Embracing social media

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Progress in medicine and science depends on the dissemination of accurate information about health, disease and therapy. Social media are key tools to facilitate this, bringing research findings to people’s attention more rapidly than ever before and also to a wider and more diverse population than previously. For information to be useful, it must be presented and interpreted in context. This is the difference between information and knowledge.

We are keen to help our authors participate in this beyond the simple publication of papers to improve the quality of online discussion about respiratory medicine and hope that you will take up the challenge.

You can follow all the live feeds from this year’s BTS Winter Meeting by using the Twitter hashtag #BTSWinter2015.

Twitter Follow Nicholas Hopkinson at @COPDdoc, Nicholas Hart at @NickHartThorax, Gisli Jenkins at @IPdoc and Alan Smyth at @AlanRSmyth.

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REFERENCES

Table 1 Getting the best out of Twitter

| Use your real identity | It is easier to make a useful and authoritative contribution to debate if your identity is not hidden. Also, anonymity is only relative, so it cannot be relied on. Twitter seems ephemeral, but like anything else on the internet, the best principle is to remember that anyone, including your chief executive and your patients, can read anything that you type forever. Do not discuss individual patients. |
| Be professional | Do not give medical advice to individuals. |
| Preserve confidentiality | Questions can be directed to patient organisations, for example, The British Lung Foundation in the UK (@lunguk). This speaks for itself. If you have to think twice about tweeting something you probably should not. |
| Do not treat colleagues and others fairly and with respect | The text allowed is short, so sometimes, this sort of nuance gets lost. |
| Irony does not work well on Twitter | Most people start slowly to get a feel for how twitter works. |
| Have fun and take it slowly | |

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