

ETHICAL CONSIDERATIONS IN TELEMEDICINE PRACTICE

PROF VR MOODLEY

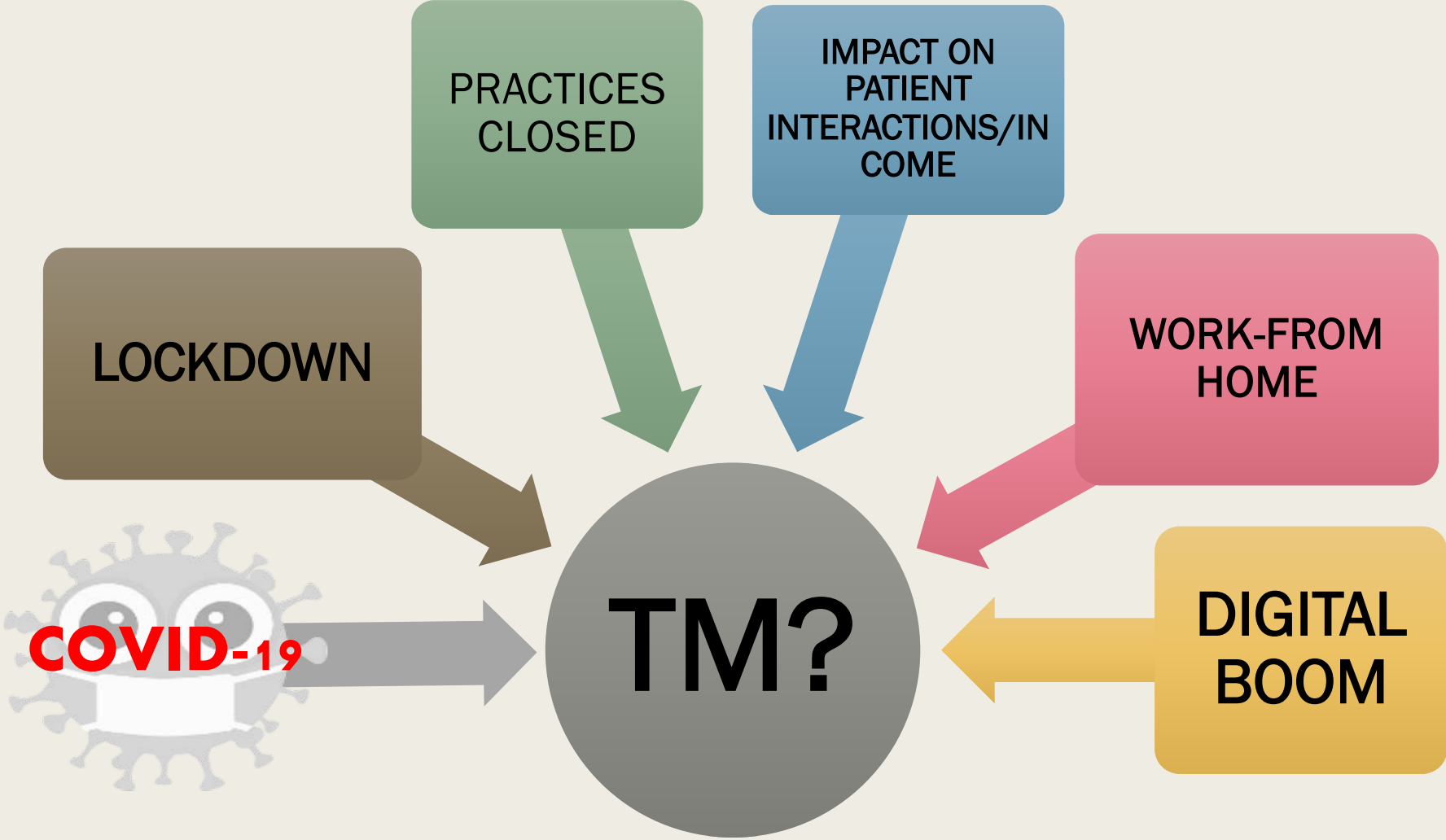


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KERATOCONUS

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WHY NEW FOCUS ON TELEMEDICINE(HEALTH)?



DEFINITIONS

"WMA"

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.**

"HPCSA"

Exchange of information amongst HCP at a distance for the purpose of facilitating, improving and enhancing clinical, educational and scientific healthcare and research, particularly in under-serviced areas of the RSA.

"WHO"

Use of IT to deliver medical services & information from one location to another

"Telemedicine"

Provision of healthcare at a distance using ICT facilities

"Tele-Health"

Combined use of e-communication and IT in health sector

"E-Health"

SA ETHICAL CONSIDERATIONS

- Traditionally - telemedicine use introduced by NDOH as tool to help alleviate HR crisis and support PHC services.
- Specialist: forms the bulk of the telemedicine practices in SA – due to HR capacity challenges
- Challenges some traditional principles that govern “patient-physician” relationship:
 - Responsibility
 - Confidentiality
 - Informed consent
- Raised important ethical and legal issues - GUIDELINES

HPCSA GUIDELINE PREMISED ON..

1. Patient-initiated telemedicine: restricted to situations in which a previous healthcare professional-patient relationship existed for the same or related health condition.
2. All other telemedicine should involve a healthcare professional where there is an actual face-to-face consultation & physical examination of the patient in a primary healthcare centre. (consulting & servicing practitioners)
3. Telemedicine Guidelines are contained in [Booklet 10 of the Guidelines for Good Practice in the Healthcare Professions](#)

COMPETENCE, REGISTRATION & AUTHORISATION

- only practitioners deemed **competent & registered** in their respective professions are authorised to participate in telemedicine practices in SA – whether consulting or servicing.
- telemedicine across state lines - practitioners serving SA patients should be registered with the regulating bodies in their original states as well as with the HPCSA

HCP- PATIENT RELATIONSHIP

- Based on mutual trust
- Data moved over a broadband /other connection does not alter role & responsibility of consulting or interpreting practitioner.
- Core ethical values as outlined in the HPCSA guidelines for healthcare professionals are also applicable in telemedicine practice.

ASSUMPTION OF PRIMARY RESPONSIBILITY

Consulting practitioner

- responsible for treatment decisions & other recommendations given to the patient.
- keeping detailed records of patients' condition, information transmitted & received from the servicing practitioner.

Servicing practitioner

- keeping detailed record of the information received and it's basis & treatment advice.
- Ensure that advice/treatment was understood by the consulting practitioner or patient.

DUTY TO INFORM AND INFORMED CONSENT

- Informed Consent- “an exercise of an informed choice by a patient who has the capacity to give consent”:
 - *To be treated by particular practitioner*
 - *In instances where there are multiple options or alternatives to treatment; or;*
 - *In making a decision whether to withhold or disclose information or allow someone else to disclose information on their medical condition to a defined third party;*

Informed Consent....

- practitioner must provide full and frank disclosure of all the material facts to ensure that patient's decision is based on adequate and appropriate information.
- patient should be given information as to **who** will access their information, for **what purpose** and what the **implications** of the utilization of such information will be.
- duty & responsibility of the **consulting practitioner**

WHAT IS CONTAINED IN INFORMED CONSENT FORM

- (a) **Patient's** name and address and the location or site of consultation;
- (b) **Consulting** practitioner's name, practice address, Tel and location;
- (c) **Servicing** practitioner's name, practice address Tel and location;
- (d) Brief **explanation of telemedicine**;
- (e) **Types of transmissions** consented to using telemedicine technologies (e.g. clinical tests, prescriptions, refills, appointment scheduling, patient education etc.).
- (f) Details of the **security measures** taken with the use of telemedicine technologies, such as encrypting data, password protected screen savers and data files, or the use of other reliable authentication techniques.
- (g) Any material **risks to confidentiality** arising from the use of telemedicine technologies that may influence the patient's decision to consent.

What is contained in informed consent form....

- (h) **Expected risks, possible benefits of and alternatives to telemedicine;**
- (i) **Agreement by the patient that the servicing practitioner will decide whether or not the condition being diagnosed or treated is appropriate for a telemedicine consultation.**
- (j) **The patient's agreement, after a full explanation was given, including the patient's express consent to the transmission of the patient's personal medical information to a consulting healthcare practitioner or other appropriate third parties.**
- (k) **The signature of patient, the patient's parent/guardian/caregiver - the relationship to the patient should be specified;**
- (l) **The signature of witness.**

A copy of the consent form should be kept with patient's records and a duplicate given to the patient.

In the case of **videoconference consultations**, the patient must be aware of the **presence of other people** on the other side, and that the patient's identity may be revealed to such people, and must consent to this.

PATIENT CONFIDENTIALITY

- Ensured from both the consulting and servicing practitioners' sites.
- Should follow **data protection legislation** (National Health Act) & HPCSA's ethical guidelines on patient confidentiality
- Registered practitioners responsibility to ensure that non-healthcare personnel do not violate patient confidentiality

CHARGING OF FEES

- Allowed
- Should charge fees according to acceptable schedule of fees.
- There should be separate fees for consultation and servicing.
- Over or under-servicing must be avoided

QUALITY, SECURITY AND SAFETY

- **QA:** equipment & accessories -meet the highest standards & fully operational – (information, records, images).
- **Security:** transmission & storage
 - *privacy* (who can access it),
 - *authenticity* (who sends the information)
 - *integrity* (has the information been altered during transmission through public networks).
- **Safety:** accidental damage

UNDERLYING PRINCIPLES

- Irrespective which *technology* used for delivery of healthcare services, healthcare practitioners still retain full responsibility for patient care.
- Use/applications varies for each health discipline – not “one size fits all approach”.
- Consider cost implications for patients
- Identify potential over/under servicing
- Ensure practitioner and patient independence

IMPACT OF THE PANDEMIC

- Traditional format of TELEMEDICINE, which underpinned HPCSA Guideline, did not form main mode of current service delivery needed
- Practitioners and patients affected by LOCKDOWN with mobility limited
- Need for telemedicine consultations in optometry/ophthalmology for safety reasons
- HPCSA guidelines had inherent limitations

26 MARCH 2020 AMENDMENTS

- the HPCSA published the Guidance on the Application of Telemedicine Guidelines During the Covid-19 Pandemic.

The following provisions in these guidelines were hereby amended

1. **Clause (b)** which stated that: “Telehealth is only permissible in circumstances where there is an already established practitioner patient relationship, except where Telepsychology and/or Telepsychiatry is involved, in which case telehealth is permissible even without an established practitioner-patient relationship”.

It is hereby amended as follows: Telehealth should **preferably** be practiced in circumstances where there is an already established practitioner-patient relationship, and **where such a relationship does not exist, practitioners may still consult using Telehealth provided such consultations are done in the best interest of patients.**

26 MARCH 2020 AMENDMENTS...

2. **Clause (c)** which stated that: “Practitioners may charge a fee for services rendered through a telehealth platform.” It is hereby amended as follows: Although practitioners may charge fees for consultations undertaken through Telehealth platforms, **the Council strongly cautions against practices that may amount to over-servicing, perverse incentives and supersession.**

Practitioners are reminded that the Ethical Rules of Conduct for Health Practitioners Registered under the Health Professions Act are still applicable during the practice of Telehealth; that these guidelines are **only applicable during the COVID-19 pandemic** and that the HPCSA shall, soon after the end of the pandemic, inform practitioners at to when the guidelines will cease to apply.

CURRENTLY

- Treatment by optometrists/ophthalmologist, including issuing a prescription based solely on an online questionnaire does not constitute an acceptable standard of care.
- Do as much as is safely possible online (note reliability and validity of online tests/health monitoring apps) + in-office examination
- Obtain proper informed consent from the patient for both the in-office procedures and the use of telemedicine technology during the pandemic.

UPCOMING WEBINARS:

6-PART KERATOCONUS SKILLS DEVELOPMENT PROGRAMME

PART I KERATOCONUS: DISEASE PROFILE AND EPIDEMIOLOGY

PART II DIAGNOSTIC APPLICATIONS IN KERATOCONUS

PART III CLINICAL CLASSIFICATION AND THERAPEUTIC OPTIONS 1:

a) Fitting Soft and Corneal RGP Contact Lenses

b) Fitting Hybrid & Scleral Contact Lenses

PART IV CLINICAL CLASSIFICATION AND THERAPEUTIC OPTIONS 2:

Intracorneal Rings & Corneal Cross Linking

PART V SURGERY FOR KERATOCONUS

Keratoplasty modalities, complications & co-mangement

DATES: 3RD FRIDAY OF EACH MONTH

Thank you!

