "Google health", which allows us to upload information in our medical records online so the physicians with a password can view them.

What are the Cons?

Privacy is the single most serious issue hampering growth in this sector (1). But as any social networking site participants would be able to choose who has access to confidential information and they can always use a code name to communicate without using real names.

Research evidence

The effectiveness of a web based approach for patient education has been studied in many developed countries. A meta analysis done in the USA (2) using 22 indexed research reports in a 7 year period from 1996 to 2003 showed that in the use of web-based interventions compared to non-web-based interventions, it showed an improvement in outcomes for individuals using web-based interventions to achieve the specified knowledge and/or behaviour change for the studied outcome variables.

But no research has been published on the use of social networking sites as a tool of patient education. As stressed in this article there are a multitude of barriers for the implementation of this system using current social networking sites. More research is needed to evaluate the effectiveness of this method so in future we might be able to transform traditional methods of interactions into ways more appealing to both doctors and patients.

References

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