

# The Dos and Don'ts of Posting Comments on Medical Websites

Here are guidelines on what's appropriate and what is not.

BY ARTHUR LAZARUS, MD, MBA

© 2022 by American Association for Physician Leadership®.

Online commenting on blog posts has become a contentious issue. For example, in early 2021, *The Philadelphia Inquirer* announced it was removing reader comments from most stories posted on *Inquirer.com*. The reason given was that “Commenting on *Inquirer.com* was long ago hijacked by a small group of trolls who traffic in racism, misogyny, and homophobia. This group comprises a tiny fraction of the *Inquirer.com* audience. But its impact is disproportionate and enduring.”<sup>1</sup> *The Philadelphia Inquirer* isn't the first news outlet to eliminate the comments section. Others that have done so include *National Public Radio*, *The Atlantic Monthly*, and *NJ.com*.

Reader comments were prohibited on *Inquirer.com* for several months. Meanwhile, *The Philadelphia Inquirer* worked on developing a new commenting system, one that made it easier for their staff to facilitate discussions and support respectful and productive conversations on their website. Staff knew from experience that some subject areas were more likely to draw toxic comments, and ultimately they resumed posting reader comments while still using their discretion and, in some instances, disabling comments.

## Case in Point

Imagine my reaction when I found out through a colleague that

*Doximity.com*, one of the most popular websites geared specifically toward physicians, had deleted all the comments posted in response to an “Op-Med” I wrote about professional courtesy.<sup>2</sup> In the editorial, I had lamented a bygone era when it was relatively easy for physicians, other health professionals, and their family members to receive prompt treatment, often without charge.

My colleague wrote: “I was about halfway through reading the comments to your recent article surrounding professional courtesy when everything vanished... all comments taken down. At first, I thought it was a computer glitch on my end, but a quick refresh did nothing. Then it dawned on me. The profound dismay and sadness I felt from most of the comments was the etiology for all the comments to be taken down... to pull the plug.”

“What’s going on with us?” my colleague wanted to know. “The unprofessional and angry comments certainly weren’t warranted by your editorial-based article.”

I wrote back: “Thank you for reaching out. I had no idea *Doximity* pulled the plug on the comments to my editorial until I read your message, but I’m not surprised they did it. The comments were getting nasty and unprofessional, not in keeping with *Doximity’s* community guidelines.<sup>3</sup> I know, because I am a *Doximity* Fellow and I have ‘refereed’ Op-Meds in the past (not my own, of course). I must

admit my own posts probably inflamed the situation, as I found myself under attack, not to mention frustrated by doctors who clearly missed the point of the Op-Med, mainly millennials, but also those from our [baby boomer] generation.”

I also added: “Insults were hurled my way in one of my other Op-Meds—‘I Retired After Being Punished for Speaking Out. Now I Can Speak My Mind’<sup>4</sup>—and in that case *Doximity* removed the posts from the offensive doctor but not from other physicians who posted comments. It got me thinking like you did: Why have we become so uncivil to one another?”

## Inappropriate Content

To be sure, the editors at *Doximity* were well within their rights to delete the comments. It clearly states on their website that they “reserve the right” to remove content they deem inappropriate. While not an exhaustive list, examples of content considered inappropriate by *Doximity* include:

- Discriminatory remarks based on race or ethnic origin, religion, disability, gender, age, nationality, physical appearance, political affiliation, veteran status, sexual orientation/gender identity, or medical specialty;
- Offensive or nonprofessional remarks and opinions;
- Unprofessional communications directed at particular credentials;
- Obscenity, vulgarity, or profanity;
- Advertising, solicitations, or spam;

*Continued on page 58*

## Medical Websites (from page 57)

- Defamatory personal attacks, insults, or threats;
- Comments intended to bait, antagonize, or provoke;
- Off-topic commentary or SHOUTING;
- URLs posted without context or accompanying text;
- Spreading false or misleading information; and
- Posting comments that disclose personally identifiable health information of patients or otherwise violate patient privacy.

## Unhinged

The beauty of social media and medical websites that permit reader comments is that they are designed to embrace diverse points of view and allow for robust debate. Professionalism is enhanced when physicians engage with social media platforms and express their thoughts with passion and reason, but basic rules of etiquette and conduct are expected to be followed. Failing that, a free-for-all ensues, and we often see responses to a story or an editorial that have spun out of control and potentially violated professional norms and comment posting guidelines. The consequences of unfettered and unhinged comments include:

- Loss of public trust in the medical profession;
- Medical websites that are no longer safe places for free expression and diverse perspectives;
- Inability to steer conversations in productive directions;
- Views that contradict widely accepted public health and practice guidelines;
- Targeting members or groups with the intention of degrading or shaming them;
- Using websites as a soapbox to lecture and propagate inappropriate, inaccurate, and objectionable comments; and
- Attacking the author rather than the argument.

One of the largest studies to date found that medical blogs themselves, in their tone or content, often reflect poorly on the profession.<sup>5</sup> Break-

downs in communication, whether online or within teams or with patients, can occur in many ways and for many reasons. Many physicians need refresher or first-time courses in civility and communication designed to remediate distressed clinicians who employ a broad range of unproductive or unbecoming communication behaviors. Such a course would not, however, substitute for anger management treatment or address or remediate burnout, substance abuse, undiagnosed or untreated mental health conditions, verbal abuse, or other types of disruptive behavior.

Although these sorts of issues apply to many physicians,<sup>6</sup> most likely only a very small percentage resort to online diatribes for relief. In the general population, only about 2% of website visitors read comments, and an even smaller percentage post them.<sup>1</sup>

## Posting Norms

At a minimum, those who post comments in response to medical bloggers should adhere to the following rules:<sup>7</sup>

- Be relevant. Posts should be concise and address the content of the article or other comments.
- Be positive. Medical websites are not a forum for criticizing or venting about the information presented. If something is wrong or misstated, bring it to the attention of the website editors.
- Be respectful. It's fine to disagree and debate, but keep it civil. The comments section is not for insulting authors, website staff, or other commenters.
- Be factual. If a scientific or medical claim is made, it should be backed up with a citation from a peer-reviewed journal. Misinformation or unverifiable claims should not be posted.

## Do Not Post

- Discriminatory, profane, obscene, sexually explicit, harsh, spiteful, or other inflammatory language.
- Content that includes name calling, sweeping stereotypes, or anything designed to demean or bully.
- Comments on someone's appearance, ethnicity, race, religion, gender, gender identity or sexual preference, intelligence, religion, or

physical or mental capacity.

- Political viewpoints not directly relevant to the story's content.
- Text written by someone else, except for short quotations from a published work (must include citations).
- Phone numbers, email addresses, mailing addresses, or any other personally identifying information.
- Content that promotes illegal or immoral conduct.

## Conclusion

Comments that do not adhere to these guidelines may be deleted by website editors, and habitual offenders may lose commenting privileges forever. Physicians must remember that the Internet is not a forum to fight medicine's internecine war, start a new political party, or lead the public down the rabbit hole of unproven treatments. **PM**

## References

- <sup>1</sup> Why we're removing comments from most of Inquirer.com. Inquirer.com. February 1, 2021. [www.inquirer.com/about/philadelphia-inquirer-comments-section-changes-20210201.html](http://www.inquirer.com/about/philadelphia-inquirer-comments-section-changes-20210201.html).
- <sup>2</sup> Lazarus A. Whatever happened to professional courtesy? Doximity.com. September 3, 2021. [www.doximity.com/articles/a04e8ebd-095c-4d50-b9d2-061e13c8c350](http://www.doximity.com/articles/a04e8ebd-095c-4d50-b9d2-061e13c8c350).
- <sup>3</sup> Community guidelines. Doximity.com. [www.doximity.com/clinicians/community\\_guidelines](http://www.doximity.com/clinicians/community_guidelines).
- <sup>4</sup> Lazarus A. I retired after being punished for speaking out. Now I can speak my mind. Doximity.com. August 7, 2021. [www.doximity.com/articles/bd37073d-d647-4414-8fe9-fb57c790408a](http://www.doximity.com/articles/bd37073d-d647-4414-8fe9-fb57c790408a).
- <sup>5</sup> Lagu T, Kaufman EJ, Asch DA, Armstrong K. Content of weblogs written by medical professionals. *J Gen Intern Med.* 2008;23:1642-1646. [www.ncbi.nlm.nih.gov/pmc/articles/PMC2533366/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2533366/).
- <sup>6</sup> Lazarus A. Turncoat physicians: why physicians turn against other physicians. *J Med Pract Management.* 2020;35(6):304-307.
- <sup>7</sup> Comment posting guidelines. MedPage Today.com. [www.medpagetoday.com/content/editorial/comment-posting-guidelines-26](http://www.medpagetoday.com/content/editorial/comment-posting-guidelines-26).



**Dr. Lazarus** is an Adjunct Professor of Psychiatry at the Lewis Katz School of Medicine at Temple University in Philadelphia, Pennsylvania and a member of the Physician Leadership Journal editorial board; email: [artlazarus6@gmail.com](mailto:artlazarus6@gmail.com).