

# Health advocates want help handling online harassment

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**D**octors' professional duties as health advocates increasingly extend to social media. But few are prepared for the abuse that can follow online advocacy — from personal attacks and sexual harassment to frivolous complaints and violent threats.

“One shouldn't have to think about those things,” says Dr. Najma Ahmed, a Toronto trauma surgeon who experienced intense harassment by pro-gun activists in 2019 after advocating online for tougher gun controls.

Ahmed says she was taken aback by the “menacing, threatening” messages she received in response to her posts, in addition to complaints to her regulatory college and senior leaders at her hospital. When the online harassment was most heated, Ahmed had a standing offer from hospital security to walk her to her car after late shifts.

Many other physicians have since experienced similar threats and complaints about their professional presence online. In a survey of 460 American physicians published in *JAMA Internal Medicine*, nearly one in four reported being attacked on social media.

According to the study authors, these attacks were not simple “spats.” The harassment ranged from posting fake reviews and complaining to physicians' employers, to racist abuse, violent threats, and doxing (exposing private information, like a physician's home address, without consent).

Abuse levelled at women was much more likely to be sexually explicit. One in six female physicians reported they had been sexually harassed online, including receiving rape threats, compared to nearly one in 50 of their male colleagues.



Physicians active on social media often face harassment linked to their public health advocacy.

“All of these attacks take their toll,” says Dr. Naheed Dosani, a palliative care physician in Toronto who regularly receives derogatory, racist messages and threats in response to his tweets.

Dosani says medical professionals have a moral duty to share evidence and counter misinformation on social media. However, “we need to talk more about online bullying and the harassment experienced by health workers who take on an advocacy role.”

While physicians active on social media acknowledge that some pushback comes with the territory, the abuse can be relentless and damaging.

One small study of prominent medical science communicators published in *BMJ Open* found that 92% experienced online abuse and 70% had been the targets of persistent harassment. Most had experienced negative mental health effects after-

wards, and one in five had sought help from the police or legal counsel.

Dosani says bystanders have stepped in on countless occasions when he or his colleagues have been harassed or bullied online. “People swoop in, report the post [and] reply with support to drown out the negativity,” he says.

Yet, there are few formal supports for health advocates facing abuse online.

According to Dr. Ann Collins, president of the Canadian Medical Association (CMA), the pandemic has underscored the importance of physician advocacy, but also the importance of defending that work. “We need to protect and value the advocacy role of physicians as we all work together to counter the losses inflicted by COVID-19.”

A recent report by the Royal Society of Canada likewise recommended that

researchers should be “supported, recognized and incentivized” to share and correct information about COVID-19 online. When needed, these supports should include “access to appropriate training.”

The recommendation applies to health professionals, too, says lead author Timothy Caulfield, Canada Research Chair in Health Law and Science Policy at the University of Alberta. “We absolutely need these voices out there. And we’re increasingly asking them to be out there. We need to support them.”

Dr. Gigi Osler, an ear, nose and throat surgeon in Winnipeg and former CMA president, says physicians should be looking to their professional associations, regulatory colleges, and the Canadian Medical Protective Association (CMPA) for help dealing with online harassment.

Generally, the CMPA advises members to stay calm and nonconfrontational, document abusive encounters, and seek help from trusted colleagues or the CMPA. The organization also recommends that doctors monitor their online reputation,

flag objectionable content to website moderators, and avoid responding publicly to online comments.

“Sometimes the most appropriate response is not to engage,” says Osler. “For social media trolls, engagement is their oxygen.”

To avoid abuse, some health advocates have quit social media, while others have reduced their online presence.

Dr. Shazma Mithani, an emergency physician and assistant clinical professor at the University of Alberta, had to pull her email address from the university’s website after she received numerous hostile messages in response to her online advocacy for stricter pandemic measures. She says the final straw was a message that was “quite extreme, with vulgar, inappropriate language and name-calling.”

According to the authors of the *BMJ Open* study, health care organizations should offer clear legal advice and institutional supports for targeted members or employees, including “strong rebuttals of vexatious complaints.”

Dosani would like to see medical organizations lobby social media platforms to take a hard line on bullying and harassment of health workers.

Meanwhile, Ahmed says professional associations should monitor and collect information about online harassment of physicians and pursue action against frequent offenders. “As a profession, we have to think about how we can first educate the people who want to be on social media about advantages and the perils, and then provide support in dealing with things if you’re being targeted or you’re being doxed.”

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