



Guidance for Professional Use of Social Media in Nutrition and Dietetics Practice

Sarah Klemm, RDN, CD, LDN

SOCIAL MEDIA HAS REVOLUTIONIZED how individuals, including nutrition and dietetics practitioners, communicate and transmit information. Although not everyone uses or has access to social media, the influence of this medium has grown over the years. Benefits include rapid communication, growing ones' practice, increased visibility, shared expertise, ability to connect at any time, reach larger audiences, create original content, self and client/patient education, and building of relationships. With the advantages come potential professional and ethical pitfalls, particularly for health care professionals held to a higher standard by society due to their credentials and training. With billions of users and the frequent emergence of new social media platforms, it is not surprising that nutrition and dietetics practitioners

are increasingly gravitating to these communication channels, both personally and professionally. Of course, nutrition and dietetics practitioners must follow applicable laws and regulations (for instance, The Health Insurance Portability and Accountability Act of 1996 [HIPAA]). By membership or credential, practitioners agree to abide by Academy of Nutrition and Dietetics (Academy)/Commission on Dietetic Registration (CDR) Code of Ethics for the Nutrition and Dietetics Profession. Practitioners should adhere to social media best practices by following standards of civility and professionalism.

CODE OF ETHICS AND THE ETHICS COMMITTEE

The Code of Ethics applies to all Academy members and all practitioners credentialed by the CDR. The primary goal of the Code is to protect the individuals, communities, and populations with whom a practitioner works and interacts regardless of the practice setting.¹

The Ethics Committee is a three-person committee composed of members of the Academy and the CDR, and they are charged with responsibilities for ethics education and matters related to the Code of Ethics. This article has been written in conjunction with the Ethics Committee, and it provides a review of the literature and guidance for the use of social media by nutrition and dietetics practitioners. Although different definitions exist for the term *social media*, the best practices described here are intended to be used in any communication that is transmitted using web-based or mobile technologies when interacting with clients/patients, customers, or the public.²

REVIEW OF THE LITERATURE

Even before the pandemic, Internet users were increasingly going online to find out information about their health, such as possible diagnoses, exploring treatment options, or searching for others who share similar health concerns. An annual survey conducted by the National Cancer Institute monitors trends in health information-seeking behavior. Each survey year, the Internet is the most frequently used source of health information cited. Between 2008 and 2017, the number of people reporting the Internet as their first choice of health information jumped from 61.2% to 74.4%, respectively. Health care providers came in as the second most sought-after source for health information, with 13.9% of respondents choosing this option in 2008 and 13.3% in 2017, indicating an area for possible growth and collaboration of health care providers within the digital world.^{3,4}

Traditionally, social media has been described as enabling four main uses: publishing, sharing, discussing, and networking.⁴ Among these main categories, various specialized uses can be found, such as interactive livestream events, listservs for professionals, and image- and information-sharing sites that allow health professionals to communicate nutrition news with peers and other consumers. With public-facing communications, concerns have been raised regarding the accuracy and transparency of information communicated. For example: are professionals distinguishing between science-based facts and personal views when sharing information; are they avoiding sensationalism in their posts and claims; are sources of photographs and videos clearly identified and are advertisements clearly noted?^{3,5,11}

Advertising may take on a variety of forms in social media, including

2212-2672/Copyright © 2022 by the Academy of Nutrition and Dietetics.
<https://doi.org/10.1016/j.jand.2021.11.007>

The [Continuing Professional Education \(CPE\) quiz](#) for this article is available for free to Academy members through the MyCDRGo app (available for iOS and Android devices) and through www.jandonline.org (click on "CPE" in the menu and then "Academy Journal CPE Articles"). Log in with your Academy of Nutrition and Dietetics or Commission on Dietetic Registration username and password, click "Journal Article Quiz" on the next page, then click the "Additional Journal CPE quizzes" button to view a list of available quizzes. Non-members may take CPE quizzes by sending a request to journal@eatright.org. There is a \$45 fee per quiz (includes quiz and copy of article) for non-members. CPE quizzes are valid for 3 years after the issue date in which the articles are published.

sponsored posts and those where a review was written in exchange for a free product. Some experts believe that a health professional's presence alone allows patients a chance to develop a personal connection with a practice before they enter an office or buy a product. It also has the power to disrupt more cautious consumer behavior in the decision-making process—putting patients at ease and allowing them to overlook questions about a provider's competence or the side-effects of a specific supplement. According to an article published in the American Medical Association's *AMA Journal of Ethics*, "Social media might inflate prospective patients' sense of their knowledge while not actually increasing their understanding. Such practices create the conditions under which patients are more likely to be exposed to harm without their knowledge of this increased risk and are antecedent to institutional betrayal."⁶

Institutional betrayal and advertisements are not the only behaviors influencing how a potential patient/client perceives a provider. Unprofessional behavior, including profanity, bullying and harassment, also has the power to sway consumers away from individuals and even professions if seen consistently. To that end, bullying and harassment are damaging behaviors to individual victims and should not be tolerated in the context of any professional relationship. They also affect patient care, as noted in a previously published *Ethics in Practice* article that states, "Abusive conduct exhibited by either a peer or a supervisor can impede collaboration with other health care professionals; lead to burnout; and, ultimately, result in suboptimal client or patient care."⁷

With these challenges, it is essential for nutrition and dietetics practitioners who use social media to continue to "support and promote high standards of professional practice"¹ in all aspects of the work they do. When mistakes happen, apologize and be transparent, or risk losing the trust of those you work with and serve. Social media has the power to be an effective and powerful communication tool. However, protecting patients, clients, and the

communities served is of utmost importance and an obligation in upholding the Code of Ethics for the Nutrition and Dietetics Profession. In comparison, sharing inaccurate information (and failing to correct it), engaging in cyberbullying, and disrespectful language are considered unprofessional behaviors that can damage an individual's reputation and a potential patient/client's trust in the profession.

CODE OF ETHICS FOR THE NUTRITION AND DIETETICS PROFESSION

For Academy members and CDR-credentialed practitioners using social media, the following Code of Ethics Standards may be of particular relevance:

- Competence and professional development in practice (Non-maleficence)
 - 1f. Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.
 - 1g. Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity.
- Integrity in personal and organizational behaviors and practices (Autonomy)
 - 2a. Disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence, or which may give the appearance of professional judgment.
 - 2b. Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes.
 - 2d. Respect intellectual property rights, including

citation and recognition of the ideas and work of others, regardless of the medium (eg, written, oral, or electronic).

- 2e. Provide accurate and truthful information in all communications.
- 2h. Respect patient/client's autonomy. Safeguard patient/client confidentiality according to current regulations and laws.
- 2i. Implement appropriate measures to protect personal health information using appropriate techniques (eg, encryption).
- Professionalism (Beneficence)
 - 3b. Respect the values, rights, knowledge, and skills of colleagues and other professionals.
 - 3c. Demonstrate respect, constructive dialogue, civility, and professionalism in all communications, including social media.
 - 3d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging, or unfair statements or claims.
 - 3e. Uphold professional boundaries and refrain from romantic relationships with patients/clients, surrogates, supervisees, or students.
 - 3f. Refrain from verbal/physical/emotional/sexual harassment.
 - 3h. Communicate at an appropriate level to promote health literacy.
- Social Responsibility for local, regional, national, and global nutrition and well-being (Justice)
 - 4e. Engage in service that benefits the community and to enhance the public's trust in the profession.

GUIDANCE FOR NUTRITION AND DIETETICS PRACTITIONERS

The following information for situations commonly encountered by nutrition and dietetics practitioners may be useful:

Respect and civility	
Best practices	Code of Ethics Principles and Standards
<ul style="list-style-type: none"> ■ Exhibit respect, civility, self-control, honesty, and fairness, which are critical elements of how we treat one another ■ Avoid making disparaging comments or remarks about patients, employers, or coworkers on social media—even if they are not identified by name ■ Do not encourage the humiliation or harassment of other professionals by “liking,” re-tweeting, or sharing content that is discourteous or disrespectful ■ Be aware that online posts may negatively influence reputations in the eyes of patients/clients, colleagues, employers, and the general public ■ Hold yourself to a higher standard of behavior toward others than the general social media user 	<ul style="list-style-type: none"> ■ 1g. Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity ■ 3b. Respect the values, rights, knowledge, and skills of colleagues and other professionals ■ 3c. Demonstrate respect, constructive dialogue, civility, and professionalism in all communications, including social media ■ 3d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging, or unfair statements or claims ■ 3f. Refrain from verbal/physical/emotional/sexual harassment ■ 4e. Engage in service that benefits the community and to enhance the public’s trust in the profession
Privacy	
<ul style="list-style-type: none"> ■ Obtain appropriate consent from patients/clients ■ Disclose and understand how information will be used ■ Use appropriate privacy settings, especially when working with patient/client data ■ Understand the platforms you are using when working with patient/client images and data ■ Be cognizant that nothing is ever truly private when posting online, even after it has been deleted. Screenshots may be captured before deleting, information may be archived, or third-party software systems may be able to retrieve data. ■ Make patient safety and welfare the primary objective, no matter the setting 	<ul style="list-style-type: none"> ■ 1f. Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate ■ 2h. Respect patient/client’s autonomy. Safeguard patient/client confidentiality according to current regulations and laws ■ 2i. Implement appropriate measures to protect personal health information using appropriate techniques (eg, encryption)
Professional boundaries	
<ul style="list-style-type: none"> • Maintain patient-professional boundaries in all postings and spaces • Use separate personal and professional social media accounts, when feasible • Consider using different telephone numbers and email addresses when establishing accounts or providing contact information to clients, as various Internet and social media platforms will link and invite others based on your digital address book 	<ul style="list-style-type: none"> ■ 2h. Respect patient/client’s autonomy. Safeguard patient/client confidentiality according to current regulations and laws ■ 3c. Demonstrate respect, constructive dialogue, civility, and professionalism in all communications, including social media ■ 3e. Uphold professional boundaries and refrain from romantic relationships with any patients/clients, surrogates, supervisees, or students ■ 3f. Refrain from verbal/physical/emotional/sexual harassment

Figure. Crosswalk.

Conflicts of Interest	
<ul style="list-style-type: none"> ■ Ensure that any and all conflicts of interest are properly disclosed when creating online content. These may include personal, professional, legal, financial, or other conflicts that might reasonably be expected to impair objectivity, competence, or effectiveness 	<ul style="list-style-type: none"> ■ 1f. Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate ■ 2a. Disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence, or which may give the appearance of professional judgment
Code of Ethics	
<ul style="list-style-type: none"> ■ Ensure that you have thoroughly read and adhere to the Code when using social media 	<ul style="list-style-type: none"> ■ 2d. Respect intellectual property rights, including citation and recognition of the ideas and work of others, regardless of the medium (eg, written, oral, or electronic) ■ 2e. Provide accurate and truthful information in all communications ■ 3c. Demonstrate respect, constructive dialogue, civility, and professionalism in all communications, including social media ■ 3d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging, or unfair statements or claims ■ 3h. Communicate at an appropriate level to promote health literacy
Consent	
<ul style="list-style-type: none"> ■ Obtain client/patient consent before sharing any sensitive information ■ Use caution when posting anything that might be identifiable with regards to a patient/client. Even if a name is not provided, if sufficient facts are divulged regarding a case (such as your institution, location, or case specifics) you may be in violation of The Health Insurance Portability and Accountability Act of 1996 or organizational privacy regulations. This applies both to posting in traditional social media platforms, as well as listservs 	<ul style="list-style-type: none"> ■ 1g. Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity ■ 2d. Respect intellectual property rights, including citation and recognition of the ideas and work of others, regardless of the medium (eg, written, oral, or electronic) ■ 2h. Respect patient/client's autonomy. Safeguard patient/client confidentiality according to current regulations and laws ■ 2i. Implement appropriate measures to protect personal health information using appropriate techniques (eg, encryption)
Legal constraints	
<ul style="list-style-type: none"> ■ Ensure that all posts are consistent with current laws. ■ Abide by The Health Insurance Portability and Accountability Act of 1996 regulations and state and local jurisdictions 	<ul style="list-style-type: none"> ■ 2a. Disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence, or which may give the appearance of professional judgment <p style="text-align: right;"><i>(continued on next page)</i></p>

Figure. Crosswalk.

Legal constraints	
<ul style="list-style-type: none"> ■ Use keywords, such as #ad, #sponsored, or #paid-partner, at the start of a post to help promote transparency ■ Adhere to copyright restrictions and all federal, state, and local advertising laws • Ensure that all posts are consistent with policies of your employer. Data protection, leakage of proprietary information, and liability are just a few of the additional concerns that may arise • Disclose any relationships in a clear and conspicuous manner and according to Federal Trade Commission guidelines • Read and adhere to guidelines established by social media platforms 	<ul style="list-style-type: none"> ■ 2b. Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes ■ 2d. Respect intellectual property rights, including citation and recognition of the ideas and work of others, regardless of the medium (eg, written, oral, or electronic) ■ 2h. Respect patient/client’s autonomy. Safeguard patient/client confidentiality according to current regulations and laws ■ 2i. Implement appropriate measures to protect personal health information using appropriate techniques (eg, encryption) ■ 3d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging, or unfair statements or claims ■ 4e. Engage in service that benefits the community and to enhance the public’s trust in the profession

Professional image	
<ul style="list-style-type: none"> ■ Avoid breaches of patient confidentiality, the use of profanity, discriminatory language, and depictions of intoxication ■ Use introspection and self-possession when looking at how to navigate the future of social media ■ Protect both your professional image and public trust in the profession 	<ul style="list-style-type: none"> ■ 1g. Act in a caring and respectful manner, mindful of individual differences and cultural, and ethnic diversity ■ 3b. Respect the values, rights, knowledge, and skills of colleagues and other professionals ■ 3f. Refrain from verbal/physical/emotional/sexual harassment ■ 4e. Engage in service that benefits the community and to enhance the public’s trust in the profession

Figure. (continued) Crosswalk.

Respect and Civility (Standards: 1g, 3b, 3c, 3d, 3f, and 4e)

Health care professionals are often held to a higher standard of behavior towards others than the general social media user.⁸ Respect, civility, self-control, honesty, and fairness are critical elements of how we treat one another. Although First Amendment rights are frequently cited by those posting questionable content on social media, nutrition and dietetics practitioners should be aware that their online posts may negatively influence their reputations in the eyes of their patients/clients, colleagues, employers, and the general public. It may also influence how others perceive the nutrition and dietetics profession. Professional peers

should not encourage the humiliation or harassment of other professionals by “liking,” re-tweeting, or sharing discourteous or disrespectful content.⁹ Nutrition and dietetics practitioners and students should also avoid disparaging comments or remarks about their patients, employers, or coworkers on social media—even if they are not identified by name.¹⁰ Acting civilly is doing the right thing. Civility is difficult to legislate. However, depending on the negative post, slander or libel laws may apply.

Privacy (Standards: 1f, 2h, and 2i)

After consent is obtained from the patient/client, disclosure and understanding of how the information will

be used are essential. Within social media, appropriate privacy settings should be used, especially when working with patient/client data. If working with patient/client images, such as those used as testimonials (after written consent has been obtained), remember that ownership of these images may default to the business entity that owns the social media platform or website they are being posted to, making it essential for health care providers to understand the platforms on which they are working.¹¹ Also, be cognizant that nothing is ever truly private when posting online, even after being deleted. Screenshots may be captured before deleting, information may be archived, or third-party software systems may retrieve data.

Patient safety and welfare should always be the health care provider's primary objective, no matter the setting.¹¹

Professional boundaries (Standards: 2h, 3c, 3e, and 3f)

When feasible, it is recommended that health care professionals maintain separate personal and professional social media accounts to help maintain boundaries with the populations they serve. Consider using different telephone numbers and e-mail addresses when establishing accounts or providing contact information to clients because various internet and social media platforms often encourage networking and inviting others based on your digital address book. Regardless of whether one or multiple accounts are maintained, be sure to maintain patient–professional boundaries in all postings and spaces. A more important consideration is “whether or not it is appropriate for a public space.”⁴

Conflicts of Interest (Standards: 1f and 2a)

Ensure that any conflicts of interest are appropriately disclosed when creating online content. These may include personal, professional, legal, financial, or other conflicts that might reasonably be expected to impair objectivity, competence, or effectiveness.¹² Some conflicts of interest may also coincide with legal constraints, like posting sponsored content or advertisements, as indicated in the Federal Trade Commission's guidelines listed under “Legal Constraints.”

Code of Ethics (Standards: 2d, 2e, 3c, 3d, and 3h)

Several portions of the Academy/CDR Code of Ethics apply to social media, as indicated in the crosswalk (see the [Figure](#)). Ensure that you have thoroughly read and adhere to the Code when using social media because information posted online takes on a life of its own once it goes live.

Consent (Standards: 1g, 2d, 2h, and 2i)

Be sure to obtain client/patient consent before sharing any information.

Caution must be given to posting anything that might be identifiable with regard to a patient/client. Even in the case that a name is not provided, when sufficient facts are divulged regarding a case (such as your institution, location, or case specifics), you may violate HIPAA or organizational privacy regulations.¹³ This applies both to posting on traditional social media platforms, as well as listservs. Obtaining informed consent is merely one aspect of the ethical use of social media to market your practice.

Legal Constraints (Standards: 2a, 2b, 2d, 2h, 2i, 3d, and 4e)

Ensure that all posts are consistent with current laws. All health care professionals, including nutrition and dietetics practitioners, must abide by HIPAA regulations and their state and local jurisdiction. Copyright restrictions and all federal, state, and local advertising laws must also be followed. Under Federal Trade Commission guidelines, nutrition and dietetics practitioners on social media are considered advertisers when they are endorsing a product in exchange for any payment or compensation, including free or discounted products. Therefore, they are required to disclose this relationship in a clear and conspicuous manner.^{4,14} Using keywords, such as #ad, #sponsored, or #paidpartner, is recommended at the start of a post to help promote transparency.^{4,15} Ensure that all posts are consistent with policies of your employer, as well. Data protection, leaks of proprietary information, and liability are just a few of the additional concerns. Social media platforms also have their own set of guidelines. Be sure to read and adhere to them.

Professional Image (Standards: 1g, 3b, 3f, and 4e)

Breaches of patient/client confidentiality, the use of profanity, discriminatory language, and depictions of intoxication can all leave negative associations surrounding an individual health care provider. Because health professionals are liable to be held to a higher standard of conduct by the public, it may not be realistic

to assume that how they behave in their personal lives has no influence on their professional roles.⁸ A consensus among health care associations is a desire to protect both the public and their members without suggesting unnecessary burdens. However, introspection and self-possession may be valuable skills to acquire when navigating the future of social media and protecting both your professional image and public trust in the profession. Although the following quote was written by and intended for physicians, its relevance to nutrition and dietetics practitioners is evident:¹⁶

As members of a profession, we automatically submit ourselves to a higher standard of behavior and a more stringent ethical code, and, as such, our social media engagement should reflect this standard. Regardless of the potential outcry over First Amendment rights, commonsense limitations on what we say and do as professionals benefit our patients and us and must extend beyond legality.

References

1. Academy of Nutrition and Dietetics. Code of ethics for the nutrition and dietetics profession. June 2018. Accessed November 18, 2021. <https://www.eatrightpro.org/-/media/eatrightpro-files/career/code-of-ethics/coeforthenutritionanddieteticsprofession.pdf?1a=en&hash=0C9D1622C51782F12A0D6004A28CDAC0E99A032en&hash1/40C9D1622C51782F12A0D6004A28CDAC0E99A032>.
2. Ayres EJ. The impact of social media on business and ethical practices in dietetics. *J Acad Nutr Diet.* 2013;113(11):1539–1543.
3. Finney Rutten LJ, Blake KD, Greenberg-Worisek AJ, Allen SV, Moser RP, Hesse BW. Online health information seeking among US adults: measuring progress toward a Healthy People 2020 objective. *Public Health Rep.* 2019;134(6):617–625.
4. Helm J, Miller Jones R. Practice Paper of the Academy of Nutrition and Dietetics: social media and the dietetics practitioner: opportunities, challenges, and best practices. *J Acad Nutr Diet.* 2016;116(11):1825–1835.
5. Bennett KG, Berlin NL, MacEachern MP, Buchman SR, Preminger BA, Vercler CJ. The ethical and professional use of social media in surgery: a systematic review of the literature. *Plast Reconstr Surg.* 2018;142(3):388e–398e.
6. Smith CP, George D. When is advertising a plastic surgeon's individual “brand” unethical? *AMA J Ethics.* 2018;20(4):372–378.

7. Peregrin T. Managing adult bullying behavior in the professional domain. *J Acad Nutr Diet*. 2019;119(8):1383-1387.
8. Drude K, Messer-Engel K. The Development of social media guidelines for psychologists and for regulatory use. *J Technol Behav Sci*; 2020:1-9. <https://doi.org/10.1007/s41347-020-00176-1>.
9. Academy of Nutrition and Dietetics. Professional civility. Accessed November 18, 2021. <https://foodandnutrition.org/professionalcivility/>.
10. American Nurses' Association. Social media: social networking principles. Accessed August 27, 2021. <https://www.nursingworld.org/social/>.
11. Gutierrez PL, Johnson DJ. Can plastic surgeons maintain professionalism within social media? *AMA J Ethics*. 2018;20(4):379-383.
12. American Psychological Association. Ethical principles of psychologists and code of conduct. 2002, amended June 1, 2010, and January 1, 2017. Accessed November 18, 2021. <http://www.apa.org/ethics/code/index.html>.
13. Corson DW III. Nonprofit news: avoiding client disclosure on social media. *Counseling Today*. Accessed August 27, 2021. <https://ct.counseling.org/2016/10/nonprofit-news-building-community-social-media/>.
14. Federal Trade Commission. *The FTC's endorsement guides: what people are asking*. Accessed August 30, 2021. <https://www.ftc.gov/tips-advice/business-center/guidance/ftcendorsement-guides-what-people-are-asking>.
15. Federal Trade Commission. Disclosures: how to make effective disclosures in digital advertising. March 2013. Accessed August 30, 2021. <http://business.ftc.gov/documents/bus41-dot-com-disclosures-information-about-online-advertising>.
16. Bennett KG, Vercler C. When is posting about patients on social media unethical "medutainment"? *AMA J Ethics*. 2018;20(4):328-335. <https://doi.org/10.1001/journalofethics.2018.20.4.ecas1-1804>.

AUTHOR INFORMATION

S. Kemm is Manager, Nutrition Information Services at the Academy of Nutrition and Dietetics, Chicago, IL.

Address correspondence to: Sarah Klemm, RDN, LDN, Academy of Nutrition and Dietetics, 120 South Riverside Plaza, Suite 2190, Chicago, IL 60606. E-mail: nis@eatright.org