

# E-PROFESSIONALISM AND ETHICS GOVERNANCE IN SOCIAL MEDIA FOR MALAYSIAN DENTAL PRACTITIONERS: A DOCUMENT REVIEW

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## **Abstract**

**Background:** A subset of professionalism called "e-professionalism" is defined as the application of traditional professionalism ideas to online activities. The concept of e-professionalism is nested in the ethics of healthcare. Dentists, as professionals, must adhere to the principle of ethics while using social media. **Objectives:** To explore the Acts, regulations, Code of Conduct, or guidelines available pertaining to social media usage among dentists in Malaysia. **Methods:** A review of relevant legislation, regulations, Codes of conduct, and guidelines for the use of social media in dentistry was conducted using the READ (Ready, Extract, Analyse, Distill) approach. **Results:** There were twenty-five (25) documents directly or indirectly related to the Dental Act 2018 under the Oral Health Division, Ministry of Health Malaysia website. Only eight (8) documents were found directly or indirectly pertaining to social media usage among dental practitioners in Malaysia. Currently, there are no specific document guidelines on social media usage for both private and public dental practitioners in Malaysia. All related documents on guidelines were general and not directly related to social media use and needed to be read in conjunction with other directives and guidelines by the Ministry of Health. A comprehensive guideline on social media usage was available but only for the MOH staff, including public dental practitioners. **Conclusion:** In order to advance toward good ethical behaviour in dentistry, it is necessary to offer the dental profession conducive guidelines in social media usage.

**Keywords:** Social Media, e-professionalism, Ethics, Dentistry

## **Introduction**

Social media has become a tool for dentists that aids in the process of making connections, gaining knowledge as well as enhancing the quality of dental delivery care. Aside from social media's immense influence on the dental profession in terms of patient care, increasing patient awareness and increasing the profession's visibility, social media has also been used by dental organisations and educators as a medium for disseminating information and updates linked to professional development. Study shows that it had a good impact on dentists' level of knowledge and improved clinical judgement. Social media platforms were also used to promote oral health in the

community, increasing patients' awareness of oral health (1, 2). Advertising and marketing of dental services by dentists have simultaneously increased along with the continuous advancement of social media usage, resulting in the elevated likelihood of patients seeking dental services (3). The utilization of social media to enable interpatient communication regarding dental services has also been further propagated. Formerly tedious matters including dental appointments and follow-up consultations can currently be set up with ease via the collective application and utilization of social media (4). However, they also present potential risks to dental professionals. Non-compliance with rules, loss of

public confidence, blurring of professional boundaries, utilising incorrect information, compromising patient confidentiality, and deceptive and misleading information are some of the exposed risks that dental professionals potentially face as a result of inappropriate social media usage (5). Traditional media have filters in place that maintain professionalism and standards of care for example: live lectures and journals. They do not distribute information that encourages dentists to engage in unethical behaviour or exhibit bad clinical practices, and they have a counterbalance in place if the filter fails. Unfortunately, social media does not have the same filter as the traditional media. In social media, it is up to dentists to maintain their professionalism, ethics and standard of care (6).

Therefore, it is vital for dental practitioners to adhere to the existing social contract between the profession and society when using social media. There are potential threats to professionalism arising from professional engagement with social media. The patient-professional relationship will be harmed if the conditions of this agreement are not followed, and this includes concern on privacy issues and the motivations behind what dental practitioners choose to share online, as well as how these issues may erode society's faith in the profession. With respect to dental practice, social networking has raised ethical, legal, and professional challenges that demand a higher level of consideration (7). Hence, the objective of this study is to explore the Acts, regulations, Code of Conduct or guidelines available pertaining to social media usage among dentists in Malaysia.

### **Methods**

First, the documents were skimmed to get an overview, then the relevant categories of analysis for the overall set of documents were identified through reading, and finally, the body of the documents was interpreted. In this study, identified clauses or information in related documents were reviewed and assessed systematically. National documents approved at the ministerial and provincial levels were reviewed. The content of each document, which was related to professionalism and ethics in social media, was selected. Once compiled, the accuracy of the documents was determined, and all information derived from the documents was concisely summarised. The READ approach was used in this study for the document analysis (8).

The READ approach to document analysis is a systematic procedure for collecting documents and gaining information from them in the context of health policy studies at any level. The steps consist of: (i) ready the material, (ii) extract the data, (iii) analyse the data, and (iv) distill the findings.

The data collection of the study was compiled and subsequently summarised. Relevant published articles and documents were retrieved using Google Search and Google Scholar. Searches were also conducted on the official websites of national organisations, including the Ministry of Health (MOH) and its many undersecretaries, as well as the Medical and Dental Council (MDC) and dental associations. Specific keywords relevant to e-professionalism and ethics were used, such as "policy", "regulation", "act", "social media" and "oral health", "dentistry", and "Malaysia". Equivalent keywords were also used separately. Furthermore, all published or unpublished documents or reports found by manual searching were reviewed.

There were twenty-five (25) documents directly or indirectly related to the Dental Act 2018 under the Oral Health Division, Ministry of Health website. Only eight (8) documents were found directly or indirectly pertaining to social media usage among dental practitioners in Malaysia. All the documents were devised as a file-naming system so that they could be easily retrieved throughout the research process. An Excel spread sheet was used where each row was a document, and each column was a category of information such as the document title, date, conceptual categories and others. Documents were thoroughly read from start to finish for the sole purpose of extracting relevant data specifically for this study.

The data was manually transcribed by the research team (NAAR, BAS, NFMB), who are made up of two dental public health specialists serving in the Ministry of Higher Education who are well-trained in qualitative research and one doctorate student in Dental Public Health who has also been exposed to qualitative research method training. Prior to undergoing the coding process, the data was collectively read to establish an initial impression. Analysis followed a directed content approach, which used existing research to identify key concepts as initial coding categories. When the derivation of the initial coding was done, all transcripts were subsequently coded. Data that could not be coded

with these initial categories were analysed later, with codes refined and new codes developed during this process. Minor differences were discussed, and important improvisations were made to the codebook. All transcripts were then coded a second time using the revised codebook. All final codes were examined for patterns and organised into groups to develop themes and subthemes. The accuracy of information and data of the documents review were determined and analysed by the research team (NAAR, BAS, NFMB) and assisted by personnel involved with the development of the documents. Then, the final data and information were summarised accordingly.

### **Results**

The availability of legislation, code of conduct, and guidelines pertaining to or somewhat related to social media usage among dentists in Malaysia are shown in Table 1. Nevertheless, half of the documents generally explained that all dentists must adhere to the documents as dental professionals, while another half is for the reference of government health practitioners, mainly the Ministry of Health staff, and not specific to all dentists. Our findings from document analysis show no specific or dedicated documents on social media usage guidelines for Malaysian dental practitioners.

The Dental Act 2018 and the Dental Regulations 2021 regulate the professionalism of dental practitioners by establishing the Malaysian Dental Council. The Malaysia Dental Council regulates the ethics and professional conduct of dental practitioners. Under this Act and regulations, dental practitioners shall comply with any guidelines and directives issued under this section. As mentioned, one of the core functions of the Malaysian Dental Council is the promotion of high standards of personal conduct and professional ethics among dental practitioners.

It aims to protect the patient's health, promote the community's welfare, and maintain the profession's honour and integrity. In line with this objective, they established the Code of Professional Conduct, with the latest version enforced on 1st July 2022. The Code of Professional Conduct contains a set of ethical guidelines that should guide dental practitioners on principles of personal conduct and professional ethics. While this document explicitly addresses the professionalism dental practitioners must uphold, influencing their conduct on social media, it does so

without directly regulating social media usage. The Malaysia Dental Council approved Guidelines and Provisions for Public Information with the latest version in July 2022. This document is an advertising guideline for dental practitioners. It aims to help dental practitioners to understand their obligations when advertising regulated health services. However, the provision of practice information should be distributed in accordance with the guidelines outlined in this publication.

The Malaysia Ministry of Health imposes the "Code of Ethics for the use of Social Media" on their staff. The Ministry of Health staff, including dental practitioners, must adhere to this Code of Ethics. Government staff are also obligated to adhere to the Official Secrets Act 1972, which appoints them to keep any Government-related information strictly confidential; this includes patient information. Unfortunately, this Code of Ethics does not involve private dental practitioners. Other related Acts are the Communication and Multimedia Act 1998 and the Personal Data Protection Act 2010. Private dental practitioners shall comply with both of the previously mentioned Acts. All documents listed should be read in conjunction with one another. They are all related but not directly specific to social media usage among dental practitioners in Malaysia. The summary of key documents is shown in Table 2.

### **Discussion**

The exponential growth of digital technology has inevitably impacted the development of healthcare professionals. Social media's evolution has contributed to the shift in healthcare practitioners' social roles as well as their obligations. Research carried out to evaluate healthcare professionals' online behaviour indicated that social media poses numerous risks for healthcare professionals' practice. The ethical, legal and professional implications of their online behaviour and activities must be made clear to them (9). Dental practitioners do not have the same liberties as the general public regarding the style and content of their internet posts because they are members of a professional group. They often follow the rules set out by their regulating authorities, which serve as a guide, a warning, and a constraint in addition to the requirement to guarantee that they do not break the law.

**Table 1:** The list of documents related directly or indirectly to social media usage among dentists in Malaysia

No	Document title	Status to social media usage	Year of publication	Authors	Document type	Summary of document type
1	Malaysian Dental Act 2018	Indirectly related	2018	Malaysia Ministry of Health	Legislation Act	An act to provide for the establishment of the Malaysian Dental Council & the Malaysian Dental Therapists Board, to provide for the registration of dental surgeons and dental therapists, and to regulate the practice of dentistry and related matters.
2	Dental Regulations 2021	Indirectly related	2022	Malaysia Ministry of Health	Legislation-Regulation	This document is to act as a supportive document to the Dental Act 2018- in the exercise of the powers conferred by section 92 of the Dental Act 2018 [Act 586], the Council, with the approval of the Minister, makes this regulation.
3	Code of Professional Conduct	Indirectly related	2022	Malaysian Dental Council	Code of Conduct	This document contains a set of ethical guidelines that should act as advice to dental practitioners on the principles of personal conduct and professional ethics. A practitioner is morally obliged to provide professional care to those in need. There are no direct guidelines for social media usage, but since dental practitioners must adhere to the Code of Professional Conduct, some of the obligations highlighted may be related to social media usage.
4	Guidelines and Provisions for Public Information	Indirectly related	2022	Malaysian Dental Council	Guideline	Practitioners shall comply with professional obligations, confidentiality and privacy obligations, present information in an unbiased, evidence-based manner and not make claims that cannot be substantiated. These guidelines aim to help practitioners and other interested parties understand their obligations when advertising a regulated health service. The document should be read in conjunction with the Dental Act and Regulations, the Code of Professional Conduct for Dental Practitioners, other guidelines issued by the Council, and any statute or statutory provisions in force.
5	Code of Ethics for the use of social media by MOH Staff	Directly related	2016	Malaysia Ministry of Health	Guideline	The Code of Ethics for the use of social media by MOH Staff is published to guide MOH staff on how best to control and monitor social media to ensure the authenticity of the information.
6	Official Secrets Act 1972	Indirectly related	1972	Government of Malaysia	Legislation-Act	An Act to review and consolidate laws relating to the protection of official secrets.
7	Communications and Multimedia Act 1998	Indirectly related	1998	Government of Malaysia	Legislation-Act	An Act to provide for and regulate the converging communications and multimedia industries and incidental matters.
8	Personal Data Protection Act 2010	Indirectly related	2010	Government of Malaysia	Legislation-Act	An act to regulate the processing of personal data in commercial transactions and to provide for matters connected therewith and incidental thereto. The Personal Data Protection Act (PDPA) of 2010 also governs the use of social media in online healthcare. This legislation was published in June 2010 and came into effect in November 2013 with the goal of safeguarding a person's personal data in commercial transactions. Any individual who collects and analyses personal data in the context of business transactions is subject to this legislation. The seven principles of the Act are general, notice and choice, disclosure, retention, security, access and integrity.

**Table 2:** Summary of key documents analysis findings related to research

No	Document Title	Summary of key documents analysis findings related to research
1.	Malaysian Dental Act 2018	<p>Functions of the Malaysian Dental Council (MDC): h) to regulate the standards of practice of dental practitioners. i) to regulate the ethics and professional conduct of dental practitioners.</p> <p>Part II (The MDC): establishment of the council. Functions of the council. - to regulate the standard of practice of dental practitioners, to regulate the ethics &amp; professional conduct of dental practitioners.</p> <p>Section 82(1): Code of professional conduct- The Council shall establish the Code of Professional Conduct to be observed by all practitioners to the extent and in such manner as it considers appropriate. (2) Practitioners shall comply with the provisions specified in the Code of Professional Conduct.</p> <p>Section 82(1): The Council or the Board may issue guidelines and directives as the Council or the Board considers necessary or expedient. (2) The guidelines and directives issued under this section shall be complied with by all practitioners.</p>
2.	Dental Regulations 2021	<p>Part VI: Disciplinary Proceedings Under MDC. 52(1) Investigation by Preliminary Investigation Committee. 55(1) Disciplinary inquiry by Council.</p>
3.	Code of Professional Conduct	<p>Infamous Conduct: Under section 83(3) of the Dental Act 2018, any practitioner who fails to comply with the guidelines or directives of the Council shall be subjected to the disciplinary authority of the Council or the Board. The Council and the Board maintain the principle that "infamous conduct" means a failure to meet the minimum standards of professional practice expected by the profession. It includes any behaviour that reflects adversely on the reputation of the profession, such as acts that are dishonourable, immoral, dishonest, indecent or violent, even if not directly connected with the practitioner's dental practice. Circumstances may arise from time to time in relation to which there may occur questions of professional conduct which do not come within any of these categories.</p> <p>Part A [1.4]: Visual and Audio Recordings. A practitioner must handle such recordings ethically. This means: (a) Ensuring that visual or audio recordings do not compromise patient's privacy, dignity, confidentiality and autonomy and the presence of the recording device is obvious. (c) Obtaining patients' consent for any (i)clinical recordings, (ii)storage, (iii)transmission and (iv)the use of the recordings for purpose of consultation. (d) Separate consent (i) used for purposes that advance healthcare, such as dental education, research and publication. (ii) used anywhere in the public domain such as advertising, public lectures or any kind of media output. (g)Despite taking consent or separate consent, the practitioner must take every reasonable measure to remove all identifiable characteristics (unless the patient consents to be identified) and ensure that patient confidentiality and privacy will not be breached.</p> <p>Part A [1.8]: Dental Fees. (a) A practitioner has the right to charge such fees as he deems proper and reasonable, which are in compliance with Schedule VII and Schedule XIII of the Private Healthcare Facilities and Services Regulation 2006 (Fee Schedule). (b) A practitioner must have a schedule of fees available for his patients within the clinic premises. These fees may be displayed on the official clinic webpage/ social media platform under the name of the practice. (c) A practitioner should not:</p> <p>(i) entice prospective patients by offering packages, discounts or special promotions.</p>

(ii) offer discounts for the purpose of obtaining the payment of fees promptly or within a specified time.

(iii) charge the fees for providing care in a misleading manner.

Part A [1.9]: Communicating with Patients. (a) A practitioner should act professionally, empathetically and courteously towards patients at all times. (d) Electric communication. There are situations in which a person could initiate a consultation through an electronic medium or via e-mail. In such circumstances, only general information should be given, and the person should be advised to seek a personal consultation.

Part A [1.12]: Confidentiality of Information. (a) All information obtained in the course of attending to the patient is confidential. A practitioner shall not disclose this information without the patient's consent. (b) A practitioner shall keep all patient's information confidential and take appropriate steps to ensure that it is not accessible to unauthorised persons.

Part A [1.13]: Maintenance of Professional Relationships. (a) Every patient has a right to be treated with respect and courtesy. (b) A practitioner shall at all times maintain professionalism in his relationships with his patients and not abuse this through personal relationships or for personal gain.

Part A [2.1]: Maintaining the integrity of the profession. A practitioner should maintain the integrity of the profession and refrain from any action which may compromise that integrity.

Part A [3.1]: Upholding the Professional Image. (a) A practitioner should act in a manner that respects the rules and etiquette of the profession and should be willing to assist colleagues professionally. (b) However, a practitioner should not comment disparagingly, either orally or in writing, regarding the services of another practitioner.

Part B [8.0]: Advertising. Practitioners must comply with the current Guidelines and Provisions for Public Information endorsed by the Council or the Board as applicable.

Part B [11.0]: Endorsement of Pharmaceutical & Dental Products. A practitioner should not endorse any dental or pharmaceutical product unless it is in the best interest of his patients.

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4. Guidelines and Provisions for Public Information

The use of social media is expanding rapidly. Whether posted on the public domain or limited to specific groups, information on social media may still end up in the public domain and remain there, irrespective of the intent at the time of posting. Hence, practitioners must maintain professional standards at all times and be aware of the implications of their actions as in all professional circumstances.

[2.1]: The information provided must be factually accurate and capable of being substantiated. It must not be exaggerated, false, misleading or deceptive.

[2.2]: The information provided shall not:

- a) draw undue attention to the dental practitioner
- b) be of a nature that could reasonably be regarded as likely to bring the profession into disrepute
- c) make a claim which cannot be substantiated; or
- d) recommend a specific product

[2.3]: Canvassing for the purpose of soliciting patients is prohibited

- a) either by the practitioner himself, his employees, agents or others whether directly or indirectly; or
- b) in association with or employment by persons or organisations.

[2.4]: The use of comparisons either directly or by implication between one dental facility and another is prohibited.

[2.5]: Testimonials from patients can be published provided the patients' consent has been obtained, and there are no monetary inducements, or any other rewards involved in obtaining the testimonials. Patient's confidentiality and personal data shall be protected at all times.

[2.6]: A practitioner must have a list of clinical procedural fees available for the patient within the clinic premises. These fees may be displayed on the clinic's official webpage and/or (social media platform) under the name of the practice. The Person in charge (PIC) of the clinic should be the account administrator.

[2.7]: Any images used must be with the consent of the individual involved. All photos and images used must be credited in compliance with the guidelines set by the relevant acts and regulations, for example, Personal Data Protection Act 2012, Copyright Act 1987.

[3.2.9]: Internet. Dental practitioners are allowed to set up websites, social media and mobile apps to inform the public about their practices. a) Website Contents - the same information as for 'Professional Business Cards, Letterheads and Notices may be included:

- i) Name of the dental practitioner(s)
- ii) Registrable professional qualification(s)
- iii) Honorary title(s)
- iv) Practice address(es) - map and illustration may be included.
- v) Home address
- vi) Consultation hours vii) Telephone/fax numbers
- viii) E-mail and other social media address(es)
- ix) Web page address(es)
- x) Logo—must comply with these guidelines (Appendix A)
- xi) Photograph of the dental practitioner
- xii) List of services provided. All images used must be credited.
- xiii) Fees
- xiv) Educational materials
- xv) Date of the last update
- xvi) Any other information required by other acts or regulations, for example, Company Act 2016

If a practitioner wants to promote his services on his clinic website, he must make clear that the treatment advertised may not be appropriate for every patient and that it is conditional on a satisfactory assessment being carried out. He must assess the patient, obtain his informed consent, obtain an updated medical history, and explain all the options before carrying out any treatment.

b) Social Media - 'social media' describes the online and mobile tools that are used to share opinions, information, experiences, images, and video or audio clips, and includes websites and applications used for social networking. Common sources of social media include but are not limited to Facebook, Twitter, YouTube, Instagram, WeChat, TikTok, and any other permissible platforms including discussion forums and message boards. A practitioner should be aware of his obligations under the Dental Act 2018 and its regulations in using social media. Other regulations to be complied with include guidelines set by MDC or MDTB and other legislations, such as the Private Healthcare Facilities and Services Act 1998.

In using social media, dental practitioners should be aware of their obligations under the Dental Act, the Code of Professional Conduct, relevant guidelines and other relevant legislations, such as the Private Healthcare Facilities and Services Act 1998, as well as this guideline.

e) Push technology - Push technology such as but not limited to SMS, MMS, WhatsApp, Facebook Messenger, WeChat and Line shall only be used as an avenue for public information with prior consent from the recipients.

[3.4]: Dental Product Endorsement-Dental practitioners are allowed to sell or recommend oral healthcare-related products within their premises. However, they should not induce patients towards a specific product nor should the activities lead to a conflict of interest in the management of patients. If a practitioner recommends any products, he must ensure that he only provides factual information about the products, which can be verified by evidence and should not express or imply his view is shared by the whole profession.

5. *"Tata Etika Penggunaan Media Sosial oleh Warga KKM"* -Code of Ethics for the use of Social Media by Ministry of Health Staff

[7] Ethics for the use of social media by MOH citizens: (a) All MOH personnel are bound by the terms and conditions contained in the Public Officers Regulations (Conduct and Discipline) 1993 and the instructions related that is at the core of the personality or Code of conduct of members of the civil service.

(b) The principles of the use of social media by MOH citizens whether in official or personal matters, are the same as those applicable to other media

MOH citizens can use social media personally outside of office hours but need to be careful not to disclose any official information

Any comments on issues involving the agency or personal attacks should be avoided.

The accuracy and sensitivity of the information to be conveyed must be checked in advance before sending.

[8] General guide to the use of social media: Comply with the Code of Ethics of public service

[11] Patient data coverage-All patient information and identity in health facilities CANNOT be disclosed through any form of social media site: Refer to the Official Secrets Act 1972. All information and identities of patients in health facilities should NOT be disclosed through any form of social media sites. Accordingly, uploading and disseminating the sender of information, data, records, audio, video and visuals related to the patient's identity such as name, registration number, identity card number and address as found on the ECG scanner, laboratory results and x-ray results (radiological images) are illegal.

Written permission (using written consent) MUST be obtained from the patient.



Healthcare personnel (both dispatchers and recipients) MUST NOT disseminate relevant information with the patient or any health information to other person or upload any information where social media platforms that can be accessed by the public or accessed by an unrelated person.

[14] Regulations and legislation: (a) Official Secrets Act 1972. (b) Communications and Multimedia Act 1998. Section 233(1) (c) of the Personal Data Protection Act 2010. (Refer to Section 9 (1) (d) Director General's Directive Letter dated November 19, 2009 titled "Use of Social Media In the Public Sector".

6.	Official Secrets Act 1972.	[Refer to the Official Secrets Act 1972]: all official information I obtain in the service of His Majesty the Yang di-Pertuan Agong or the services of any Government in Malaysia, belongs to the Government and shall not leak, publish, or communicate, either orally or in writing, to anyone of any kind, except at the time of carrying out my official duties, whether in time or after my service with His Majesty the Yang di-Pertuan Agong or with, any Government in Malaysia not first obtaining the written consent of the relevant authority.
7.	Communications and Multimedia Act 1998.	[Part VIII]: Consumer Protection 233. Improper use of network facilities or network service, etc. (1) A person who — (a) by means of any network facilities or network service or applications service knowingly — (i) makes, creates or solicits; and (ii) initiates the transmission of, any comment, request, suggestion or other communication which is obscene, indecent, false, menacing or offensive in character with intent to annoy, abuse, threaten or harass another person; or (b) initiates a communication using any applications service, whether continuously, repeatedly or otherwise, during which communication may or may not ensue, with or without disclosing his identity and with intent to annoy, abuse, threaten or harass any person at any number or electronic address.
8.	Personal Data Protection Act 2010	[Section 9]: Security Principle. (1) A data user shall when processing personal data, take practical steps to protect the personal data from any loss, misuse, modification, unauthorised or accidental access or disclosure, alteration or destruction by having regard- (a) to the nature of the personal data and the harm that would result from such loss, misuse, modification, unauthorised or accidental access or disclosure, alteration or destruction; (b) to the place or location where the personal data is stored; (c) to any security measures incorporated into any equipment in which the personal data is stored; (d) to the measures taken for ensuring reliability, integrity and competence of personnel having access to the personal data; and (e) to the measure taken for ensuring the secure transfer of the personal data.

Failure to follow such instructions might constitute professional misconduct and be grounds for a formal disciplinary investigation (10). The document analysis found that there is currently no specific document of guidelines on social media usage applicable to all dental practitioners in Malaysia. The available guidelines applicable to all dentists, regardless of private or public sector, include the Dental Act 2018, the Dental Regulations, the Code of Professional Conduct, the Guidelines and Provisions for Public Information, the Communications and Multimedia Act 1998 and the Personal Data Protection Act 2010.

However, these documents were general documents that were not specific to social media use. The document analysis yielded only two documents explicitly intended for social media ethics, such as the Code of Ethics for the Use of Social Media for MOH Staff and the Official Secrets Act 1972; however, these documents only apply to public practitioners. In contrast, many international healthcare institutions and professional organisations have issued guidelines or amendments to the existing guidelines to specifically pivot on professional media use for their respective healthcare providers. In Australia, the Australian Health Practitioner Regulation Agency oversees and regulates the healthcare professions in Australia (AHPRA). The AHPRA has issued standards governing the use of social media and the promotion of health care services, both of which pertain to dentistry. The Australian Dental Association have a policy statement on social media and dentistry that the ADA Federal Council adopted in 2013 and was recently amended in 2020 (11).

In the United Kingdom, the dental profession's increased use of social media has been acknowledged, and the General Dental Council (GDC) updated the published *Guidance on using Social Media* in 2016 (12). Whereas in Brazil, the *Code of Ethics for Dentists* (CEO) was changed in 2019 with a clear motivation for the changes on social media posts and networks, such as lifting the ban on the publication of selfies of dentists, with or without their patients, and authorising the release of pre and post-images of dental treatments (13). Most guidelines warn against breaches of confidentiality, overstepping professional boundaries, making statements against colleagues and the danger of bringing the profession into disrepute. Dental practitioners in Singapore are governed by the Singapore Dental Council (SDC). The Council governs and regulates the professional conduct of the dental

profession in Singapore to ensure the provision of high oral healthcare standards. Provision of Information under the Ethical Code and Ethical Guidelines mentioned that dental practitioners may disseminate information through websites, including social media (14). Singapore has some similarities with Malaysia in terms of social media guidance for dental practitioners.

Dental practitioners in Malaysia are governed by the Malaysian Dental Council (MDC). The Council simultaneously oversees and regulates the professional conduct of the dental profession in Malaysia to ensure the continuous provision of oral healthcare that meets the predetermined high standards. The MDC published the *Code of Professional Conduct*, updated in 2022, to assist dental practitioners in upholding and maintaining the trust and esteem that patients and the public have placed in the dental profession. The *Code of Professional Conduct* published by the MDC is meant to guide dental practitioners on principles of personal conduct and professional ethics concerning their patients and their clinical practice.

A practitioner must adhere to this Code and the guidelines in all situations. A practitioner must behave professionally and responsibly and act in the interest of his patients and the public. It indirectly includes the use of social media (15). This is similar to the Australian Health Practitioner Regulation Agency (AHPRA), which has produced policies that relate to using social media and advertising healthcare services that apply to dentistry. The social media policy includes a vague segment that appoints actual expectations of dentist behaviour. It does state that registrants must use social media in a way that complies with professional obligations. It means that behaviour online must comply with the Dental Board's Code of Conduct (16).

As mentioned earlier, Malaysian private and public dental practitioners must adhere to the *Dental Act 2018*, the *Dental Regulations*, the *Code of Professional Conduct* and the *Guidelines and Provisions for Public Information* by the Malaysian Dental Council for any information on social media use. All documents must be read in conjunction with current directives and guidelines issued by the MOH to understand dental e-professionalism and ethics on social media. Similarly, Singapore has a comparable flow in guidance of social media usage among dentists under their Provision of Information under

the *Ethical Code and Ethical Guidelines*. The provision explains what is allowed and what is not (14).

Patient confidentiality is a significant issue when dealing with social media. Unsurprisingly, patient confidentiality emerged as the dominant theme derived from the document analysis; Ministry of Health staff, including dental practitioners, are warranted to use social media outside of office hours but are expected to be discreet about official information, specifically patient-related data. All patient identity and information obtained within healthcare facilities should be kept confidential and not exposed via any social media platforms. This is also outlined in the *Official Secrets Act 1972*, which applies only to the public sector. Healthcare personnel are not allowed to disseminate patient-related information or any health information to others or upload any information on any social media platform that may be publicly accessed or accessed by an unrelated person (17).

As for the public sector, dental practitioners also need to adhere to the *Code of Ethics in Social Media usage for MOH Staff*, which is general to all health practitioners in the Ministry of Health. The *Code of Ethics for the use of social media by MOH Staff* is a comprehensive guideline used by MOH health practitioners, including dentists. Unfortunately, these comprehensive documents are only for MOH Staff, including dental practitioners. It would be helpful if the *Code of Ethics in social media usage for MOH Staff* is available and applicable to everyone, including private and public dental practitioners, as an easy guide for everyone. However, a downside is that practitioners need to read these documents in conjunction with others, which may increase the likelihood of dental practitioners missing out on or confusing specific guidelines.

Regarding advertisements, dentists in Malaysia are governed by the *Guidelines and Provision in Public Information* by the Malaysian Dental Council. According to this guideline, dental practitioners using social media should be aware of their obligations under the *Dental Act*, the *Code of Professional Conduct*, relevant guidelines and other relevant legislations, such as the *Private Healthcare Facilities and Services Act 1998* (18). In Singapore, advertisements by dental professionals are governed by the *Provision of Information* under the *Ethical Code and Ethical Guidelines*. This document mentioned that dental practitioners may disseminate

information through websites, including social media (14). It shows that both countries have a similar way of regulating advertisements among dental practitioners, where the legislation and guidelines need to be read in conjunction with each other, increasing the likelihood of missed or confused information. In contrast, the United Kingdom has specific guidelines on social media for dental practitioners published by the General Dental Council (12). When processing personal data, a data user must take reasonable precautions to guard against its loss, misuse, modification, unauthorised or accidental disclosure, change, or destruction. It means that whoever oversees the data must take precautions to protect it.

The explains this in detail, in terms of the nature of the personal data, data storage, security measures, measures taken to ensure reliability, integrity and competence of personnel having access to the personal data and measures taken to secure the transfer of the data (19). Regarding patient data protection on commercial transactions, including interaction on social media, dentists are expected to adhere to the Personal Data Protection Act 2010 (Act 709). Regarding the regulation of converging communications and multimedia, dental practitioners comply by adhering to the Communications and Multimedia Act 1998. Both Acts are not directly related to dental practitioners, but in terms of social media regulation, they have to be read in conjunction with other related legislation. Despite guidance provided from the GDC and APHRA, there is a lack of regulation on managing the online patient-professional relationship (16). The social contract between society and health practitioners has often been harmed by the healthcare provider's social media activity and content. According to research, social media activities might affect the profession and the patient-practitioner relationship.

Examples include having online relationships with patients, breaching patient confidentiality in various postings and writing disrespectful comments about colleagues and employers (20, 21). The previously mentioned matters could be due to low self-regulation among certain individuals. Self-regulation is an already attenuated concept within the health profession. Regulations indeed fail if they are not monitored and rely upon self-regulation. Increasing governmental oversight will likely drive requirements for tighter control of professional conduct (22). It further solidifies the need for Malaysia to establish a

specific document centred on dental e-professionalism in social media ethics that is readily accessible and houses numerous references to vital information.

### **Conclusion/Recommendation**

Currently, there is no specific document guideline on social media usage for both private and public dental practitioners in Malaysia. All related documents on guidelines were general and not directly related to social media use and needed to be read in conjunction with other directives and guidelines by the Ministry of Health. A comprehensive guideline on social media usage was available but only for the MOH staff, including public dental practitioners.

Dental education centered on e-professionalism and ethics, incorporated into social media usage among dental practitioners, require further enhancement; those with high scores should be encouraged to maintain their high knowledge level while those with average scores should be encouraged to elevate their knowledge level. The outcomes of this investigation will propel and facilitate the establishment of a program focused on improving knowledge, professional skills, dental practice, patient-doctor interaction as well as handling risks involved with the utilisation of social media among dental practitioners. A specified and comprehensible document centred on ethically appropriate social media usage is recommended to further enhance ethical knowledge, improve compliance in public and private sectors, and inculcate its practical application among dental practitioners.

### **Competing interests**

The authors declare that they have no competing interests.

### **Ethical Clearance**

This study has been approved by the Ministry of Health (MOH) Malaysia, the UiTM Research and Ethics Committee [FRC/01/2022 (HE/2/13)], and the Medical Research and Ethics Committee (MREC). It has also been registered with the National Medical Research Register (NMRR) under the ID NMRR ID-22-00676-T6W(IIR).

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