

Ethico-legal issues in Telehealth

Clinical limitations and ethical issues in telehealth

Ethical issues that have been raised in the practice of telehealth include:

PATIENTS

Privacy

Ensuring patient privacy needs extra attention. Because people speak louder on a videoconference, the physical and audio privacy of the room should be checked. Data transmission and storage are potential sources of a privacy breach. (See technical principles section)

Some patients report that telehealth improves privacy, for example being able to see a psychiatrist without needing to visit their rooms.

Informed Consent

Because telehealth is new, giving patient information and obtaining informed consent is very important. (See informed consent section)

Access to Care

Telehealth improves equitable access to care, which is a major ethical benefit for patients.

Autonomy

Patients greatly value the increased convenience of telehealth and generally regard it as improving the range of service options. Some patients prefer to go to the city for social reasons. Giving patients both options, where this is possible, respects their autonomy.

CLINICIANS

Quality of Care

Fast access to high quality, “just in time”, advice about specific patient issues can improve patient care. Subspecialist expertise can be brought to patients with rare or complex conditions. On the other hand, some are concerned that rural clinicians may become more dependent on specialists and hence less self-reliant.

The lack of physical examination by the distant clinician will also impact on the quality of the consultation, and the ability of this to be compensated for by the clinician with the patient needs to be considered.

Education and Up-skilling

Telehealth increases access to mentoring, supervision, and distance education. Some clinicians say this additional support improves their retention in rural and remote areas. However a proportion of professional development needs to remain face to face for hands-on training and social reasons.

Using telehealth legitimately

There is the potential for some clinicians to exploit telehealth to maximize profit in today's market-driven health care environment. Maximizing income from technology is not necessarily a bad thing, as long as there are clear clinical indications for its use.

PATIENT-CLINICIAN RELATIONSHIPS

Generally, patients report that rapport and relationship are present in video consultations. However clinicians are concerned that the healing relationship might be depersonalized or compromised by the loss of caring touch, particularly in sensitive areas such as discussing end-of-life issues. If loss of rapport is a problem, returning to an in-person consultation should be an option.

HEALTH CARE SYSTEM

Cost Reduction

Telehealth reduces transport costs for patients and clinicians. In theory this enables funds to be redirected to other aspects of care.

Workforce

- ☺ Telehealth is one of the few interventions that can, by reducing the need to travel, increase the efficiency of the existing health workforce.
- ☺ Telehealth enables a much broader distribution of specialist expertise.
- ☺ Some clinicians are concerned that telehealth might produce a generation of city specialists who only do video consultations, resulting in less procedural work being done in the country.
- ☺ However procedural specialists can use telehealth to do most of their pre and post-operative consultations, so they can use their time in the country to fit in more procedural work. We have examples where this has actually happened in ophthalmology.

Integration of Care

Telehealth improves communication between clinicians and hence can increase integration of health care.

On the other hand, if telehealth cuts across local health care workers and existing referral pathways, it can produce fragmentation of care. Wherever possible, build telehealth into existing referral networks.

Clinical Governance

Some specialty services have used telehealth to promote the uptake of evidence based practice and clinical guidelines. If done well this can be very supportive and useful for rural services. If not, it can be perceived as a threat to clinical autonomy.

IN PRACTICE

Clinicians constantly make judgements about their ability to make key clinical decisions in various contexts, and adjust their decision making accordingly. For example, they will moderate decisions according to the setting (e.g, on the telephone

compared to at the bedside) or with whom they are communicating (e.g, a patient, junior doctor or senior specialist). To many doctors, video consultation will represent a new medium in which to make clinical judgements. Initially, they will need to be cautious in making critical decisions. Over time, it is expected that clinicians will become familiar with the advantages and weaknesses of the videoconference modality, and increase the range of practice within which they are willing to make judgements.

Duty of Care in Telehealth

- ☺ When more than one clinician is involved in the care of a patient, each clinician has a duty of care to that patient. Some clinicians think providing a video consultation does not result in a duty of care if the distant clinician is only offering advice to the local clinician, who is the primary provider. Actually, the duty of care is shared, although not necessarily in equal proportion.
- ☺ The division of tasks such as investigations, providing scripts, and follow up, should be agreed and written down so that each clinician is clear what their particular responsibilities are for patient management.
- ☺ The medical practitioner who is at a distance should evaluate the value of information gathered by the clinician who is with the patient, and take the initiative to ask for more, or for an in-person follow up if they think additional information is needed to make a decision or offer sound advice.