Are Social Media Groups the Novel Physician Lounges to Combat COVID Times?

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Social media platforms are an increasingly dominant channel through which physicians encounter news in their everyday life. Social media sites such as Twitter, Instagram, YouTube, Facebook, and Snapchat are all powerful tools. Facebook is a platform wherein likeminded people can create groups to share their knowledge and to interact, making it a formidable force and voice. The purpose of this article is to understand the ubiquity of social media groups and their influence on physicians to treat patients with coronavirus disease 2019 [COVID-19].

In late December 2019, an outbreak of a mysterious pneumonia characterized by fever, dry cough, fatigue, and occasional gastrointestinal symptoms started in China and spread to many other countries.¹ COVID-19 spread rapidly outside China and the number of affected countries, states, or territories reporting infections to WHO was 143 by March 16th 2020.²

The challenge during the pandemic is the speed required to transfer the knowledge of current best practices to the physicians. It needs to be at a pace equal to or better than the spreading epidemic. The paths for, and rate of, dissemination of traditional peer review scholarly publications, static websites, and even emails are known to be slow.³ During the SARS epidemic in 2003, worldwide Internet access was well established, yet gaining access to potential medical users was largely reliant on email contact and personal communication.

In this era of public health emergency, preprint versions of the scholarly articles evolved just like social media groups to provide the speediest way to disseminate the information. Preprint versions of COVID-19 are immediately made available to the public similar to social media groups. A potential problem with preprint publications is that they are not peer-reviewed. If the preprint undergoes changes during the peer review or fails to get published in the peer review journal, the

originally submitted article will remain in the preprint server and can distort the literature. Although preprint publications and social media groups give open access to all physicians and healthcare workers, it needs to be taken with a grain of salt.

There are hundreds of Facebook public and private groups created by physicians for physicians to interact and provide expertise (Table 1). To give an example of the impact, there is a COVID-19 USA physician Facebook group with more than 150,000 members on a single platform irrespective of the specialties.

The discussions had a wide array of COVID-19 topics like clinical manifestations, testing, plasma donation, mental health resources, critical care management, and personal protection equipment [PPE]. The rationale to use potential medications like hydroxychloroquine, chloroquine, acetazolamide, nifedipine, phosphodiesterase inhibitors, and remdesivir were debated. Multiple videos were made by physicians about safe donning and doffing which was appreciated to be useful by most of the physicians.

Algorithms to reduce the impact of false-negative testing were discussed by many virologists. The neurologists spoke about encephalitis, Guillain-Barre syndrome-like presentation by the virus; hematologists spoke about RBC damaging link to thalassemia porphyria, sickle cell disease; and dermatologists discussed the manifestations of livedoid eruptions and petechiae, whereas psychiatrists discussed delirium and agitation in hospitalized patients. Many physician innovators educated their peers on the tricks of the trade.

Physicians also discussed minimizing risks and decreasing the spread to their families. There was a mega thread about how physicians needed to disinfect themselves before entering their houses. There were shared experiences of physicians who were burnt out working 12-h shifts taking care of exclusively COVID-19 patients. This platform gave strength and resilience to improve personal wellbeing.

As the COVID-19 pandemic played out on the East Coast, the physicians who were in the crux of the pandemic discussed each and every situation in detail to let the other physicians in the entire country know what is going on and what to be expected.

The methodology and algorithm used by infection control at the University of California San Francisco were available in the second week of March 2020 for guidance. This gave a heads up to the majority of the physicians who were

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Table 1 Names of Physician Groups in Facebook Platform with Approximate Members

Physician groups	Total members
COVID-19 USA physician/APP group	> 150,000
Physician Mom COVID-19 group	> 36,000
COVID-19 physician group	> 27,000
COVID-19 USA healthcare workers PPE subgroup group	> 7000
Community outbreaks COVID-19 group for physicians	> 3000
COVID-19: Real talk from healthcare workers around the globe	> 107,280
COVID-19 dental discussion	> 15,000
COVID-19 physicians memorial	> 1700
COVID-19 mental health support group	> 3000
NY physicians-COVID-19	> 1100
Clinical epidemiological discussion of COVID-19 pandemic group	> 2000
COVID-19 outpatient primary care physician group	> 700
COVID-19 Texas physicians at advanced practice	> 1200
Resident and fellow's physician COVID-19 group	> 900
COVID-19/coronavirus South Florida physician	> 400

geographically located behind on the curve of the pandemic to know what to expect.

Shortly after the groups were created, physicians teamed up with a legal group to get their voices heard about the PPE to the US federal government. There is some movement to form a physician union on a national level: "COVID-19 pandemic physician protection plan," which is written by a group of physicians which encompasses all healthcare workers and discusses ideas regarding optimal use of PPE, contract protections, malpractice protections, physician family protection if disabled or death, student debts, tax credits, keeping the practices solvent, telehealth expansion, and mental health issues.

With all that being said, social media platforms do carry the burden of not being evidence-based. The expectation is to discuss evidence-based medicine and anecdotal cases in a professional, respectful, and non-confrontational way. Occasionally, there were opinions and trolls wherein the group admin intervention was needed. A recent study from China depicted a high prevalence of mental health problems, which positively associated with frequent social media exposure

during the COVID-19 outbreak.⁴ "Infodemic" or an immense amount of information can lead to depression and anxiety among the group members.

In conclusion, physicians from different professional and personal backgrounds and different subspecialties came together for one cause, to beat the COVID-19 pandemic. Physicians who are taking care of real-time patients contribute and are a good educational resource during the time of this pandemic.

With these new technological advances and important lessons from social media groups, the physicians are confident and equipped to fight COVID-19. Moving forward, this platform hopefully will pave the way for the dissemination of evidence-based information efficiently and effectively not only for COVID-19 but also for all the other future clinical challenges.

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

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