

# Medicine and new social media: the good and the bad of taking a “selfie” for skin problems

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Sir,

According to the Oxford English Dictionary, selfie is a photograph that one has taken of oneself, typically by means of a smartphone or webcam and uploaded to a social media and shared with other people. The use of selfies has been dramatically increasing among the general population in the course of the last decade. Admittedly, most of us are used to take selfies in any kind of situation, for example to show others how we spent our spare time or simply how we enjoy meals, or to show off ourselves in dangerous or breathtaking panoramas. We love posting our pictures on the social networks to share them with family and friends.

The habit of taking selfies is so widespread to become even one of the means of communication between patients and doctors for example by mobile social media like WhatsApp. It is a raising issue for many medical specialties and overall for dermatology because of the fact that the skin is the largest, the most visible and the most accessible organ.

It is becoming more and more common that doctors are asked an opinion by patients who have sent some pictures showing unusual skin rashes, moles of dubious nature or unidentifiable lesions. All too often, making a correct and well-pondered diagnosis is an impossible achievement.

Patients may for instance also use selfies to have their moles checked. The device used to take the pictures, their brightness, contrast and sharpness can impact heavily on the quality of images. We can miss important additional information such as time of appearance, modifications over time *etc.* Furthermore, dermoscopy may be required, hence we can rarely provide a sound “safe” diagnosis.

On the other hand, encouraging patients to take a selfie to monitor existing moles or ascertain the appearance of new ones is likely to increase awareness about the need of a regular mole check and the risk of melanoma. It may provide an important benefit for subjects who are living in rural communities with limited access to medical facilities.<sup>[1]</sup> We can recall the personal experience of seeing a patient in an outpatient skin cancer department of a county hospital who declared himself enthusiastic to have been asked to take “selfies of his moles”, saying that for once he was happy to take a “useful selfie” after taking so many pointless so far. Furthermore, selfies may represent the only way of documenting short-lived lesions, such as hives and can in certain cases be extremely helpful to put together a significant medical history.

Dermatologists and plastic surgeons could potentially encourage patients to take selfies for post interventional

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monitoring in skin surgery or cosmetic treatments (fillers, botox injections), and acne treatments in order to optimize results when adjustments may be needed in due course, or to prevent complications and increase adherence to treatment. A point that must be properly considered in acne treatment is that selfies taken by minors and sent to doctors can represent a serious legal issue.

Up to date, taking a selfie for medical purposes is currently discouraged, because of the several ethical and legal issues it can imply: the responsibility of the physician is questionable, personal images may be shared inappropriately, all sorts of data and information may remain unprotected, misdiagnoses are likely to occur.

As it was rightly put before,<sup>[2]</sup> the use of selfies raises important questions about data ownership, privacy, and responsibility from the part of clinicians; still, an indiscriminate opposition to this use is not justified. Specific programs, smartphone application and also guidelines regarding their use are currently available to general doctors and specialists who work with teledermatology.<sup>[3,4]</sup> Increasing evidence support the use of teledermatological techniques in clinical practice but their possible influence on doctor-patient relationship, on adherence to treatment and on effectiveness of care requires constant monitoring and assessment.<sup>[5]</sup>

It has hence become necessary at this stage to start reflecting on the adequate use of selfies taken by patients and on how this habit of patients may be properly directed in medicine.

Doctors should think of developing adequate, simple and standardized systems accessible to patients to facilitate

teledermatological consultations, and educational interventions should be considered in the next future to this purpose. Moreover, a well-founded juridical basis for the use of “uncontrolled” selfies needs to be established, aspects of insurance coverage requires clearing, since probably soon standardized apps to optimize the quality of images and to store these images, along with the relevant clinical information, in the cloud may become available.

Overall, there is little point in negating or fighting the trend in patients' empowerment brought in by the information technology revolution. It is better to convey the energy of these impending changes to the benefit of public health.

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## REFERENCES

1. Byamba K, Syed-Abdul S, Garcia-Romero M, Huang CW, Nergyi S, Nyamdorj A, Nguyen PA, Iqbal U, Paik K, Celi L, Nikore V, Somai M, Jian WS, Li YC. Mobile teledermatology for a prompter and more efficient dermatological care in rural Mongolia. *Br J Dermatol* 2015;173:265-7.
2. David Kerr: Rise of the medical selfie. Available from: <http://blogs.bmj.com/bmj/2014/12/22/david-kerr-rise-of-the-medical-selfie>. [Last Accessed on January 3, 2016].
3. AccessDerm teledermatology program. Available from: <https://www.aad.org/members/volunteer/accessderm-teledermatology-program>. [Last Accessed on January 10, 2016].
4. Whited JD. Teledermatology. *Med Clin North Am* 2015;99:1365-9.
5. Al Quran HA, Khader YS, Ellauzi ZM, Shdaifat A. Effect of real-time teledermatology on diagnosis, treatment and clinical improvement. *J Telemed Telecare* 2015;21:93-9.