Doctors googling patients is a commonly broken taboo

Doctors searching their patients' names online is more common than either they or authorities like to admit. This could have consequences for both trust and health, writes Pavan Amara

Pavan Amara freelance journalist

Priya* is a foundation doctor working for a London NHS trust. Last year she worked in the emergency department and took an HIV positive patient's history.

“The patient said she was an office administrator,” she says. “My instinct told me there was more.”

At home, Priya googled the patient’s name and found she was an adult film performer. “It raised questions: was she still working in that industry? Was the sex protected? Were they testing her regularly? I also knew she wasn’t taking her antiretroviral drugs.”

Priya wanted to discuss this with a senior colleague, in case of potential safeguarding problems. “I didn’t know how to raise it,” she says. “I was scared of getting into trouble.”

Priya isn’t alone in this quandary. A 2015 survey of Canadian emergency physicians and medical students found that, of 530 responses, 64 (13%) admitted to using Google to research a patient (10 respondents said they had searched using Facebook). The following year, a study of 207 German psychotherapists found that 82 (40%) had looked for patient information on the internet. A 2018 survey of 392 genetic counsellors and trainees in the US revealed that 130 said they had searched or considered searching a patient’s name online (110 said they had visited a patient’s social media site), while another 2018 survey found over half (47) of 88 psychiatrists, clinical psychologists, and psychotherapists questioned in New Zealand admitted to doing so.

It’s a common enough behaviour that researchers have given it a name—“patient targeted googling,” or PTG.

Umar Sabat, part of the NHS Health Research Authority confidentiality advisory group, says PTG “is common but not spoken about in the NHS, and no one will admit it.”

Now privacy campaigners, lawyers, and ethics professors are seeking guidelines for doctors who search for information about their patients online, arguing it has become “a real source of concern.”

When Lucy* was a foundation year doctor in the NHS, she searched online for details about a patient who had been admitted with a femoral neck fracture and had a history of factitious disorder. “I think she faked a seizure for attention during my night shift,” she says. “I Googled her because I was annoyed.” Lucy found a Twitter account where the patient had posted pictures of herself in hospital and said she was there after a terminal cancer diagnosis.

In the end, Lucy, now a registrar doctor, didn’t tell anyone about it. “I didn’t want the consequences,” she says. She’s unrepentant, though. “I’m not sorry I Googled her, it brought closure to a difficult night. It is publicly available information. I didn’t break any rules.”

Others disagree. “Despicable,” says Sam Smith, policy lead for MedConfidential, an independent organisation based at the University of Cambridge that campaigns for better confidentiality and consent in health and social care. “How do we know there is no harm being caused by this deception?” he says, “We don’t know who is doing this, and what decisions are affected. It is an awful breach of public trust.”

Others are more sympathetic. “Some doctors may do this to humanise an unconscious patient or to see who someone was before illness,” says Dominic Wilkinson, director of medical ethics at the University of Oxford’s Uehiro Centre for Practical Ethics. “It’s also difficult for a doctor to help a patient who is misleading them, especially when psychiatric help may be required. In that situation, it might be justified to have that additional information, which is relevant to decisions. I would not necessarily discipline a junior doctor for this, I would consider their intention and reflect on it.”

(UN)RELIABLE INFORMATION

Kayhan Parsi and Nanette Elster are professor and associate professor, respectively, at the Neiswanger Institute for Bioethics, Loyola University Chicago Stritch School of Medicine, who authored a 2015 article about social media and the ethical obligations of healthcare professionals that discussed PTG.

Parsi says that “finding an arrest record in an online news article can change how you respond to that person. When people donate to political parties, that information can be on the internet. If their politics are not aligned with the health provider that too could influence care.”

Elster adds that PTG could bias how you treat someone in a system where income might matter. “When there are many tests and treatments that could be offered, doctors often can’t go through them all,” she says. “Maybe that list of options changes because you assume this patient can pay for this because I saw this about them on the internet.”

It could also lead to inaccurate information becoming chart notes. This is the tip of the iceberg, Parsi adds. “The next level will be doctors putting patients’ names into [the artificial intelligence tool] ChatGPT and the stuff they find won’t be correct.”
Patients are divided on the matter. Sarah Blake is a member of The BMJ’s patient advisory panel, which holds the journal to account in relation to patient advocacy. She says the panel is “polarised” over the matter—some felt it would be helpful for doctors to have context on their patients, but others worried about the slippery slope of privacy invasion.

Ultimately, she thinks it would be helpful for the General Medical Council to publish guidance. “It is something that goes on,” she says. “If doctors have guidance, they may feel more comfortable talking to their colleagues and managers about it, if it’s being done for safety reasons.”

She adds that there could be a “sinister or creepy” edge to doctors searching for patients online. Blake, who is studying for a doctorate on the impact of electronic health records, says transparency is key. “If someone is searching online for a patient and they can’t discuss it with a colleague, document it, or tell the patient—why are they doing it?”

Making the rules

Guidance documents from the US’s Federation of State Medical Boards state that physicians “may be tempted to look up patients,” but this should only be done to aid care. It does not detail the consequences for doctors if it happens for other reasons.

In the UK—as well as Australia, Canada, and France—medical regulators only provide advice for social media use, not web searches. A spokesperson for the GMC told The BMJ that if doctors search for patients online they “must be prepared to justify their actions.” They did not say whether doctors would face fitness to practise investigations if discovered to be googling patients.

“Trust is integral to maintaining relationships between doctors and patients, and between the wider public and medical profession,” the spokesperson said. “Doctors must ensure their conduct justifies patients’ and the public’s trust. Doctors must be prepared to justify the actions that they take.”

Umar Sabat says that GMC guidance should be the next step but that NHS trusts need to standardise their approach, adapt information technology policies, and even tackle PTG in staff contracts. The reality is that PTG is happening, whether the authorities like it or not. “For anything that goes on, even quietly, you need a policy,” he says, though he points out that such policies would only ever apply to staff during working hours. “When people go home, it is impossible to monitor what is happening.”

Stephen McCaffrey, a specialist healthcare barrister at Kings View Chambers in London, urges medical regulators to give the matter “urgent attention to avoid doctors falling foul of rules and guidance written ad hoc and almost certainly after the event.” He says that the GMC is “historically and consistently too slow to provide proactive guidance on many matters.”

Gareth Martin, a partner at Olliers Solicitors, who has defended UK doctors before the GMC, agrees—for the doctors’ sakes. “No doctor would want to explain this as part of internal disciplinary proceedings, or worse, before their regulator,” he says.

“It would seem sensible to have formal guidance from the GMC.”

*Names changed to protect doctors’ anonymity.

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