

# Ethical and legal guidelines for telemedicine

By [Vanessa Rogers](#)

25 Nov 2020

In a world caught in the middle of the Covid-19 storm, telemedicine has proven its worth in the medical professional's [toolkit](#) this year. It has assisted with diagnosis, treatment and prevention of disease; and the information exchanged via electronic means is increasingly being regarded as valid for patients, as well as for research purposes.



[123rf.com](#)

A number-crunching exercise in the US saw [36-million new telemedicine or virtual-care visits](#) - in which a patient interacts with a chosen medical practitioner via text, video or phone call - taking place over 2020 alone, in a consumer-driven move away from high-cost care centres such as emergency rooms.

In Africa, telemedicine is slowly filling the gap created by a lack of medical personnel in remote or rural areas. While the Health Professions Council of South Africa (HPCSA) is making strides by amending their guidelines as circumstances dictate, other countries – such as Nigeria – have no authoritative body in place to regulate these matters. Currently, the telemedicine services in Africa extend to neonatal, maternal and child healthcare; intensive care and trauma; occupational healthcare; mental-health and geriatric medicine; nutritional health; radiology; and e-pharmacy services.

In the meantime, *The Lancet* and other journals have labelled sub-Saharan Africa as “[the new breeding ground for global digital health](#)” – but a [range of challenges](#) must still be overcome. These include: reliable electrical power; cellular network coverage in out-of-the-way places; and improved internet speeds – not to mention more affordable data.

According to an [article](#) in *City Press*, there are not yet any detailed statistics as to the practitioners who have added telehealth to the mix this year, but the utilisation rate as of April 2020 was found to be “[above average](#)”.

## Data privacy

Indeed, telemedicine has been shown to be both feasible and well accepted within medical care circles – including for nursing, teleradiology, psychotherapy and teleneurology. But a critical area of concern is that of data privacy, reveals an [article](#) in the *Telemedicine and eHealth* journal.

Data privacy laws oblige medical practitioners to protect patient information and ensure that the patient has given their informed consent for a telemedicine consultation, and its subsequent treatment, to take place. Extra care should be taken in

diagnosis, since the practitioner has to rely more heavily on the patient's explanation of their symptoms in the absence of a physical assessment. This is especially so in the case of new patients, where there is no established relationship with the medical professional. While exceptions may have occurred during the pandemic, HPCSA guidelines normally only permit telemedicine to be practiced on [established patients](#).

## Ethical guidelines

For medical professionals who have successfully incorporated telemedicine into their offering to patients, at a time when the pandemic has made the potential exposure of physical waiting rooms a risky scenario (particularly for those with comorbidities), a glance at the HPCSA Ethical Guidelines document of Telemedicine ([Book 10](#)) may prove of ongoing value and assistance.

It provides a range of ethical guidelines, responsibilities and recommendations in the use of telemedicine. Additionally, the WHO's *Universal Declaration of Human Rights* should be noted – it states that the [fundamental rights](#) of the patient (their dignity, privacy, confidentiality and, of course, informed consent) be respected when practising telehealth and telemedicine.

Locally, the [Covid-19: HPCSA Guidelines for Healthcare Practitioners](#) should prove of value. On the matter of informed consent, this body stipulates, among other points, that:

- When prescribing care using telemedicine, consulting practitioners should ensure that informed consent is taken in accordance with the standard practices employed in the face-to-face issuing of prescriptions;
- Healthcare practitioners should not give medical advice or provide treatment using telemedicine without obtaining proper informed consent from the patient for both the treatment to be given and the use of telemedicine technology;
- Informed consent must be obtained in writing (most conveniently, an email or SMS confirmation from the patient);
- It is the duty and responsibility of the consulting practitioner to obtain informed consent for telemedicine purposes; and
- Patient information should only be transmitted from one folder, or site, to another and stored, with the full knowledge and approval of the patient – as per the informed consent guidelines.

The Covid-19 pandemic has revealed just how rapidly an established profession, such as medicine, is able to [adapt to changing circumstances](#) when change is of the essence. Medical practitioners are advised to check that their insurance cover adequately provides for the practice of telemedicine, or consult with their medical malpractice indemnity provider for clarification should this is needed.

**Source:** Natmed Medical Defence

For more, visit: <https://www.bizcommunity.com>