

Social media and urology

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Imagine you're in your office midweek. It's been the usually dreadful week, you're a bit behind, there's a stone in the emergency room, and you were hoping to get home for dinner with the family, but it's not looking great. The next chart says, "Pain; wants to see a urologist," on the reason for referral. You pray it's a kidney stone, but you know it's not.

The patient is in his late 20s, tall, very thin, and says as he sits down, "Wow, you're busy. No wonder I had to wait three months for an appointment. Thank God I'm finally here." After you smile and ask him why he's here, he explains that he was jelking and now his penis hurts all the time. After you ask him what jelking is, he reprimands you, "You're a urologist and you don't know about jelking?"

"Do you still jelk?" you ask.

To make an excruciatingly long story short, his examination is perfectly normal and the pattern of pain (11 out of 10!!) doesn't remind you of anything significant, so you say, "I don't know, but stop jelking."

"I waited three months for that? Just wait, I am going to trash you so bad."

He leaves and manages to write something on Rate MD and, I gather, a few blogs for *Anxious Young Men*. After he is gone, you ask yourself, "I did a surgical residency for this?"

What are we to do about these *Rate My Doctor* sites and social media (SM)? How do we program against the pervasive attitude of, "I read it on the internet, so it must be true"? I notice that some of the university hospitals are advertising their excellence in care (Sunnybrook, Princess Margaret, and Vancouver General) and so they should; they are outstanding facilities. Where does that leave community physicians, dare I say it, the workhorses in the Canadian medical complex? Many of us have started to feel the effect. My partner and I would routinely perform up to 80 radical prostatectomies a year. Introduce two da Vinci systems

within driving distance and we could no longer compete. Every patient asked about it. It reminds me of when lasers came to prostates. "It's a laser! My prostate deserves nothing less!" Patient-driven care is augmented by SM. There is little to be gained by convincing your patients otherwise.

We can respond by upping our game. We can focus on our individual skill sets and publish our results for scrutiny. There's nothing wrong with a bit of self-promotion if it's backed up by experience and published for peer-review.

I hope we don't start to mirror the American model of tweeting surgeons and waves of self-promotion. Community urologists have unique skill sets, with many outstanding surgeons among us. As care fragments, we will be left with urinary tract infections and tortured testes. We just interviewed a number of new graduates for a position and their skill sets were beyond outstanding. Will many of these skills atrophy from the pressure of serving their community's needs first? There is no reason why 90% of surgical care can't be effectively delivered locally. There are exceptions, but they are slowly disappearing, as the quality of graduates is improving.

When I had my valve replaced, I stayed local, despite my friends and family pushing me to a university hospital. Ignoring the changes that are already affecting our practices will result in weakening our skill sets, as we triage our patients to the doctors with the largest Twitter following, much like I did when the robots invaded Ontario. When patients asks me if I'm the best person to do their surgery, I often say, "No, but I can send you to someone who thinks they are." Community physicians, by examining their own practices more critically and sharing that data, should be able to say "yes" to that question more often. Real data will best SM, and for the consumer who ignores data, I'm sure there's a website for them too.

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