



# Dietetics & Nutrition NEWS

Newsletter of the Professional Board for Dietetics and Nutrition





# Contents

Chairperson's Note.....	3.	CPD compliance of Dietitians and Nutritionists .....	11.
Dietetics and Nutrition as a Profession .....	4.	Practitioners Requesting Database of other Practitioners' Contact Details for research purpose .....	12.
Inspectorate Office: An Overview .....	6.	Ethical and legal perspectives on use of social media by health professionals in South Africa.....	13.
Update on regulations regarding to the Professional Board .....	8.	Ethics CPD Activity compiled by Mrs HE Koornhof, M Nutrition.....	17.
Promulgation progress on the Regulations relating to names that may not be used In the Professions of Dietetics and Nutrition .....	9.	How to earn your CEUs.....	19.
Practitioners to report persons practising without Registration .....	10.		

## CHAIRPERSON'S NOTE

The current Board members have been in office for the past two years and during that time, together with the Board secretariat, they have been redeveloping/improving all the current documents that are used by the Board, and a number of new SOP (Standard Operating Procedure) documents were drafted and approved for use. From now on there will be large changes in the inner workings of the HPCSA. You will experience the improvements when you communicate with staff at HPCSA. Turnaround times for all activities have been improved, staff members have had training or re-skilling done to fit into the new systems. We all are very excited about these much-needed changes and congratulations to the HPCSA Council, all the Boards and staff members for their positive attitude toward this change.

In view of the latest and ongoing news coverage of fad diets and the constant bombardment of our professions by unreliable publishers, I am sharing in this edition with you a short essay about the importance and role of Dietetics and Nutrition in South Africa.

**Chairperson for Dietetics and Nutrition Board**

**Prof SM Hanekom, PhD Nutrition**



# DIETETICS AND NUTRITION AS A PROFESSION

M Gallagher, SM Hanekom and N Lubasinski

**D**ietetics and Nutrition are disciplines committed to the maintenance and improvement of health through good nutrition. The professions focus on the management of nutrition-related diseases in all sections of the population, and these registered professionals are recognised experts in evidenced-based nutrition.

In South Africa, the basic requirement for a Dietitian to qualify and register with the HPCSA is a four-year BSc degree and one-year Community Service while Nutritionist qualify to register after obtaining an accredited four-year BSc degree. Dietitians are trained at 10 Universities in South Africa while Nutritionists are currently trained at one University. The degrees include study in Chemistry, Physics, Biochemistry, Human Physiology, Microbiology, Food Service Management as well as the academic majors of Dietetics and Nutrition.

Throughout the degree, Dietitians and Nutritionists are taught the skills required to interpret scientific evidence. In the 1970s, the American Dietetic Association identified the need for Dietitians to keep up to date with current practices and research, which resulted in the implementation of continuing education. Currently registered Dietitians and Nutritionists are required to obtain 30 CEUs including five ethics points per year, ensuring that registered professionals are up to date with the current practices and research.

Dietitians are often considered when individuals need to lose weight, but registered Dietitians have a much bigger area of expertise. They are also experts in providing nutritional advice for diseases and conditions such as diabetes, heart disease, hypertension, liver disease, kidney disease, cancers, HIV/AIDS, TB, throat, stomach and intestinal disorders, as well as food allergies and intolerances, eating disorders, sports nutrition, maternal health, and infant and young child feeding. Dietitians practice in a hospital setting (therapeutic dietetics), private practice (a range of areas and expertise), community dietetics, academia and research as well as in institutions (food service) and industry.

Dietitians and Nutritionists both might work at a higher level in developing national policies, dietary guidelines and public health messages, but Dietitians are also trained to customise evidence-based nutrition advice for each individual, taking into account an array of factors to provide individualised advice.

Dietitians and Nutritionists have an important role to play in improving the health of the population of South Africa. The World Health Organisation (WHO) estimated that in 2004, 28% of the total burden of disease in South Africa was related to non-communicable diseases. As healthcare professionals, Dietitians and Nutritionists know that non-communicable diseases share common risk factors such as an inadequate diet, physical inactivity and tobacco use.

In 2014, it was highlighted that South Africa was facing a major challenge in terms of prevention of obesity and overweight. 38.8% of males over the age of 20 are classified as being overweight, with 69.3% of females in the same age group are overweight. With South Africa's double burden of disease, chronic under-nutrition is also prevalent with 1 in 4 children aged 0-3 years suffering from stunting. There is also a high incidence of micronutrient deficiencies, particularly vitamin A and iron, in South African children and women of reproductive age. South Africa has high levels of food insecurity with around 1 in 4 food-insecure South Africans experiencing hunger and a further 1 in 4 at risk of hunger. Research has consistently shown that diet plays an important role in health promotion and disease prevention.

The American Dietetic Association identifies the pivotal role Dietitians and Nutritionists play in both individual and population level education approaches in modifying health behaviors and are slowly shaping an alternative view of healthcare (from curative to preventative) by the development of health policies along with individual approaches. As professionals, we need to take hands to make a difference in the health and wellbeing of the South African population and we must jealously guard our professions from interlopers by officially



charging them and have them investigated. To do this we need the cooperation of each one of our registered professionals. We trust you also to do your part in protecting our professions.

**References:**

1. Sastudy.co.za. Is a career as a dietitian for you?
2. Education and the dietetics profession. Puckett, Ruby. American Dietetic Association. Journal of the American Dietetic Association (March 1997):252-3
3. [www.hpcsa.co.za](http://www.hpcsa.co.za).
4. Professional Board for Dietetics and Nutrition. The roles and competencies of the nutrition profession in the well-being of South African population. 15 January 2016. Professor E Wentzel-Viljoen
5. Shisana O, Labadarios D, Rehle T, Simbayi L, Zuma K, Dhansay A, et al. South African National Health and Nutrition Examination Survey (SANHANES-1). Cape Town: Health Sciences Research Council, 2013
6. Position of the American Dietetic Association. Hampl JS, Anderson JV, Mullis R. The role of dietetics professionals in health promotion and disease prevention. Journal of the Academy of Nutrition and Dietetics (2002).

# INSPECTORATE OFFICE: AN OVERVIEW

Prof SM Hanekom, PhD Nutrition and Eric Mphaphuli

The vision of the Health Professions Council of South Africa (HPCSA) is “Quality and equitable healthcare for all”, and the mission is “Protecting the Public and guiding the professions”.

Looking at the above, the following mission element is of specific importance where the Inspectorate Office is concerned for the execution of their mandate: “To enhance the quality for all by developing strategic policy framework for effective coordination and guidance of the professional” through:

- Fostering compliance with standards;
- Protecting the public through engagement in matters involving the rendering of health services; and
- Public and stakeholder engagement.

The objectives and functions of the Council are very specific and the following phrases are used with regard to the public: “...serve and protect the public....; .....best interest of the public....; investigation of complaints from the public.....”, to name but a few.

## The core values of the Inspectorate Office are:

- Transparency: to maintain openness in all actions, keeping affected parties informed at all times;
- Justice and Fairness: to investigate and resolve complaints and treat all persons in a manner that promotes fair administrative action and lawfulness (according to the Constitution of South Africa and PAJA);
- Consistency
- Professionalism
- Responsiveness
- Dignity
- Honesty

## The mandate of the Inspectorate Office is:

1. “To promote and enforce compliance with ethical conduct and practice”, through:
  - Conducting inspection for suspended/erased and removed practitioners;
  - In certain inspections the office is required to obtain Search Warrants from the Magistrate Court and utilise the services of experts for clinical inspections;
  - There are scheduled inspections arranged with practitioners and unscheduled or unannounced inspections;
  - The office also conducts inspections referred by the Professional Boards, Prelim committees and legal officers.
2. “Ensure compliance with penalties imposed by the professional conduct committees:
  - Suspension and removal from the register;
  - Collection of outstanding fines;
  - Challenges: tracing the practitioners due to outdated information such as current address, phone numbers, practicing address and the number of practices.
3. “Ensure that the Council acts pro-actively in enforcing compliance with the Act, Rules and Regulations”:
  - Through stakeholders’ engagement;
  - Conducting awareness campaigns to educate the public;
  - Develop intelligence gathering capacity and collaborations with law enforcement agencies to identify illegal practices and non-compliance;
  - Identifying hotspots or risk areas and conduct inspection operations;

- An inspection report is compiled for every inspection conducted;
  - Effective sanctions for misconducts and enforcement is a positive deterrent to improve level of compliance.
4. “Attend to criminal matters against unregistered persons practicing (illegal practice)”:
- The office investigates all complaints of unregistered persons practising within time frame of between 1-8 months and hand a court ready docket to the police for arrest and prosecution.
  - This requires a thorough investigation which involves identification and individualization of the suspect, verification of registration status of the practitioner and gathering evidence to proof that indeed the person practices while not registered;
  - The investigations also involve conducting inspection at the premises and or arrange for entrapment procedures with the police;
  - All complaints finalised with an Investigation report or closing report with findings and recommendations;
  - The inspectorate office recognises that in order to eradicate or reduce the problem of illegal practice, an integrated approached with other regulatory councils, medical aid schemes and the media are followed to be more effective and have a meaningful impact;
  - Challenges: The Inspectorate depends on the police and National Prosecuting Authority (NPA) for arrests and convictions.

**Who can report complaints and referrals to the Inspectorate Office:**

- Members of the public using the same form for reporting professional misconduct;
- Employees of Council, Members of Professional Boards and Committees;
- Internal stakeholders may use a memorandum detailing the reasons, points of investigation

or inspection for referral;

- The office also accepts complaints from anonymous complainants provided that sufficient details of the allegation is provided.
- In matters relating to encroachment of the scope of practice, the Chairperson of the Board or the Board manager should attach a detailed affidavit setting out the infringement in order to expedite the process.
- Sometimes it becomes important to engage the contravening and put them on a compliance notice before opening a criminal case with the police in order to have successful prosecution;
- Complaints against registered practitioners are investigated by the legal services, so is the legal advice.

**Where to find the Inspectorate Offices:**

National Office in Pretoria – One Senior Manager and one Secretary (012 338 03984)

**Four regional offices:**

- Gauteng (Pretoria) – Two Inspectors (also deal with matters for Limpopo and
- Mpumalanga) (phone no: 012 338 3984
- Cape Town- One Inspector and one Admin Officer (also deal with matters for
- Northern Cape) (Phone No. 021 830 5921)
- Durban- one Inspector and one Admin Officer (Phone No. 031 830 5294)
- East London- one Inspector and one Admin Officer (also deal with matter for
- Free State and North West (Phone No. 043 783 9741)



## UPDATE ON REGULATIONS REGARDING TO THE PROFESSIONAL BOARD

### Regulation defining the scope of profession for Dietetics

The Health Professions Council of South Africa has, under General Notice N. 892 in Government Gazette No. 9532 of 21 December 1984, made the rules relating to the registration of Dietetics. These rules effectively established a register for Dietetics.

The Minister of Health has, under section 33(1) of the Act and under Government Notice R. 891 in Government Gazette No. 4684 of 26 April 1991, made the regulations defining the scope of the profession of Dietetics. The competencies of the Dietitians have, since then, been revised by working groups in 1994 and in 2001. In the meantime, a register for Nutritionists was established under Government Notice No. R. 769 of 2003.

There are overlaps in the functions and competencies of Dietitians and Nutritionists. The regulations defining the scope of the profession of Dietitians are being reviewed in order to manage the aforementioned overlaps. The profession of Dietitians has also evolved since 1991.

### Regulation relating to the scope of profession for Nutrition

The Minister of Health has, in terms of section

24 of the Health Professions Act, 1974 (Act No. 56 of 1974) made the regulations relating to the registration of Nutritionists under Government Notice No. R. 769 of 13 June 2003. The aforementioned regulations were repealed by the regulations relating to the qualifications for the registration of Nutritionists as published under Government Notice No. R. 726 in Government Gazette No. 31213 of 4 July 2008.

The scope of the profession of Nutritionists has never been defined since 2003. It has become necessary for the Board to define the scope of the profession of Nutritionists in order to manage the overlaps of the functions and competencies between the Nutritionists and Dietitians. This is done in order to guide practitioners registered as Nutritionists and to protect the public.

Given the current burden of disease profile, the scopes of practice of the Dietetics and Nutritionist professional, the training of Nutrition professionals, the lack of community service position for Nutritionists, the local and global economic climate and a range of other situations that are influencing the nutrition agenda in South Africa, it is necessary to review the position of the two Nutrition professions in South Africa.

The aforementioned regulations are awaiting promulgation by the Minister of Health



# PROMULGATION PROGRESS ON THE REGULATIONS RELATING TO NAMES THAT MAY NOT BE USED IN THE PROFESSIONS OF DIETETICS AND NUTRITION

Mrs HE Koornhof, M Nutrition

The regulations are made in order to prohibit the use of any name together with the term diet or nutrition by persons not registered in terms of the Health Professions Act.

The Board's resolution to make these regulations was a response to a complaint that there are persons who are not registered in terms of the Act, but who are using the terms "diet clinic, diet therapy, and nutrition therapy."

The HPCSA, in conjunction with its 12 Professional Boards, is committed to promoting the health of the population, determining standards of professional education and training, setting and maintaining excellent standards of ethical and professional practice.

In order to safeguard the public and indirectly the professions, registration in terms of the Act is a prerequisite for practising any of the health professions with which Council is concerned.

The Council guides and regulates the health professions in the country in aspects pertaining to registration, education and training, professional conduct and ethical behaviour, ensuring continuing professional development, and fostering compliance with healthcare standards. The Health Professions Act No. 56 of 1974 compels all individuals who practise any of the health care professions incorporated in the scope of the HPCSA, to register with the Council. Failure to do so constitutes a criminal offence. The Professional Boards of HPCSA are tasked to make recommendations to Council on any matter falling within the scope of the Health Professions Act to ensure that it remains up to date and relevant.

The Professional Board for Dietetics and Nutrition recognised the need to review the scope of the profession of dietetics and of nutritionists, since there is a problem in South Africa that unregistered persons as well as persons without the appropriate accredited qualifications are calling themselves

names such as nutritionist, nutrition expert, nutrition or diet counsellor, etc. To ensure that the Health Professions Act sufficiently assists in the promotion of the nutritional health of the South African population, the current regulations were revised, and the updated new regulation will be tabled at Council for endorsement and then referred to Minister of Health for promulgation.



According to the draft proposed regulation “A person who is not registered as a Dietitian in terms Section 17 of the Act (Health Professions Act No. 56 of 1974) may not use the following names:

- a) Dietitian
- b) Diet Consultant
- c) Diet Educator
- d) Diet Therapist
- e) Diet Advisor
- f) Diet Counsellor
- g) Diet Planner
- h) Diet Technician
- i) Nutrition Therapy
- j) Diet Therapy

According to the draft proposed regulation “A person who is not registered as a Nutritionist in terms Section 17 of the Act (Health Professions Act No. 56 of 1974) may not use the following names:

- a) Nutritionist
- b) Nutrition Counsellor
- c) Nutrition Advisor
- d) Nutrition Educator
- e) Nutrition Consultant
- f) Nutrition Technician
- g) Nutrition Planner
- h) Nutrition Therapy

Practitioners will be informed once the regulations have been promulgated through the subsequent Newsletter.



## PRACTITIONERS TO REPORT PERSONS PRACTISING WITHOUT REGISTRATION

In terms of Section 34(1)(2) of the Health Professions Act (Act 56 of 1974), registration a prerequisite for practicing a profession in respect of which a professional board has been established.

Health Professions Act (Act 56 of 1974)  
<http://www.hpcsa.co.za/uploads/editor/UserFiles/Health%20Professions%20ACT.pdf>



# CPD COMPLIANCE OF DIETITIANS AND NUTRITIONISTS

Mrs HE Koornhof, M Nutrition

Continuing Professional Development (CPD) became compulsory for all professionals registered with the Health Professions Council of South Africa (HPCSA) in 2007, but many Dietitians were involved with CPD on a voluntarily basis since the onset of the millennium.

To maintain ethical practice as a health professional requires consistent and ongoing commitment to lifelong learning. CPD assists health professionals to update and develop the knowledge, skills and ethical attitudes that underpin competent practise. The following introduction regarding CPD comes from the HPCSA's website regarding CPD:

“Healthcare practitioners have a responsibility to continually update their professional knowledge and skills for the end benefit of the patient or client. To this end the HPCSA has implemented a Continuing Professional Development programme. Every practitioner is required to accumulate 30 Continuing Education Units (CEUs) per twelve-month period and five of the units must be on ethics, human rights and medical law. Each CEU will be valid for 24 months from the date on which the activity took place (or ended, in the event of post-graduate studies) after which it would lapse. This means that practitioners should aim to accumulate a balance of 60 CEUs by the end of their second year of practice, and thereafter top-up the balance through additional CPD as each 24-month validity period expires.

Mandatory random audits are conducted to ensure compliancy. Once a practitioner's name has been selected, they are required to submit a CPD portfolio to Council within 21 days. Non-compliant practitioners will be given six months in order to comply. After the period of 6 months a practitioner will again be audited and if there is still non-compliance, the Professional Board will consider appropriate action. Practitioners are only required to submit their CPD portfolios when their

names are drawn from a random sample audit and when requested to submit their completed form CPD 1 IAR with accompanying proof of CPD activities undertaken.”

The Professional Board for Dietetics and Nutrition (DNB) recently received a CPD Audit Report that presented a poor picture regarding the compliance of registered practitioners. The process by which CPD auditing is done by the HPCSA is entirely random. For the period 1 April 2015 until 31 March 2017, 95 professionals registered with the DNB were selected to submit their CPD portfolio to Council. Only 28.4 % (n=27) of the DNB professionals who participated in the audit were CPD compliant. With the re-audit of the 71.6 % (n=68) who were non-compliant, only 4.4 ( n=3) of the practitioners were compliant. The Professional Board for Dietetics and Nutrition is very concerned about the 95.6% practitioners who did not respond to the HPCSA's request to submit their CPD portfolio to be audited. Please be reminded that every professional registered with the Council are required to be CPD compliant as prerequisite for continued registration. There are currently investigations conducted by the HPCSA to establish the cause of this problem and to find ways to address such problem. One of the issues being investigated is whether practitioners actually receive their audit request correspondence. In this regard the DNB would like to request the assistance of all our registered practitioners. Please remember that the onus is on us/you to ensure that the HPCSA has our/your correct contact details! In the previous DNB newsletter, HPCSA's new Online Renewal of Registration system was explained. It is a simple, interactive system that is not only valuable to pay our annual registration fee, but also allows practitioners to update their profile and more specifically our contact details. The DNB request all practitioners that fall within it's ambit to visit the HPCSA Website, check their profile and update their details on a regular basis.

# Practitioners Requesting Database of other Practitioners' Contact Details for research purpose

The Education, Training and Registration Committee of the Professional Board for Dietetics and Nutrition NOTED that the practice to sell practitioners' information to researchers was valid in the past prior to the promulgation of the Protection of Personal Information Act (POPI).

As such, the practice should be discontinued with immediate effect.



## MEDICINE AND THE LAW

# Ethical and legal perspectives on use of social media by health professionals in South Africa

B Kubheka, MB ChB, Dip Project Management, MBA

Health IQ Consulting, Johannesburg, South Africa; School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa

Corresponding author: B Kubheka (brenda.k@wol.co.za)

Use of social media has increased exponentially throughout the world. Social media provides a platform for building social and professional relationships that can be used by all, including healthcare professionals. Alongside the benefits of creating networks and spreading information wider and faster than is possible with traditional communication channels, however, it presents ethical and legal challenges. For health professionals, it poses a threat to confidentiality and privacy owed to patients, colleagues and employers. It is vital for health professionals to acknowledge that the same ethical and legal standards apply both online and offline, and that they are accountable to professional bodies and the law for their online activities. This article seeks to explore the ethical and legal pitfalls facing health professionals using social media platforms. Importantly, it seeks to create awareness about the cyberpsychology phenomenon called the 'online disinhibition effect', responsible for lowering restraint during online activities.

*S Afr Med J* 2017;107(5):386-389. DOI:10.7196/SAMJ.2017.v107i5.12047

Social media refers to forms of electronic communication that enable individuals and communities to gather, communicate, share personal messages, share various types of information, and in some cases collaborate or play.<sup>[1,2]</sup> Examples of social media include Twitter, Facebook, YouTube, LinkedIn and blogs, among others.<sup>[2]</sup> Social media litigation is still new in South Africa (SA), and the 2013 *Isparta v Richter* case<sup>[3]</sup> is the first case in SA where damages were awarded to the plaintiff for defamatory statements made on Facebook. Traditionally, health service managers worried about breaches of confidentiality or violations of patients' rights occurring during inappropriate discussions in canteens, hospital corridors or elevators.<sup>[4]</sup> Social media has taken these concerns to new levels, where there is no control on how fast or far information shared on its platforms can spread.<sup>[2,4]</sup> To date, the Health Professions Council of South Africa (HPCSA) does not have ethical guidelines for the use of social media. The South African Medical Association (SAMA) published on its website a guide titled 'Practical and ethical guidance for doctors and medical students',<sup>[5]</sup> which provides practical recommendations for avoiding most ethical and legal pitfalls facing professionals and medical students on social media.

This article presents an overview of the findings of an analysis of ethical and legal issues facing professionals on social media.

### Legal framework

The Bill of Rights in chapter 2 of the Constitution of the Republic of South Africa<sup>[6]</sup> affirms the democratic values of human dignity, equality and freedom. It further confers the right of natural or juristic persons to approach the court to enforce their rights when they are threatened or violated. The rights relevant to this article are the rights to: (i) have dignity protected and respected; (ii) physical and psychological integrity; (iii) equality; (iv) privacy; and (v) freedom of expression. Many of the rights are not absolute, but their infringement ought to be justifiable and reasonable in an open and democratic society.<sup>[7]</sup> The right to freedom of speech is not absolute, but limited to avoid violation of other people's rights. Notably, the

patient-professional relationship is characterised by an imbalance of power, patients being more vulnerable than the professionals treating them.<sup>[8,9]</sup>

Limitations to freedom of speech are seen in the *Isparta v Richter* case,<sup>[3]</sup> where the plaintiff was awarded damages after the first defendant, the partner of the former spouse, posted comments about the plaintiff's parenting skills on Facebook and tagged the former spouse, the second defendant. The plaintiff felt belittled and found one of the posts to be malicious and damaging to her reputation. The post attracted negative comments for allegedly allowing a teenage stepson to bath the plaintiff's younger daughter. Although the second defendant did not comment on the post, he did not remove the tag, therefore failing to distance himself from the defamatory posts. The judge found both defendants guilty of defamation.<sup>[3]</sup>

The National Health Act (Act No. 61 of 2003)<sup>[10]</sup> ratifies the patient's right to confidentiality, and this is consistent with the right to privacy stated in the Bill of Rights.<sup>[6]</sup> Patients have a right to expect information shared with health professionals to be treated as privileged information and to be held in confidence.<sup>[11,12]</sup> Breaching confidentiality erodes the public's trust in the medical profession.<sup>[9]</sup>

### Ethical framework

Morality and ethical principles ought to guide the professional's disclosure of patient information, both online and offline. The principles are: (i) autonomy – respect for self-determination; (ii) beneficence – promoting the interests of others; (iii) non-maleficence – avoiding or minimising harm; and (iv) justice – fair distribution of benefits and burdens.<sup>[8]</sup> Professionalism is the foundation of the social contract with patients, and society expects professionals to behave empathically and professionally.<sup>[12]</sup> The HPCSA's *General Ethical Guidelines*<sup>[13]</sup> state that professionals ought to act quickly to protect patients from risk due to any reason, and to report violations and seek redress in circumstances where they have a good or persuasive reason to believe that the rights of a patient are being violated. Professionals therefore have the moral obligation to

bring inappropriate online behaviour of colleagues to their attention in a discreet manner, and even to ask them to take down any inappropriate posts.<sup>[5,9,12]</sup> Ethical codes have no legal precedent, but hold professionals to a higher moral obligation in serving the public, and they can be enforced through professional standards.<sup>[14]</sup>

Virtues depicting traditional medical practice are care, compassion, discernment, trustworthiness, integrity, conscientiousness, respectfulness, benevolence, truthfulness and justice.<sup>[8]</sup> Professionals ought to conscientiously exercise both reasoning and moral judgement on social media. Importantly, patients ought not to be treated as a means to an end but with dignity, and their rights ought to be protected.<sup>[8]</sup> The HPCSA guidelines provide guidance for disclosures that benefit patients directly or indirectly, protect the patient and others, and are linked with judicial or statutory proceedings.<sup>[11]</sup> Any other disclosure in the absence of express consent is neither legally nor morally defensible and threatens the profession's reputation.

## Discussion

### Double identity: Social and professional self

The new generation of medical students have joined medical training with digital footprints and established social media habits unimaginable to their seniors.<sup>[1]</sup> It is relevant that one study found that 52% of undergraduate medical students admitted to having embarrassing photos on Facebook.<sup>[1]</sup> In another study conducted on male pharmacy students, most of them indicated that they viewed Facebook as a social domain separate from their professional lives.<sup>[1]</sup> Professionals ought to think carefully before accepting friend requests from their patients or sending friend requests to them, because of the risk of blurring professional and personal lives.<sup>[5,12]</sup> Importantly, professionals ought to have a reliable character, good moral sense, and an appropriate emotional responsiveness.<sup>[8]</sup>

Some users are naive and believe social media to be platforms for self-expression without legal restraint. The *Isparta v Richter* case<sup>[3]</sup> is a good example proving that online communication is subject to legal rules and that there are limitations to freedom of expression. The same laws and codes of conduct apply in the real world and cyberspace.<sup>[12]</sup> Users of Facebook must be extremely careful not only about what they post but also with regard to posts on which they may be 'tagged', because if they do not 'un-tag' themselves or if they 'like', it will be construed that they agree with the shared content, as seen in the *Isparta v Richter* case.<sup>[3]</sup>

### The patient-professional relationship and its boundaries

Trust is the foundation of the patient-professional relationship.<sup>[8,11]</sup> Information shared in confidence for the purpose of healthcare ought to be protected, because failure to do so violates the patient's rights and undermines the patient-professional fiduciary relationship. Professionals ought to uphold ethical standards and act in an ethical and legally defensible manner both offline and online, because it is the right thing to do. Failure to uphold ethical standards on social media exposes patients to embarrassment and psychological harm, thus undermining the principles of beneficence and non-maleficence.

Another area of concern is dissemination of patients' pictures on social media that might constitute invasion of privacy, defined as a situation in which someone fails to respect a person's right to keep certain personal information from being known.<sup>[15]</sup> This could be for information sharing, educational purposes, or other reasons. Professionals are also warned against taking pictures without obtaining signed informed consent from their patients, especially if the patient is identifiable.<sup>[2]</sup> Patients ought to explicitly give informed consent for the taking of pictures and for the dissemination of

their pictures on any media platform. Valid informed consent is characterised by: (i) disclosure of the nature and extent of the risks and benefits; (ii) appreciation and understanding of the risks and benefits; (iii) ability to make decisions and communicate them; (iv) voluntariness; and (v) authorisation to proceed with sharing pictures and other patient information.<sup>[8,11,12,15,16]</sup> Professionals ought to acknowledge the imbalance of power between themselves and patients when facilitating informed consent, and this imbalance might compromise free will.<sup>[8,11]</sup> In this instance, informed consent fulfils the legal role of protecting patients against violation of their dignity, privacy, and bodily and psychological integrity.

Studies assessing the use of social media by medical professionals have included reviewing content on medical blogs and other social media platforms.<sup>[2,17]</sup> The findings confirmed a large number of cases in which it was easy for patients to identify their doctors, or even themselves.<sup>[1]</sup> In one of the studies, the use of negative language describing patients was evident in 57% of cases.<sup>[1]</sup> This is contrary to the professional's moral obligation to protect patients and the profession's reputation. Trust, non-maleficence, beneficence and transparency are important characteristics of a relationship between two or more parties. Relationships can be irrevocably severed because of breach of trust.<sup>[18]</sup>

### Social media as a work tool and professionalism

The workplace benefits from the use of group-based communication channels, and these include WhatsApp groups used to share information in clinical settings lacking sophisticated communication technologies. Work interaction groups on WhatsApp are becoming commonly used by professionals to communicate availability for shift work, traffic issues, and pictures of patients when requesting second opinions from colleagues – the list is endless. There are, however, challenges associated with some of these platforms because they may not be secure and messages may get sent to wrong recipients, thus compromising privacy and confidentiality. Sending pictures and requesting second opinions via these platforms permeate into the practice of telemedicine, posing further ethical and legal challenges, including storage and ownership of shared information. The use of uncontrolled and open-access social media platforms to share patient information may expose professionals to violation of ethical standards and the law.

Social media also presents a challenge of blurring boundaries in the patient-professional relationship,<sup>[2,12]</sup> as seen in the Prof. Tim Noakes HPCSA disciplinary hearing. The incident was triggered by dietary advice provided by Noakes via Twitter to a breastfeeding mother advising her to wean her child on a low-carbohydrate and high-fat diet.<sup>[19]</sup> It is advisable that professionals share generic information online, and avoid responding with direct medical advice to individuals. Further, as a standard precaution, it should be mandatory that any medical discussion professionals enter into on social platforms be accompanied by the advice that patients must consult their practitioners.<sup>[12]</sup>

Information shared online is accessible to the public, and employers may use it to screen potential employees. Inappropriate content may affect one's professional standing.<sup>[9,12]</sup> Societal expectations often go beyond the professional role and into the daily activities of professionals, and poor judgement demonstrated even in a personal capacity reflects negatively on both the individual and the profession.<sup>[5,12]</sup> Interestingly, research conducted on medical students showed that frequent users of social media perceived regulating personal use of social media as an infringement of privacy, but still believed that the users ought to conduct themselves professionally.<sup>[20]</sup> Facebook has the ability to create closed groups of selected participants

with common interests. The users are 'approved' by the administrator or other members of the page before they can gain access to the content and are able to contribute to discussions. Administrators should keep in mind that they do not own these social platforms, and owners may change security settings without consulting the users. In the future, information classified as private today might be opened to the public. Administrators have additional responsibilities of ensuring that information shared on their page does not violate ethical standards and laws, since they are ultimately accountable for the content.<sup>[3]</sup>

Making negative comments about colleagues, patients and others on social media can be viewed as bullying and unprofessional, and has a corrosive effect on the affected person and others around them. Such comments may attract charges from the HPCSA and, worse, legal action from the complainant for defamation<sup>[5,9,12]</sup> and other legally quantifiable losses. Defamation is the act of making statements about a person or organisation through publication of information considered harmful to their reputation.<sup>[3,12]</sup> The HPCSA's *General Ethical Guidelines*<sup>[13]</sup> state that 'a professional shall not cast reflections on the probity, professional reputation or skill of another person registered under the Health Professions Act or any other Health Act'.<sup>[13]</sup> Professionals therefore ought to refrain from making negative and defamatory comments about colleagues on social media, but rather address issues of concern with the relevant individuals. Professionals ought to acknowledge benefits and weaknesses stemming from digitalisation of communication.

Crucially, information shared online is in the public domain and has relative permanence, even after it has ostensibly been deleted.<sup>[12]</sup> Employers and professional bodies can use this information for disciplinary proceedings if it is deemed to have brought a profession or an organisation into disrepute.<sup>[2,18]</sup> Disclosing work-related information can undermine the employee-employer relationship and violate employer policies, and may have negative consequences.<sup>[17]</sup> In countries such as the USA and the UK, medical professionals who have violated ethical principles on social media have faced academic dismissal, termination of employment, and worse fates such as deregistration from professional boards.<sup>[2,9]</sup> In most cases, such violations are not intentional but due to lapses in judgement.<sup>[2,17]</sup>

To offset the potential minefield of negative occurrences, social media has potent benefits. It has the capacity to reach more people faster, and therefore has become a great tool for health promotion, education<sup>[12]</sup> and professional networking.

### Cyberpsychology and the disinhibition effect

The online disinhibition effect is defined as the lowering in the online social environment of the psychological restraints that normally serve to regulate behaviour.<sup>[21,22]</sup> Disinhibitions are influenced by various factors ranging from invisibility, personality type and intensity of feelings to the type of social media platform being used.<sup>[21]</sup> Like any other person, professionals are susceptible to disinhibition and will loosen up, communicate more freely and experience fewer inhibitions and behavioural boundaries online.<sup>[12,22]</sup> Others disaggregate their online self, detaching it from the rest of their lives and, disturbingly, minimising personal accountability for their online actions to professional bodies and the law.<sup>[21]</sup> This is a logical fallacy, because the same ethical standards and laws applicable offline also apply online. The fallacy facilitates temporary suspension of moral cognitive processes, triggering undesirable effects. Crucially, disinhibition is not the only factor influencing how professionals behave online, but it is a significant factor.<sup>[22]</sup> Raising professionals' awareness of the disinhibition effect could play a significant role in

avoiding the ethical and legal pitfalls associated with the use of social media.

### Conclusions

Professionals ought to ask themselves before posting on social media whether sharing certain information is legally and morally defensible, whether it reflects the professional conduct expected of them and whether it will benefit their patients, and importantly question their own intention for posting. Current medical training includes training on communication skills, but it does not address the benefits and risks of digitalisation of communication, especially social media. The HPCSA needs to develop social media guidelines and train medical trainers in this specific area. Medical schools need to address social media issues during new student induction briefings, and this should continue to advance in sophistication until graduation.

Health establishments ought to develop social media policies and train staff on risks associated with the use of social media. While social media has made it easier for professionals to communicate and share information, it holds the potential to threaten patients' rights and undermine professional and employer relationships if its use by professionals is not guided. Professionals should monitor what information they share and how they share it, and take precautionary measures to protect themselves from online dangers. Finally, social media is not immoral, but the intentions of professionals and how they use such platforms may lead to actions that are not morally or legally defensible.

**Acknowledgements.** The author thanks Dr Graham Howarth and Prof. Mncedisi Maphalala for their insightful guidance. She also appreciates the assistance of Lizeka Tandwa and Ayanda Simelane in proofreading the manuscript.

**Author contributions.** Sole author.

**Funding.** None.

**Conflicts of interest.** None.

1. Von Muhlen M, Ohno-Machado L. Reviewing social media use by clinicians. *JAMIA* 2012;19(5):777-781. <http://dx.doi.org/10.1136/amiajnl-2012-000990>
2. Basevi R, Reid D, Godbold R. Ethical guidelines and the use of social media and text messaging in healthcare: A review of literature. *N Z J Physiother* 2014;42(2):68-80.
3. Roos A, Slabbert M. Defamation on Facebook: *Isparta v Richter SA 529 (GP)*. Potchefstroom Electron Law J 2014;17(6):2485-2868. <http://dx.doi.org/10.4314/pej.v17i6.18>
4. Snyder Y. Online professionalism: Social media, social contracts, trust and medicine. *J Clin Ethics* 2011;22(2):173-175.
5. South African Medical Association. Using social media: Practical and ethical guidance for doctors and medical students. <https://www.samedical.org/files/Guideline%20for%20Drs%20Using%20Social%20Media%20febr015.pdf> (accessed 12 January 2017).
6. South African Government. Constitution of the Republic of South Africa, 1996. Chapter 2: Bill of Rights. <http://www.gov.za/documents/constitution/chapter-2-bill-rights> (accessed 12 January 2017).
7. McQuoid-Mason D, Dada M. *The A-Z of Medical Law*. 1st ed. Cape Town: Juta, 2011.
8. Beauchamp TL, Childress JF. *Principles of Medical Biomedical Ethics*. 7th ed. New York: Oxford University Press, 2013.
9. Australian Medical Association. Social media and the medical profession: A guide to online professionalism for medical practitioners and medical students. [https://ama.com.au/sites/default/files/Social\\_Media\\_and\\_the\\_Medical\\_Profession\\_FINAL.pdf](https://ama.com.au/sites/default/files/Social_Media_and_the_Medical_Profession_FINAL.pdf) (accessed 20 January 2017).
10. Republic of South Africa. National Health Act (Act No. 61 of 2003). [http://www.saflii.org/za/legis/consol\\_act/nha2003147/](http://www.saflii.org/za/legis/consol_act/nha2003147/) (accessed 29 August 2016).
11. Health Professions Council of South Africa. Confidentiality: Protecting and Providing Information. Booklet 10. Pretoria: HPCSA, 2008. [http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/conduct\\_ethics/rules/generic\\_ethical\\_rules/booklet\\_10\\_confidentiality\\_protecting\\_and\\_providing\\_information.pdf](http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/conduct_ethics/rules/generic_ethical_rules/booklet_10_confidentiality_protecting_and_providing_information.pdf) (accessed 1 February 2017).
12. Grobler C, Dhali A. Social media in healthcare context: Ethical challenges and recommendations. *S Afr J Bioethics* 2016;9(1):22-25. <http://dx.doi.org/10.7196/SAJBL.2016.v9i1.464>
13. Health Professions Council of South Africa. General Ethical Guidelines for the Health Care Professions. Booklet 1. Pretoria: HPCSA, 2008. [http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/conduct\\_ethics/rules/generic\\_ethical\\_rules/booklet\\_1\\_guidelines\\_good\\_prac.pdf](http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/conduct_ethics/rules/generic_ethical_rules/booklet_1_guidelines_good_prac.pdf) (accessed 14 January 2017).
14. Littleton V, Meemon N, Breen G, et al. An ethical analysis of professional codes in health and medical care. *Ethics Med* 2010;26(1):25-48.
15. Merriam-Webster Dictionary. <https://www.merriam-webster.com/dictionary/invasion%20of%20someone's%20privacy> (accessed 15 January 2017).
16. Health Professions Council of South Africa. Seeking Informed Consent: Ethical Considerations. Booklet 9. Pretoria: HPCSA, 2008. [http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/conduct\\_ethics/rules/generic\\_ethical\\_rules/booklet\\_9\\_informed\\_consent.pdf](http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/conduct_ethics/rules/generic_ethical_rules/booklet_9_informed_consent.pdf) (accessed 14 January 2017).

17. Knudson E. Social media presents unique risks for healthcare professionals. *AORN J* 2012;97(1):5-6. [http://dx.doi.org/10.1016/S0001-2092\(12\)00619-9](http://dx.doi.org/10.1016/S0001-2092(12)00619-9)
18. Shange N. Yes, your boss can fire you for social media posts – attorney. 2016. <http://www.heraldlive.co.za/news/2016/02/02/yes-boss-can-fire-social-media-posts-attorney/> (accessed 24 August 2016).
19. Genever S. Noakes in hot water over Twitter diet advice. 2015. <http://www.sabreakingnews.co.za/2015/04/22/noakes-in-hot-water-over-twitter-diet-advice/> (accessed 28 August 2016).
20. Farnan JM, Higa JT, Paro JAM, et al. Training physicians in the digital age: Use of digital media among medical trainees and views on professional responsibility and regulation. *AJOB Prim Res* 2010;1(1):3-10. <http://dx.doi.org/10.1080/21507711003697527>
21. Suler J. The online disinhibition effect. *Cyberpsychol Behav* 2004;7(3):321-326. <http://dx.doi.org/10.1089/1094931041291295>
22. Lapidot-Lefler N, Barak A. The benign online disinhibition effect: Could situational factors induce self-disclosure and prosocial behaviors? *J Psychosoc Res Cyberspace* 2015;9(2). <http://dx.doi.org/10.5817/cp2015-2-2:20-38>

*Accepted 13 February 2017.*



## ETHICS CPD ACTIVITY compiled by Mrs HE Koornhof, M Nutrition

B Kubheka (2017). Ethical and legal perspectives on use of social media by health professionals in South Africa. *S Afr Med J* 2017;107(5):386-389

The May edition of South African Medical Journal (SAMJ) featured a very current article: Ethical and legal perspectives on use of social media by health professionals in South Africa, by B Kubheka. [*S Afr Med J* 2017;107(5):386-389], which is reproduced in this newsletter with permission of the SAMJ.

You can obtain 2 CEUs ethics credits for reading the article Ethical and legal perspectives on use of social media by health professionals in South Africa and answering the accompanying questions.



### Questions 1-10: Choose the correct answer

1. Social media refers to forms of electronic communication that enable individuals and communities to gather, communicate and share personal messages as well as various types of information. These include:
  - a. Twitter, Facebook, YouTube, LinkedIn and blogs.
  - b. Email, Twitter, Facebook and YouTube.
  - c. None of the above.
2. Comment on the following statement: Health Professions Council of South Africa (HPCSA) has ethical guidelines for the use of social media.
  - a. True.
  - b. False.
3. When considering professionals' ethical and legal issues concerning social media specific rights described in the Constitution are applicable: These rights are:
  - a. The rights to have dignity protected and respected as well as the right to equality and privacy.
  - b. The rights to physical and psychological integrity, as well as the right to freedom of expression.
  - c. All of the above.
4. Particularly, a patient-professional relationship is characterised by an imbalance of power, since:
  - a. Patients can threaten professionals treating them.

- b. Patients are more vulnerable than the professionals treating them.
- c. None of the above.
5. Professionals therefore have the professional obligation to bring inappropriate online behaviour of colleagues to their attention in a discreet manner.
- a. It is a moral obligation and includes asking them to take down any inappropriate posts.
- b. It is an ethical obligation to reprimand colleagues and advise them to remove inappropriate posts.
- c. None of the above.
6. Professionals ought to carefully exercise both reasoning and moral judgement on social media since patients' rights need to be protected. This is important because:
- a. Any other disclosure in the absence of express consent is neither legally nor morally defensible.
- b. Any other disclosure in the absence of express consent threatens the profession's reputation.
- c. None of the above.
7. Failure to uphold ethical standards on social media expose patients to embarrassment and psychological harm.
- a. This type of conduct undermines the principle of non-maleficence.
- b. This type of conduct undermines both the principle of beneficence and non-maleficence.
- c. None of the above.
8. Sometimes colleagues and the workplace benefit from the use of group-based communication channels, such as WhatsApp groups, to share information in clinical settings lacking sophisticated communication technologies.
- a. True.
- b. False.
9. The HPCSA's General Ethical Guidelines clearly states that 'a professional shall not cast reflections on the probity, professional reputation or skill of another person registered under the Health Professions Act or any other Health Act'.
- a. Therefore, Professionals ought to refrain from making negative and defamatory comments about colleagues on social media.
- b. Professionals are obliged to address the issues of concern with the relevant individuals.
- c. Professional are also expected to immediately report such behaviour to their specific Board of the HPCSA.
10. Professionals ought to ask themselves a number of questions before posting on social media. This includes:
- a. Whether sharing certain information is legally and morally defensible and reflects the professional conduct expected of them?
- b. Whether it will benefit their patients as well as what is their own intention is with the posting?
- c. All of the above.

# HOW TO EARN YOUR CEUs

1. Complete your personal details below.
2. Read the article: Ethical and legal perspectives on use of social media by health professionals in South Africa and answer the questions.
3. Indicate the answers to the questions by marking an “x” in the appropriate block at the end.
4. **You will earn 2 CEUs if you answer 70% or more of the questions correctly. A score of less than 70% will unfortunately not earn you any CEUs.**
5. Make a photocopy for your own records in case your answers do not reach us.
6. Scan and email or post your answers to:

Email: hek@sun.ac.za

Postal Address: Mrs HE Koornhof, 10 Grey Street, Welgemoed, 7530

Please note: The answers should reach us not later than 31 May 2018. Answer sheets received after this date will not be processed.

HPCSA number: .....

(NT or DT with 7 digits)

Initials: .....

Surname as registered with the HPCSA: .....

Contact number: .....

E-mail address: .....

PLEASE ANSWER ALL THE QUESTIONS AND MARK THE APPROPRIATE BLOCK WITH AN “X “

1. A  B  [C]
2. A  B  [C]
3. A  B  [C]
4. A  B  [C]
5. A  B  [C]
6. A  B  [C]
7. A  B  [C]
8. A  B  [C]
9. A  B  [C]
10. A  B  [C]



**For any information or assistance from the Council  
direct your enquiries to the Call Centre**

Tel: 012 338 9300/01

Fax: 012 328 5120

Email: [info@hpcsa.co.za](mailto:info@hpcsa.co.za)

**Where to find us:**

553 Madiba Street

Corner Hamilton and Madiba Streets

Arcadia, Pretoria

P.O Box 205

Pretoria 0001

**Working Hours :**

Monday – Friday : 08:00 – 16:30

Weekends and public holidays – Closed

**Certificate of Good Standing/ Status, certified  
extracts verification of licensure**

**Susan Ndwalane**

Tel: 012 338 3995

Email: [hpcsaacgs@hpcsa.co.za](mailto:hpcsaacgs@hpcsa.co.za)

**Continuing Professional Development (CPD)**

**Helena da Silva**

Tel: 012 338 9413

Email: [cpd@hpcsa.co.za](mailto:cpd@hpcsa.co.za)

**Raylene Symons**

Tel: 012 338 9443

Email: [raylenes@hpcsa.co.za](mailto:raylenes@hpcsa.co.za)

**Change of contact details**

Email: [records@hpcsa.co.za](mailto:records@hpcsa.co.za)

**Ethics and professional practice, undesirable  
business practice and human rights of Council:**

**Ntsikelelo Sipeka**

Tel: 012 338 9304

Email: [NtsikeleloS@hpcsa.co.za](mailto:NtsikeleloS@hpcsa.co.za)

**Service Delivery**

Email: [servicedelivery@hpcsa.co.za](mailto:servicedelivery@hpcsa.co.za)

Tel: 012 3389301

**Complaints against practitioners Legal Services**

Fax: 012 328 4895

Email: [legalmed@hpcsa.co.za](mailto:legalmed@hpcsa.co.za)

**Statistical Information and Registers:**

**Yvette Daffue**

Tel: 012 338 9354

Email: [yvetted@hpcsa.co.za](mailto:yvetted@hpcsa.co.za)

**Communication with the Board**

Tel: 012 338 3964/ 3992/ 3906

Email: [DNBboard@hpcsa.co.za](mailto:DNBboard@hpcsa.co.za)

**Mmakgosi Maifadi**

Tel: 012 338 3964

**Mamokete Mabusela**

Tel: 012 338 3992

**Abegail Nkosi**

Tel: 012 338 3906

**Copyright Disclaimer**

The Dietetics and Nutrition Newsletter is a newsletter for practitioners registered with the Professional Board for Dietetics and Nutrition. It's produced by the Public Relations and Service Delivery Department, Health Professions Council of South Africa (HPCSA) building, 2nd floor, Madiba Street, Arcadia, Pretoria. Dietetics and Nutrition practitioners are encouraged to forward their contributions to Mamokete Mabusela at [DNBboard@hpcsa.co.za](mailto:DNBboard@hpcsa.co.za). The copyright in the compilation of this newsletter, its name and logo is owned by the HPCSA. You may not reproduce this newsletter, or its name or the logo of the HPCSA that appears in this newsletter, in any form, or for commercial purposes or for purposes of advertising, publicity, promotion, or in any other manner implying their endorsement, sponsorship of, affiliation with any product or service, without the HPCSA's prior express written permission. All information in this newsletter, is provided in good faith but is relied upon entirely at your own risk. By making use of this newsletter and its information you agree to indemnify the HPCSA, Employees and Service Providers from all liability arising from its use.