

## **WMA STATEMENT ON THE ETHICS OF TELEMEDICINE**

Adopted by the 58<sup>th</sup> WMA General Assembly, Copenhagen, Denmark, October 2007

### **DEFINITION**

Telemedicine is the practice of medicine over a distance, in which interventions, diagnostic and treatment decisions and recommendations are based on data, documents and other information transmitted through telecommunication systems.

### **PREAMBLE**

The development and implementation of information and communication technology are creating new modalities for providing care for patients. These enabling tools offer different ways of practising medicine. The adoption of telemedicine is justified because of its speed and its capacity to reach patients with limited access to medical assistance, in addition to its power to improve health care.

Physicians must respect the following ethical guidelines when practising telemedicine.

### **PRINCIPLES**

#### **Patient-physician relationship and confidentiality**

The patient-physician relationship should be based on a personal encounter and sufficient knowledge of the patient's personal history. Telemedicine should be employed primarily in situations in which a physician cannot be physically present within a safe and acceptable time period.

The patient-physician relationship must be based on mutual trust and respect. It is therefore essential that the physician and patient be able to identify each other reliably when telemedicine is employed.

Ideally, telemedicine should be employed only in cases in which a prior in-person relationship exists between the patient and the physician involved in arranging or providing the telemedicine service.

The physician must aim to ensure that patient confidentiality and data integrity are not compromised. Data obtained during a telemedical consultation must be secured through encryption and other security precautions must be taken to prevent access by unauthorized persons.

### **Responsibilities of the physician**

A physician whose advice is sought through the use of telemedicine should keep a detailed record of the advice he/she delivers as well as the information he/she received and on which the advice was based.

It is the obligation of the physician to ensure that the patient and the health professionals or family members caring for the patient are able to use the necessary telecommunication system and necessary instruments. The physician must seek to ensure that the patient has understood the advice and treatment suggestions given and that the continuity of care is guaranteed.

The physician asking for another physician's advice or second opinion remains responsible for treatment and other decisions and recommendations given to the patient.

A physician should be aware of and respect the special difficulties and uncertainties that may arise when he/she is in contact with the patient through means of tele-communication. A physician must be prepared to recommend direct patient-doctor contact when he/she feels that the situation calls for it.

### **Quality of care**

Quality assessment measures must be used regularly to ensure the best possible diagnostic and treatment practices in telemedicine.

The possibilities and weaknesses of telemedicine in emergencies must be acknowledged. If it is necessary to use telemedicine in an emergency situation, the advice and treatment suggestions are influenced by the level of threat to the patient and the know-how and capacity of the persons who are with the patient.

### **RECOMMENDATION**

The WMA and National Medical Associations should encourage the development of national legislation and international agreements on subjects related to the practise of telemedicine, such as e-prescribing, physician registration, liability and the legal status of electronic medical records.