

Standing on Shifting Sands: Palliative Medicine in the vast world of social media



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This Presentation: <http://bit.ly/2fAdccN>

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Topics of discussion

- Defining Social Media
- Spooked by a Twitter patient (or how we are all being tweeted about)
- Tweeters and Medicine
- GMC, complaints
- Research potential and ethical concerns
- Bowie/Cocker/Virality ; Raising issues important in Your specialties
- Current/Future trends in Social Media
- Top Tips if you're new to Twitter

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Definition of social media in English:

social media

Line breaks: so|cial media

NOUN

[TREATED AS SINGULAR OR PLURAL]

Websites and applications that enable users to create and share content or to participate in social networking.

Definition of social networking in English:

social networking

Line breaks: so|cial net|work|ing

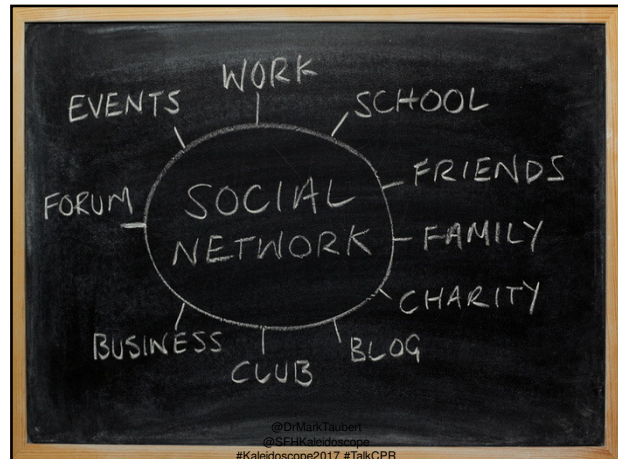
Pronunciation: /ˌsoʊʃəl netwɜːkɪŋ/

NOUN

[MASS NOUN]

The use of dedicated websites and applications to interact with other users, or to find people with similar interests to one's own.

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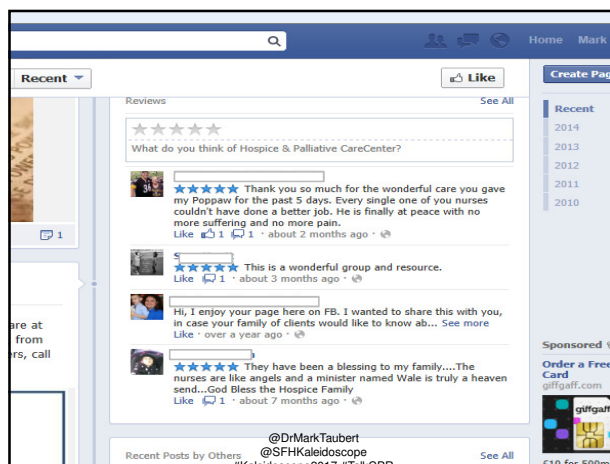
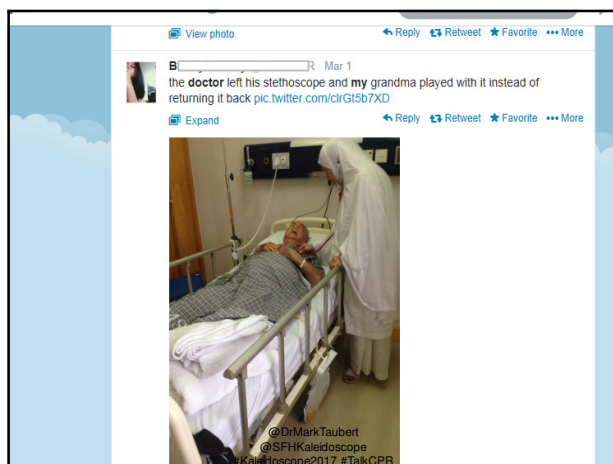
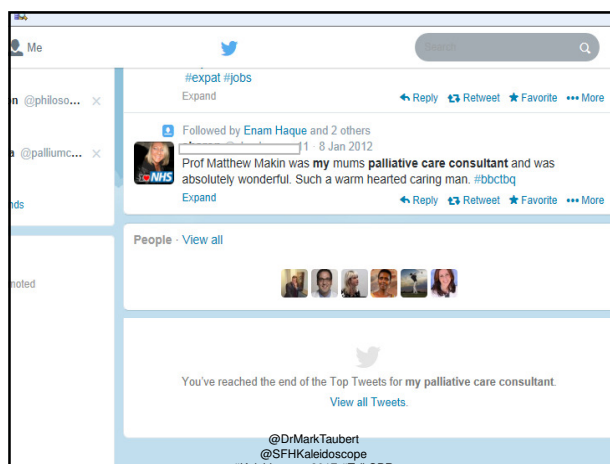
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GMCC Doctors' use of social media

You can find the latest version of this guidance on our website at www.gmc-uk.org/guidance.

Published 25 March 2013 | Comes into effect 22 April 2013

Doctors' use of social media

- In *Good medical practice* we say:
 - 36 You must treat colleagues fairly and with respect.
 - 65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.
 - 69 When communicating publicly, including
- In *Confidentiality* we say:
 - 70 When advertising your services, you make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of knowledge.
 - 13 Many improper disclosures are unintentional. You should not share

Top five reasons medical st... x Donald J. Trump (@realDonaldTrump)

Home Moments Notifications Messages Search Twitter

Donald J. Trump (@realDonaldTrump) Nov 2

Crooked Hillary Clinton deleted 33,000 e-mails AFTER they were subpoenaed by the United States Congress. Guilty - cannot run. Rigged system!

Donald J. Trump (@realDonaldTrump) Nov 2

I am going to repeal and replace ObamaCare. We will have MUCH less expensive and MUCH better healthcare. With Hillary, costs will triple!

Donald J. Trump (@realDonaldTrump) Nov 2

You can change your vote in six states. So, now that you see that Hillary was a big mistake, change your vote to MAKE

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Royal College of Physicians Coleg Brenhinol y Meddygon (Cymru)

RCP Wales @RCPWales

Representing 1200 physicians in Wales, we set medical standards, provide education and training, and influence change on health and patient care.

Wales@rcplondon.ac.uk
rcplondon.ac.uk/wales
Joined November 2013

TWEETS 263 FOLLOWING 362 FOLLOWERS 193 LIKES 98

Tweets Tweets & replies Media

RCP Wales Retweeted

RCP Wales (@RCPWales) · 4h

Dioch @RCPWales am gethogi ein polisi ar wella gofal ar gyfer pobl â chyffrau hirdymor rphar.ms/LTC&mp #RPSLTC

Royal College of Physicians Coleg Brenhinol y Meddygon (Cymru)

*Mae'n rhaid cynorthwyo cleifion i adeil yr ysbty a symud i ofal

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Feature

Medicine and the Media

Tweeting and rule breaking at conferences

BMJ 2016;353:doi: <http://dx.doi.org/10.1136/bmj.3556> (Published 27 June 2016)

Cite this as: BMJ 2016;353:3556

Article Related content Metrics Responses

Trish Groves, director of academic outreach, BMJ

tgroves@bmj.com

You're at a conference and you see or hear something that will interest and inform people in the wider world. It's the easiest thing to get your phone out and tweet a quote or photo, perhaps of a slide, poster, or study abstract. But then you're dismayed to find that the conference organisers have banned the use of Twitter.

Twitter can be a powerful academic tool, particularly when the 140 characters are used to disseminate the url of an article or other content. So why would an evidence loving organisation stop delegates live tweeting their meeting? And why would they block advocates from sharing the latest information with people who are unlikely to go to academic conferences or read journals, such as patients?

Protecting intellectual property—of speakers, researchers, and publishers to which they've granted copyright for their abstracts—seems to be the main reason. Paleontologist and science writer Jon Tennant (@proteohedgehog) blogged in 2014 in response to this tweet: "I do think we need to have a discussion about live tweeting unpublished results & conclusions though. It's just not cool."

Tennant ran through several concerns, not least the dangers of hyping or misrepresenting results that had not been peer reviewed. Overall, he agreed that new results should not be tweeted, and he called on conference hosts to set clear policies and give speakers a Twitter opt out. He noted wryly, though, that the people most likely to scoop your work are probably the other researchers in the conference hall.

Article tools

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- Email to a friend

Topics

- Competing interests (ethical)
- Journalology
- Sociology
- Research and publication ethics

Live Tweets from Hospital

https://twitter.com/identifiedbyVerdige

Kate Granger (@GrangerKate) Feb 24

Come on ladies. You and we can crack this together! I need to be at #NHSExpo next week. [jk.twitter.com/identifiedbyVerdige](https://twitter.com/identifiedbyVerdige)

Reply Retweet Favorite

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Wales News 2017 - #Telcdd

pulmonary embolism - Tw...

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Find friends

Trends Change

#FridayFeeling

@SusanMorrison is Tweeting about this

#namesofthepeople

@VeraVintak3, @SanjThak and 3 more are Tweeting about this

Stephen Phillips

9,052 Tweets

#StopFundingHate

@Verolent3 and @Held_Wyn are Tweeting about this

Gordon Angles

1,689 Tweets

#HolidaysAreComing

Redechuk

1,904 Tweets

#SRAConf

#bonfireweekend

Right Car

2,330 Tweets

Followers

Muhterem Yalgin MD and 18 others follow

InnovaEM @InnovaEM Oct 25

Prevalence of Pulmonary Embolism among Patients Hospitalized for Syncope — NEJM

Prevalence of Pulmonary Embolism among Patients Hospitalized for Syncope

nejm.org

Dr Barry and 10 others follow

Fluid Academy @Fluid_Academy Oct 24

The PEST Trial: Do All Patients with 1st Time Syncope Need a Pulmonary Embolism ... in isipVJ by #oozFlower via @cOrnvey

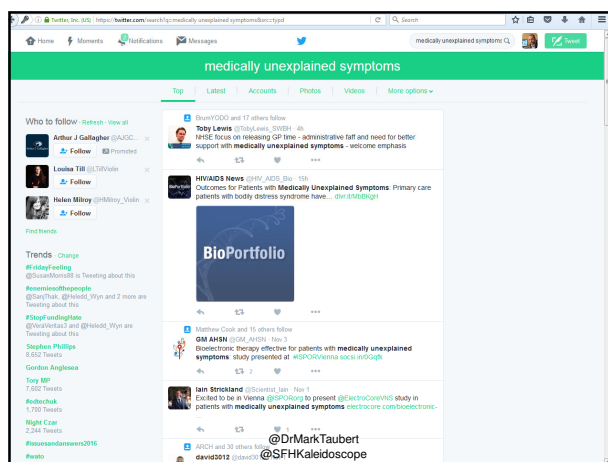
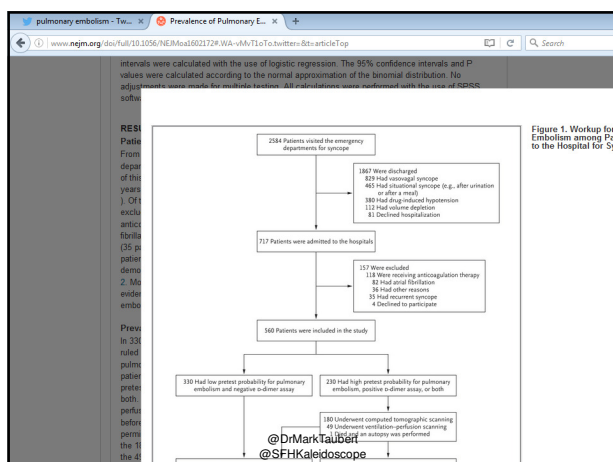
The PEST Trial: Do All Patients with 1st Time Sync...

On Oct. 20th, 2016 a

rebelm.com

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bioelectronic-therapy-is-effective-for-patients-with-medically-unexplained-symptoms?tochitRedto:

back to main news page

Bioelectronic therapy is effective for patients with medically unexplained symptoms

An observational study presented at the 11th Annual Society for Pharmacoeconomics and Outcomes Research (SPOOR) 19th Annual European Congress has found that non-invasive vagus nerve stimulation is an effective treatment for patients with medically unexplained symptoms. The study also showed that rNHS treatment significantly reduced number of GP appointments and hospital referrals required by these patients. A second poster presented by the York Health Economics Consortium (YHEC), supported by a grant from the Yorkshire and Humber Academic Health Science Network, calculated the study was cost-effective.

The research has found that up to 66 percent of patients who suffer from at least three of the following conditions: primary headache, gastric motility disorders, anxiety, depression, widespread chronic pain, experienced an improvement in their overall health following a medication review and after they started rNHS treatment with **electroCore's gammaCore**. Sixty percent of adult primary headache patients have one or more other medically unexplained symptoms[1].

Approximately 25% of all GP consultations, and 25% of all hospital referrals, are generated by 10% of the 18 to 79-year-old UK patient population who suffer from multiple medically unexplained symptoms. As a result of the study there was a 19% reduction in the number of GP appointments attended by the patients, and a 23 percent reduction in their mean hospital referrals.

This study comes in the light of recently published NICE guidelines describing the need to optimise the care received by patients with multimorbidity. NICE chairman Professor Dr Hassan commented:

"Actually now many patients have multiple problems. People don't die but live with multiple diseases. Now we need to build care around people – and the vital increasing role of the generalist comes along with this." [2]

The study was carried out in seven primary care practices across the UK by expert pharmacists from Interface Clinical Services. A total of 233 patients, who used the gammaCore device alongside their existing treatments, were assessed after periods of eight weeks and 40 weeks using the EQ-5D-5L quality of life index. Patients reported less pain and improved ability to perform their normal daily activities, as well as lower levels of anxiety and depression.

Patients were asked to self-administer three rNHS doses per day, with each dose equaling two minutes of electrical stimulation to the vagus nerve. Interface pharmacists provided patients on how to use the gammaCore device. The patients found the therapy very easy to use at home, and reported no serious side effects.

Dr. James Ward, GP and GP&S in Headache at Oaklands Health Centre, West Yorkshire, said:

"We introduced this service into practice in 2014 and as a result have improved the way we manage patients with complex medically unexplained symptom multimorbidity. Whilst the patients are benefiting from having a better quality of life, we as GPs benefit from knowing that patients are empowered to better manage their health at home."

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More info from everywhere..

Cystic Fibrosis

https://www.facebook.com/groups/2207539081/

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Barbar.com

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Promoting and Exploring the areas in your job that you feel passionate about

- #TalkCPR Project
- Letter to Bowie/ 'Palliative Care' explained to the world
- Video

David Bowie's son shares powerful letter

Healthcare Network

This is not Casualty - in real life CPR is brutal and usually fails

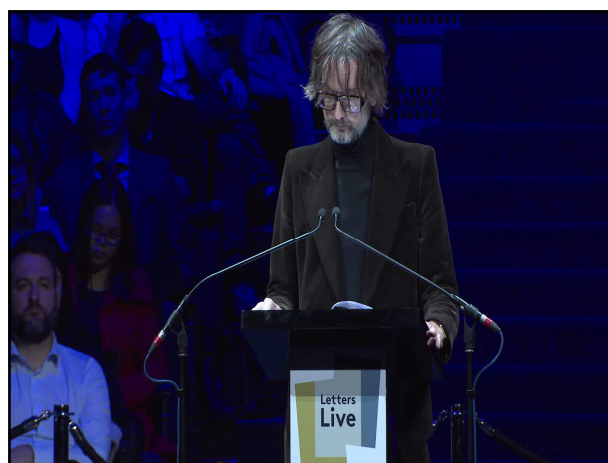
Only 76% of over 300 surviving CPR and 13% of secondary cancer patients. It's no doctors stopped modelling and for each patient die with dignity

Mark Taubert

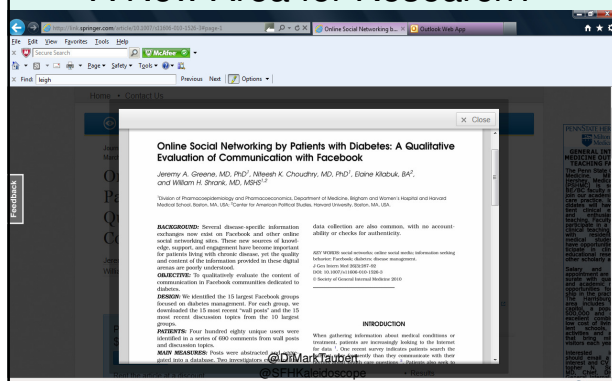
Wednesday 7 February 2016 09:49:07

52,361 Views 52 Comments

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A New Area for Research?



Social Media Research Ethics Panel

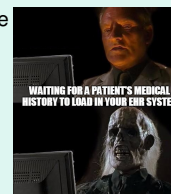


A Qualitative Evaluation of last 150 #CysticFibrosisDeath tweets



Keeping in touch with new Medical Updates and Research via Social Media

- Follow Journals on LinkedIn, Facebook, Twitter.
- Hashtags like #MedicineIsBrilliant
- Youtube Healthcare videos
- New GP/doctor platforms (Skype GP about your health)
- Memes



Top Tips if you're not yet on Twitter

- Look and Lurk initially
- Follow some interesting people/researchers/public health leaders/GMC/RCP/Lancet/BMJ/WelshGasDoc
- If you find an interesting article online, post a link and say a few words about it
- Ignore/report 'trolls'
- Retweet things you find interesting, so your followers can see
- Consider using Twitter as a learning tool that you go to in your own time
- Consider using Twitter for professional purposes only (I avoid anything personal or photos)
- <http://blogs.bmj.com/spcare/2015/04/29/a-starters-guide-to-twitter-and-hashtags-for-hospice-and-palliative-medicine/>
- Use easily searchable hashtags that are used in your specialty in part of your Tweet
- #diabetes #HPM #neurology #epilepsy #unexplainedsymptoms #chronicpain

Finally some hashtags and bitlys



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- <https://twitter.com/palliativeire>
- @IrishHospice
- @BywNawr (Live Now- Dying Matters Charity in Wales)
- #MedicineIsBrilliant
- New to Twitter? <http://blogs.bmj.com/spcare/2015/04/29/a-starters-guide-to-twitter-and-hashtags-for-hospice-and-palliative-medicine/>
- Research blog on Social Media in Medicine by Danny Miller: <http://blogs.ucl.ac.uk/global-social-media/2014/04/01/know-thy-selfie/>