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Wanted: a WhatsApp alternative for clinicians

Kim Thomas

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With increasing concerns about doctors' use of the messaging service for work, **Kim Thomas** looks at other systems aiming to consign the pager to history.

When the Westminster terrorist attack happened in March 2017, one of the major problems was trying to get fast and up-to-date communication, remembers Helgi Johannsson, consultant anaesthetist at Imperial College Healthcare NHS Trust.¹ "The coordinating anaesthetist was flooded with phone calls [offering] help and was actually not able to continue to do his normal job," he explains.

After the attack, Johannsson, who was already using the WhatsApp messenger to organise shifts with colleagues, set up a group for dealing with major incidents. In the two London incidents since then – the London Bridge terrorist attack and the Grenfell Tower fire – all communication has been through the group. It meant, says Johannsson, that "everyone had an idea of what was going on, who was needed where, and where the patients were moving around the hospital."

The use of WhatsApp, which is owned by Facebook, has spread among hospital clinicians. One survey found that 98.9% of UK hospital clinicians now have smartphones, with about a third using WhatsApp or a similar messaging tool.² A Twitter thread started by NHS doctor David Oliver in November 2017 drew 140 responses from health professionals explaining that they use the technology for soliciting second opinions, sharing radiology or echocardiography results, and asking colleagues for cover.

It's hardly surprising that this widely used consumer technology has caught on among health professionals. The dominant form of communication in hospitals – the pager – is costly, inefficient,³ and, says Johannsson, "extremely disruptive." "Pagers interrupt you in mid flow and only allow communication between one person and another," he says.

As Dominic King, clinical lead at Google owned technology provider DeepMind Health, says: "It's remarkable that a technology that was first invented 50 years ago, which has fallen out of favour in every other industry, is still the dominant form of communication that hospitals provide to doctors and nurses."

In contrast, says Johannsson: "WhatsApp allows communication within the whole team."

Non-hierarchical

Georgina Gould, a specialist trainee in obstetrics and gynaecology, particularly likes its non-hierarchical nature: "I might not pick up the phone and contact a senior registrar or consultant, but in the friendly forum of a group WhatsApp chat, it's brilliant."

She has also found it valuable as a teaching tool – group members can retrospectively discuss, for example, interpretation of a cardiotocography trace. Many doctors find it particularly useful for sharing images; it's much more effective, argues King, to take a photo of a rash or wound and send it over WhatsApp than to describe it over the phone.

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It's not just hospital doctors who find WhatsApp useful. MayJay Ali, a general practitioner whose practice, AW Surgeries, operates across two sites in Brierley Hill, West Midlands, says she and her colleagues regularly communicate using WhatsApp for administrative reasons such as "discussing partnership issues, financial planning, and feedback on our own special areas. I, for example, am the finance partner for the practice so I may update the partners with information this way."

It's also a good way of keeping in touch. "General practice can be quite isolating sometimes, and if I haven't seen some of my colleagues for a few days, I may message to see how they are doing," says Ali.

They don't discuss specific patients on WhatsApp but do sometimes consult each other about general issues, she adds. "I have a specialist interest in mental health and elderly care, so a colleague may say that they have seen a patient with something and the waiting list for hospital is several weeks. Is there anything I can do to help this condition? They will then point the patient in my direction to come and see me."

Concerns

But there are concerns about WhatsApp's popularity.⁴ Although messages are encrypted in transit, that doesn't mean they're private. Mona Johnson is senior clinical lead in self care and prevention for NHS Digital, which has just published guidelines on using instant messaging in clinical settings.⁵ She points out that messages can easily be read on a lost or stolen phone.

A photograph sent through the app will immediately be downloaded into the recipient's smartphone photo library unless that setting is manually switched off. All messages are stored on a server in the US, which means they're not compliant with UK data protection legislation, and the General Data Protection Regulation (GDPR), which comes into force next year, will introduce more stringent fines for regulatory breaches.

At the moment, most clinicians are careful not to identify patients in messages (as the NHS Digital guidance advises), but this causes its own problems. As Gould says, a deliberately vague phrase such as "the person from this morning with the infection," creates the possibility for confusion and a potential risk to patient safety. [...]

Notes

¹ Gulland, A. (2017) "It wasn't a medical miracle – we made our own luck": lessons from London and Manchester terror attacks', *BMJ*, 358.

² Mobasheri, M.H., King, D., Johnston, M. et al. (2015) 'The ownership and clinical use of smartphones by doctors and nurses in the UK: a multicentre survey study', *BMJ Innovations*, 1(4), pp. 174-81.

³ Commontime (2017) 'Paging in the NHS'.

⁴ Rimmer, A. (2017) 'Hidden risks your smartphone poses to your career', *BMJ*, 359.

⁵ NHS Digital (2018) 'The dos and don'ts for individuals on the use of instant messaging software in clinical settings.'