

# The Ethics of Telemedicine

William A. Nelson, PhD, HFACHE

VARIOUS HEALTHCARE TECHNOLOGIES ARE increasingly being recognized as essential tools to enhance the quality of patient care. The desire to broaden access to needed healthcare in the United States during the past two decades has resulted in the growing application of one specific form of health technology—telemedicine or telehealth. For example, the application of telemedicine has enhanced rural patients' access to specialists, including mental health professionals, cardiologists and dermatologists.

In addition to real-time, patient–provider telemedicine, several other uses of the technologies have developed for providers who are geographically separated, such as storage and transfer of clinical data and images; full-motion video from one site to another for the purpose of rendering a medical opinion; diagnosis functions including radiology, pathology, dermatology or ophthalmology; and home telemedicine. The Department of Veterans Affairs has made extensive use of all such technologies.

Telemedicine is also used for education, and in some locations—where there are limited ethics resources—telemedicine technology has even been used to provide healthcare professionals with ethics consultation.

Patients in general have expressed satisfaction with telemedicine because of the focused and uninterrupted attention they get from virtual healthcare providers. Providers have also been satisfied with

telemedicine as an effective method to expand the reach of care. From a technological and evidence-based standpoint, it would appear that the virtual visit is a reliable and appropriate extension of traditional face-to-face contact.

## **ETHICAL CONCERNS**

Despite widespread growth in the application of telemedicine there are limited publications on the ethical issues related to this dynamic technology. Just as there is ongoing evaluation and assessment of the application of telemedicine from both the patient and provider perspective, there also needs to be ongoing reflection on the ethical implications.

The telemedicine encounter should be guided by the same ethical principles that serve as the underpinning of all clinician–patient relationships. However, clinicians and healthcare executives need to recognize and address the *specific* ethical concerns that relate to the contextual nature of providing healthcare with a virtual methodology.

Following are some aspects of the telemedicine encounter that require ethical sensitivity from both administrators and clinicians.

## **INFORMED CONSENT**

Autonomy requires clinicians to respect the patient’s right to make an informed choice about participating in a telemedicine interaction. Involved caregivers must also ensure patients have a clear and complete understanding of the telemedicine method of care, including information about the security and use of personal data. Ideally a trusted local provider, such as a nurse practitioner facilitating the contact with the virtual provider, will describe the telemedicine system to the patient and clarify any questions regarding its application. Written material describing the telemedicine system is also useful and should be made readily available to patients.

In addition to giving general consent to participate in telemedicine, patients will need to give further valid consents regarding their acceptance of specific procedures or treatments by the virtual provider, such as a close-up photograph of a skin disorder or psychotherapy. If the recommended treatment is being provided by the local healthcare provider, then he/she will likely obtain or participate in the patient's consent process.

## **PRIVACY AND CONFIDENTIALITY**

Of significant concern in telemedicine is patient privacy and confidentiality. The ethical concept of respect for the patient requires that clinicians ensure the privacy of every encounter and confidentiality of any personal information shared during the virtual exchange unless the patient requests or gives permission to have personal information shared.

Violations of privacy and confidentiality can be both visual and auditory. Breeches may be quite accidental and innocent, such as staff curiosity or when a passerby inadvertently views or hears a provider's or patient's telemedicine interactions. To foster privacy, the physical location of the patient–clinician interaction should occur in a setting that is not openly accessible to others, such as a closed room.

As telemedicine becomes more widely available and applied, clinicians and organization leadership should carefully plan strategies to ensure nonauthorized viewing of the patient–clinician encounter or personal information does not occur.

## **PROVIDER–PATIENT RELATIONSHIP**

Telemedicine user and advocate David A. Fleming, MD, has raised the question whether its use might negatively impact the power of the provider–patient relationship. In an October 2009 *Telemedicine*

*and e-Health* journal article, Fleming and his coauthors write: “The impact of the physician’s presence and touch on the patient–physician relationship and the perception of patients when responding to face-to-face interactions have been demonstrated and cannot be discounted.” Fleming and others have expressed concern that telemedicine as an innovative, growing technology may depersonalize and diminish the trust that defines the relationship between patients and healthcare providers.

This is an important concern, and it needs to be assessed through patient satisfaction surveys and regular reviews to ensure the integrity of the provider–patient relationship and its foundational ethical principles of trust and mutual respect are not diminished. Patients need to feel comfortable with the technology and the healthcare provider they are seeing on the screen. The patient’s local provider, such as a physician or nurse, can foster a positive telemedicine relationship with the virtual provider by being with the patient, especially in the early stage of the telemedicine encounter, to help clarify any of the patient’s concerns and introduce the distant provider.

For the distant provider, all the same aspects of a constructive, positive face-to-face patient–provider encounter should be captured in a telemedicine relationship. The healthcare professional must understand the patient’s complaints, underlying feelings, goals and expectations and act responsibly. He or she must treat the patient with compassion and respect. The concern of a depersonalized relationship can be diminished when the provider’s work carefully balances the coalition of knowledge, clinical skill and effective communication to attain the ultimate goal of fostering the patient’s health.

To this end, Kenneth V. Iserson, MD, proposed in a July 2000 *Cambridge Quarterly for Healthcare Ethics* article that clinicians commit themselves to a telemedicine code of ethics that seeks to ensure that the integrity of patient–professional relationships is maintained. The useful code reinforces the key elements of an ethics-grounded provider–patient relationship for telemedicine-based care.

## EQUITABLE ACCESS TO TELEMEDICINE

Rural Americans encounter a unique combination of factors that create disparities in healthcare not found in urban areas. As noted by the National Rural Health Association ([www.ruralhealthweb.org](http://www.ruralhealthweb.org)), economic factors, cultural and social differences, educational shortcomings and the sheer isolation of living in remote rural areas all conspire to impede rural Americans in their struggle to lead normal, healthy lives.

For example, only about 10 percent of physicians practice in rural America despite the fact that nearly one-fourth of the population lives in these areas. The application of telemedicine technology has the potential to assist in decreasing current healthcare disparities in access to services and providers. Through the application of telemedicine in small, rural hospitals or clinics, patients can access an expanded range of specialists.

Unfortunately, the application of telemedicine as a driver for reducing healthcare disparities is only theoretical for many rural settings because they lack the required funds to purchase and maintain the technology. To provide needed care, executives and clinicians should explore various local, federal and state funding possibilities to foster equitable, quality healthcare. As a methodology to foster greater access to healthcare, telemedicine is still evolving. It has been shown to be a beneficial tool to expand accessibility and availability of healthcare to those who historically have lacked needed care. When using telemedicine, clinicians must never sway from their moral obligations to serve the patients' needs and act in their best interests. The effectiveness of telemedicine programs will ultimately depend on maintaining the ethical precepts that underpin the healthcare professional-patient relationship.

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## Discussion Questions

Along with the widespread growth of telemedicine is the recognition of unique ethical challenges arising in its application. The author describes a few of those challenges. What additional challenges do you believe need attention?

Telemedicine programs tend to focus on individual patient care. What are some opportunities to apply the technology to promote population health?