

Spot-on studies

“**H**ey DRR, we did a study and the conclusion is that you are incompetent.”

“While this may be true, can I enquire as to your study design?”

“We did a survey study and 67% of respondents agree that you aren’t fit to be the editor of a journal. We did all the statistics and the *P* value is < 0.001.”

“I’m curious how you decided who to survey?”

“Well, Bob and I don’t like you and my wife thinks you are okay, mostly because she doesn’t really know you.”

At the *BCMJ* we review all sorts of submissions for publication and we appreciate all the work that goes into the process of designing and carrying out a scientific study. That being said, one thing that drives us a little crazy (particularly the editor) is low-response survey studies. Surveys are handed out, collected, tabulated, and subjected to rigorous statistical analysis including *P* values, which all looks very impressive. The problem: many of these surveys have response

rates of less than 20% from which no meaningful information can be obtained. The assumption that the greater than 80% of people who didn’t respond would have completed the survey the same way as the respondents is just that—an assumption.

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What if that 80% couldn’t be bothered to complete the survey because they really disliked something about it? Good survey studies are easy to spot. The target population is clearly defined and follow-up contact is done on numerous occasions in an attempt to increase the response rate. The au-

thors also include a discussion in their paper of the limits of their survey study. Here at the *BCMJ* we don’t really look at a survey study unless the response rate is well over 50%.

Now, I don’t want to discourage prospective authors, only to give advice on how to increase the chance of publication. Handing out program evaluation surveys in a haphazard fashion without regard to random sampling techniques or total number of potential respondents is really a waste of everyone’s time and doesn’t lead to conclusions that can be acted upon.

Okay, I’ve said my piece and have ranted enough.

—DRR

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“I have to post this!”

While on social media one night, I was scrolling through photos of food adventurers, fashion bloggers, and exotic travelers, when suddenly a photo of a surgeon holding up a large mass in the OR showed up on my feed. The photo included blood, IV lines, the intubated patient, and all. I took a second look and of course could not resist clicking into the comments. The 25 kg ovarian mass had been removed from a patient who had suffered from abdominal pain for years. What was more shocking is that the photo got 14 000 likes in 1 day.

Were the likes for the surgeon who operated on the patient? Or for the patient, who had suffered for years and now been cured? Or because the photo contained graphic content that satisfied the public’s curiosity about

medicine? I was confused, curious, and intrigued.

I decided to look into the policies regarding medicine and social media, and found an article published in 2017 by the Canadian Medical Protective Association (CMPA) that addressed

What happens when a stranger halfway around the world decides to distribute the photo and claim it as their own, perhaps even posting their own opinion and diagnoses of the case?

this issue.¹ The CMPA suggests that “physicians who share information about their existing patients on social networks are obligated to protect patient confidentiality . . . by ensuring that the posted information is properly de-identified.” The article also mentioned that physicians may share identifiable personal health information if the patient’s consent is obtained and documented consent is signed. The College of Physicians and Surgeons of BC adopted similar professional guidelines last year.²

I know of physicians who will ask for their patients’ permission to take photos of an interesting clinical case for teaching purposes, or for use on their own blogs and social media platforms. If a patient’s consent and agreement were obtained, then it is unlikely any legal action would arise. But what happens when a stranger halfway around the world decides to distribute the photo and claim it as their own, perhaps even posting their own opinion and diagnoses of the case? If online photos were to be redistributed without the knowledge

of the original author, and the patient were to make a complaint and bring forward legal action, the author who originally posted the photos may be liable despite doing their part to maintain patient confidentiality.¹

There are myriad online comments to the interesting clinical cases, with physicians and patients sharing similar experiences or acknowledging the wonders of the human body. I wonder what a patient thinks if their diagnosis or treatment plan differed from those suggested by anonymous comments. Would their faith in their doctor waiver? Or maybe they would add to the conversation to try and garner support?

As social media becomes more prominent, many physicians and patients find it to be a useful tool for sharing information and experiences. It can even act as a support group. As the online community grows, there are also many positive opportunities for professional education and networking, promotion, and public health awareness.

Next time you come across a photo of an interesting clinical case on social media, allow your curiosity to see what the photo is about; maybe even learn something from it. But don’t forget to look at it objectively and consider how social media has become intertwined not only into our personal lives, but also our professional ones.

—YS

References

1. CMPA. Social networks in healthcare: Opportunities and challenges for a connected future. Accessed 24 July 2018. www.cmpa-acpm.ca/en/advice-publications/browse-articles/2017/social-networks-in-healthcare-opportunities-and-challenges-for-a-connected-future.
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