

# Legal, Ethical and Administrative Issues in Telemedicine and Electronic Consultations



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# Rationale of Telemedicine



*It's from my Telemedicine Man!*

## Purpose of Telemedicine:

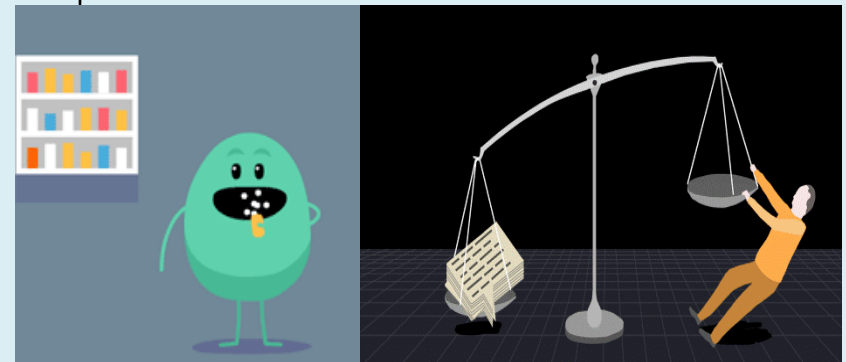
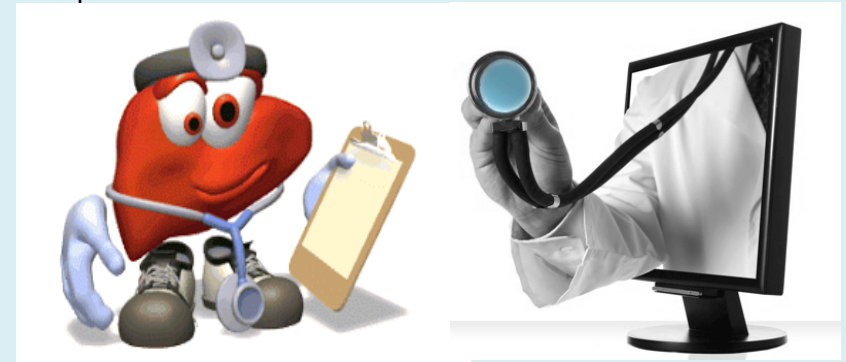
- ❖ Outreach of quality health services to all parts of the country
- ❖ Faster, cheaper and more communicative medium for :
  - ❖ medical consultation,
  - ❖ follow-ups,
  - ❖ record keeping and
  - ❖ sharing of required information.
- ❖ Better healthcare by the consultations with experts of various fields

## Demarcation between tele-medicine and non-telemedicine—Not yet clear

- ❖ **Telemedicine:** secure videoconferencing or store and forward technology to provide or support health care delivery
- ❖ **Non-Telemedicine:** telephone calls, emails, images transmitted via fax, and text messages without visualization of the patient. (In USA many states, such as California)
- ❖ ATA and a few states, such as Montana, include all of above in Telemedicine

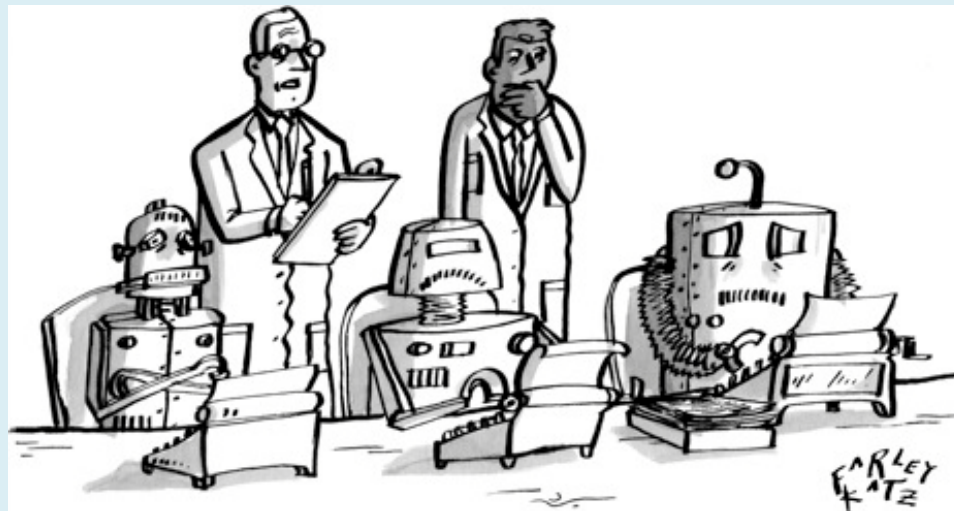
# Stakeholders

1. Patient
2. Doctors
3. Telemedicine Technicians
4. Paramedics
5. Administrators
6. Tele-service providers
7. Pharma industry
8. Insurance sector
9. Policy makers
10. Law implementing agencies
11. Law agencies
12. Liasoning agencies



# Separate entities , yet connected and inter-dependent

- Legal
- Ethical
- Administrative



# Legal aspects



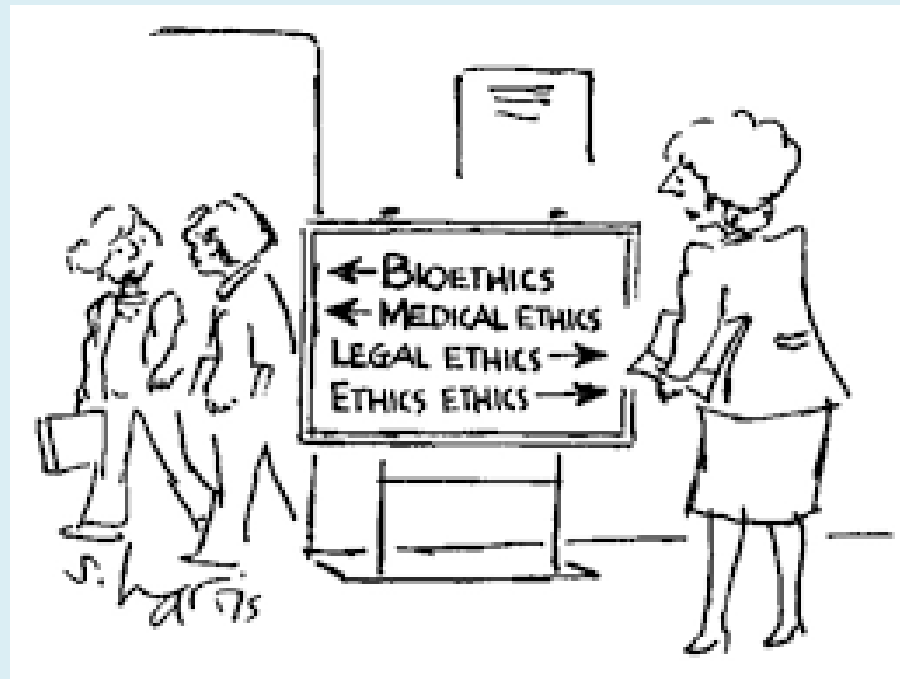
*Harnessing the Telemedicine and E-Health Media*

**For Patient:** Privilege to expertise availability  
Reimbursement

**For Doctors:** Credential for telemedicine treatment  
Access to patient data  
Standard protocols  
Remuneration

**For service providers and administrators:**  
Cross –border licensing  
Instrument maintenance regulations  
Remuneration

# Ethical aspects





**For Patient:** Privacy,  
Confidentiality,  
Right to avail required treatment- expertise  
Informed Consent

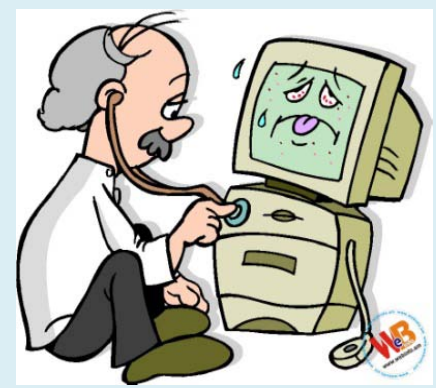
**For Doctors:** Responsibility of treatment  
Data use for treatment and research  
Privacy, Confidentiality maintenance  
Commitment to meet the patient directly if needed  
Local condition adaptation

**For service providers and administrator:**  
Cross –border cultural, language differences consideration  
Responsibility for right transmission of conferencing,  
of data  
and storage  
Consideration of Doctor's: Expertise,  
Availability  
Willingness

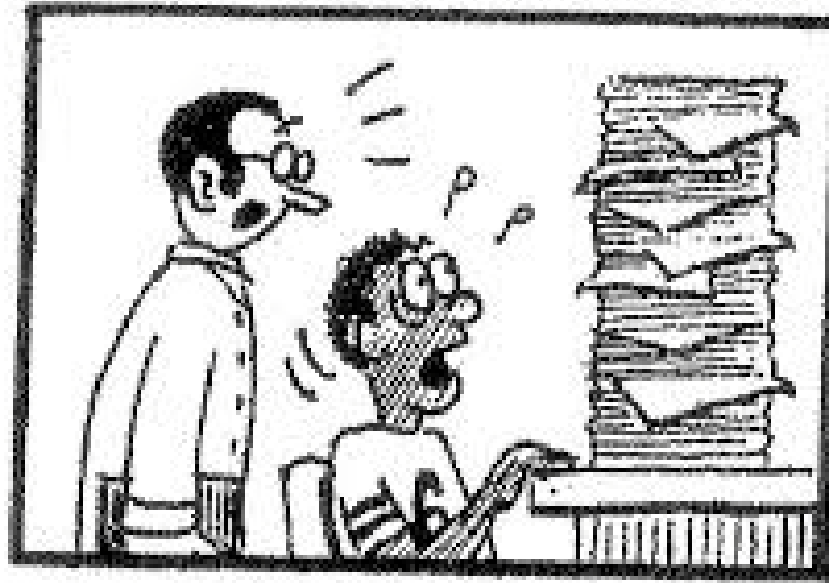
# Administrative aspects



- ❖ Clear terms and conditions pertaining to transmission, Recording and Storage of sessions and patient data
- ❖ Regular maintenance, up-gradation of instruments and soft wares
- ❖ Providing infrastructure and manpower to both ends of telemedicine network
- ❖ Capacity building
- ❖ Creating awareness among the masses and the health providers
- ❖ Conducting classes/ training programmes for health-workers and technicians
- ❖ Standard protocols
- ❖ Charges and Remunerations
- ❖ Cross-border licensing



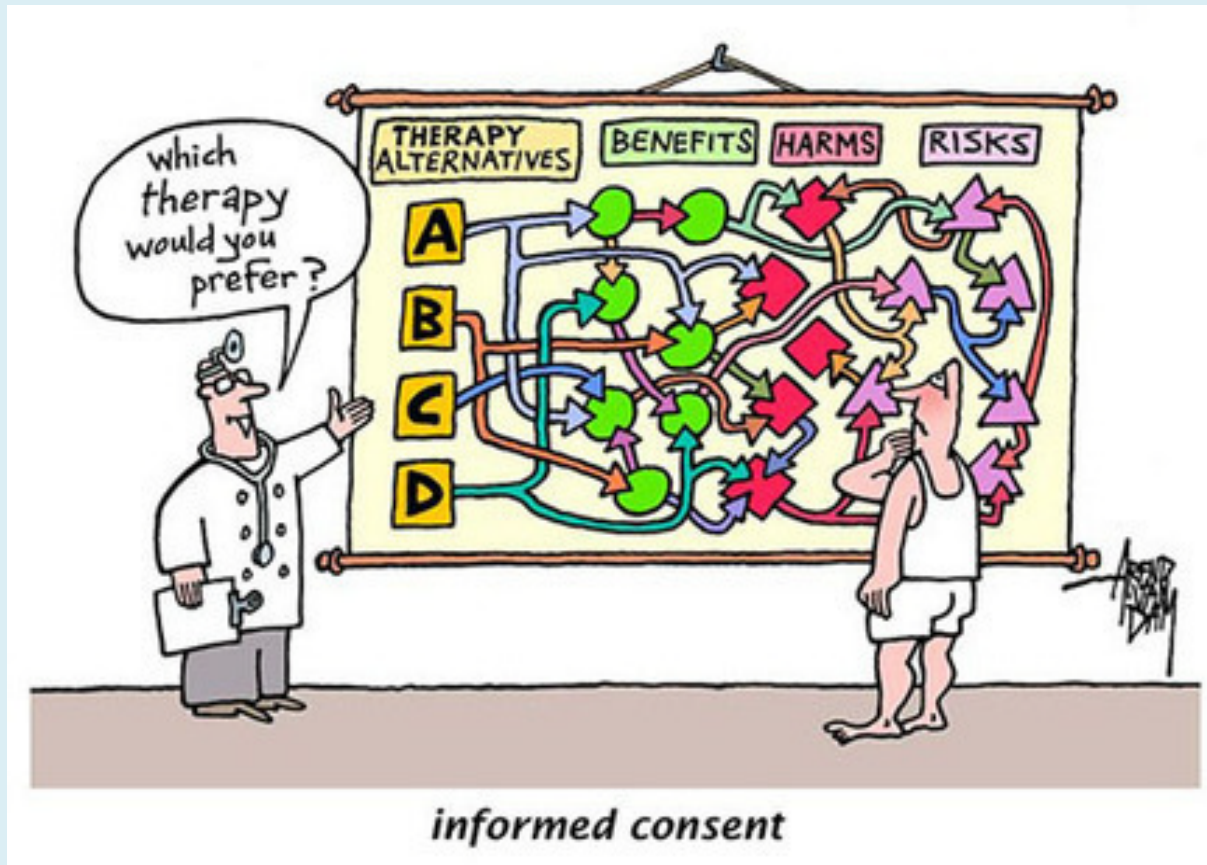
## Information and Privacy Related Issues



*"The biggest risk in this study is just reading the consent form!"*

- Knowledge to patient
- Acceptance of virtual consultancy by patient
- Written consent- i) for immediate use  
ii) future uncategorized use of information
  
- Enlisting practitioners for Telemedicine - **let the patient also choose his doctor**
  
- Privacy during tele-consultation of patient at both ends
  
- Patient data confidentiality: during consultation, transfer and storage
  
- Health Information in India is not integrated with technology as is in western countries.
  
- Language, time-zone and cultural variation consideration while consulting.

# Responsibility and Guidelines Related Issues



Accountability  
Responsibility  
Credentialing and Privileging

- Professional negligence
- Responsibility: Who holds the baby?: the patient, the referring doctor, the treating doctor , or all of them? Time to stop passing on the baton!!
- Reliability and accuracy of digital images/data by telemedicine:  
Finally who is the decision maker?
- Infrastructure building and maintenance
- Standards and interoperability: no universal standard guidelines in India
- Safety and privacy of the equipments, network and cloud storage
- Cross border practice issues.

# **Law and regulations, administrative issues**



- No clear , separate Telemedicine and electronic media-related health laws
- Lack of legalization of tele-consultation
- No enlistments of requirement of tele-consultant.
- Lack of provision for tele-consulting in Insurance sector.
- Infrastructure development
- Remuneration issues
- Reimbursement issues
- Area of jurisdiction is not clear.

# Current Indian scenario of laws governing IT and information

**But no separate Telemedicine laws  
National e-health Authority (NeHA)**

## Health related laws

**Drugs and Cosmetics Act, 1940**

**Indian Medical Council Act**

**1956 and Indian Medical Degree Act 1916**

## Technology related laws

**Information Technology Act, 2000**

**Article 21 of Indian Constitution**

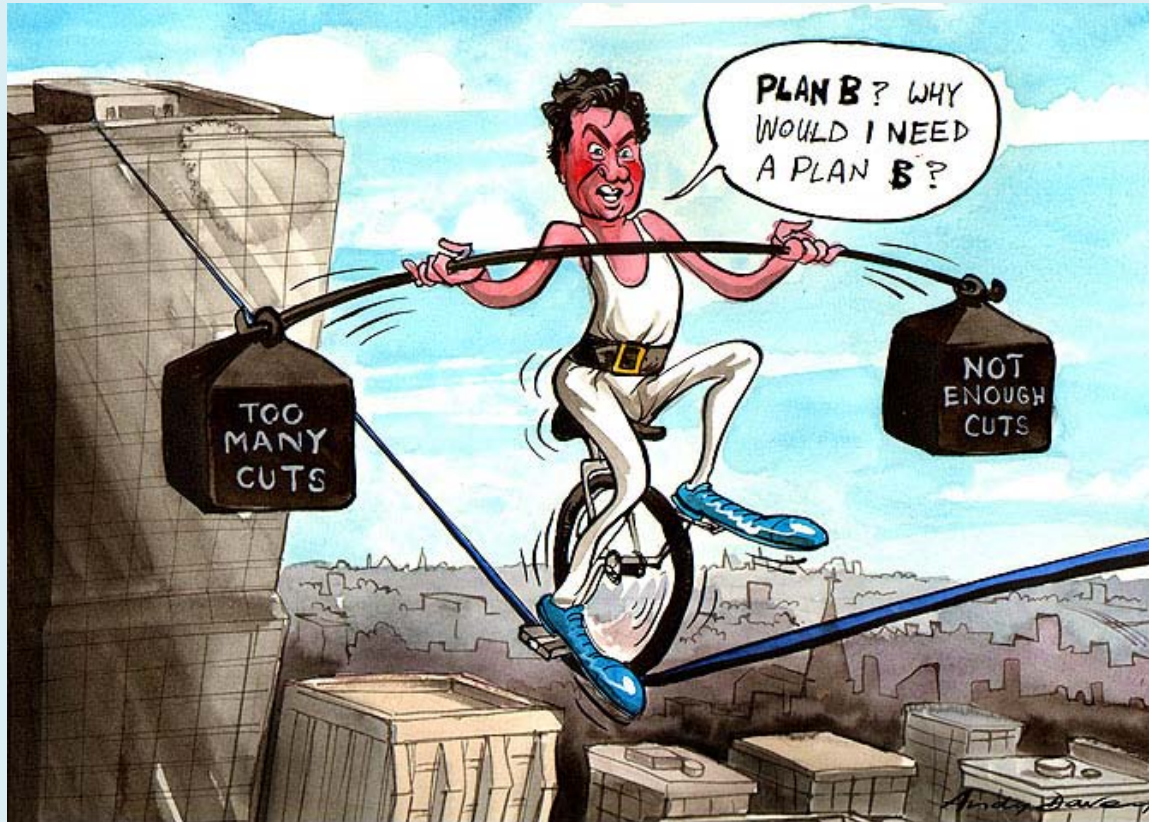
**The Privacy (Protection) Bill, 2013: section 3**

**New Telecom Policy 1999 (“OSP Regulations”)**

# International laws and regulations

- **United Kingdom** :Data Protection Act 1984;
  - Computer Misuse Act 1990
  - Data Protection Act 1998
  - British Medical Association (2005) :guidelines for telemedicine
- **European Union**: Medical devices safety regulation by European Union Directive (93/42/EEC) and other rules
- **USA**: [Health Insurance Portability and Accountability Act \(HIPAA\)](#) of 1996
  - Teleradiology is reimbursed nationally
  - Medicare reimbursement in rural areas
  - In some states non-telemed services reimbursement
- **South Africa**: “Telemedicine Code of Ethics and Professional Conduct”, Lists twelve, single-statement moral imperatives
- **Australia**: “Medico legal aspects for telehealth services for Victorian Public Health Services” written by Michael Regos, Partner, DLA Piper
- **World Medical Association** Statement on Accountability, Responsibilities and Ethical Guidelines in the Practice of Telemedicine adopted in 1999

## ...Future directives



## Future directives...

- **Standardized Format:** Information to patients and consent form  
Option to opt out in future
- **Telemedicine courses:** Mandatory for all new medical students  
Refresher courses for medical practitioners
- **Responsibility of privacy, confidentiality and security of patient information, treatment:**  
By both the referring and consulting physicians
- **Qualifications and skills:** Expertise & eligibility of the doctor
- **Accreditation :** To the practicing telemedicine practicing doctors
- **Building confidence:** Of both the patient and distant doctor  
create bonding of mutual trust
- **Provision for remuneration:** For each player should be decided clearly

## Future directives...

- **Medical insurance:**

Clear outlines for tele-consulting insurance

- **Cross-border issues:**

Should be governed by an international body

- **Standards, Interoperability:**

Standards of the equipments and tele-services  
periodic checks and submission to regulatory authority

- **Instrument and services:** Liability, maintenance , safety

- **Licensing:** The authorization and capability of the service provider

- **Telemedicine laws:** IT laws for information storage and access

- **E- health portal for regulations and grievances**

For social media such as apps, SMS, telephonic consultations

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Thank you



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