

**PATIENT, DOCTOR AND
TELEMEDICINE
SOME ETHICAL ISSUES**

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INTRODUCTION

- THANKS: DECU, ISRO, Dr. H Sudarshan
- RESULT: OF TWO STUDIES
- WHY SOCIOLOGISTS' INTEREST?
 - New medical technologies arouse different passions – of fear, trust, hope and despair among the users (i.e., patients)
 - A matter of significance for sociologists, especially those exploring to analyse “opportunities for and barriers to, intellectual growth in sociology and border disciplines” (Haritos and Konrad 1999: 529)

PARADIGM SHIFT IN HEALTH CARE DELIVERY?

Telemedicine and e-health will allow patients to personally manage their medical records and health needs. They will access the finest healthcare in the world just by traveling to a telemedicine-enabled clinic or health center in a nearby town or across the nation.

Coile Jr., and Bresco 1999: 44

A part-answer to the problem of **regional imbalance in provisioning of health facilities, imbalance in specialisations and the cost of medical care**

Field experience: Travel and Searching!

What is Telemedicine?

- A technology that enables ‘the transfer of electronic medical data (i.e. high resolution images, sounds, live video, and patient records) from one location to another.’ (Brown 1995)
- ***Telemedicine*** is the real-time or near-real-time two-way transfer of medical information between places of greater and lesser medical capability and expertise.
- Telemedicine Pilot Project, 2001

Telemedicine Vision

- Networks within each state in the country connecting the District hospitals.
- Networks within each district connecting the Primary Health Centres (PHC) at the block levels.
- Pools of specialty hospitals
- Network of medical education institutions for the purpose of CME, and
- Telemedicine call centres for use by common men and women for consultations with doctors and specialists of their choice elsewhere.
- Partnership between Private and Public Healthcare Institutions

Views of the Professionals at the 'Patient-End'

- Avoid faulty decision / diagnosis
- Make use of a specialty located at a distance
- Minimise the non-specialist from becoming an authority unto oneself
- Keep the doctors exposed to the rest of the medical world.
- *'We know many specialist doctors in AIIMS, for they visit Leh regularly for conducting medical camps. But once they get back, it is impossible to get them through telemedicine links'*

What is in Practice?

- Remote consultation, Second Opinion and CME.
- Relation between Referral and Specialist Hospitals:
 - Responding to the ‘Calls’ made.
 - Handholding vs. Random consultations
 - Institutionalisation of Telemedicine and Role of Professionals
- Predominantly ‘Off-line’ transfer of data
 - telemedicine equipment at a distance
 - transfer of data is too slow
 - Availability of specialists at the other end
 - doctor ‘posting’ for telemedicine calls – Yet to be institutionalised
 - Crucial role of ‘technical’ support personnel
- Without patient engaged in conversation / or being aware: language and knowledge

Ethics of Telemedicine

- Who 'owns' a prescription? Is there a 'follow-up'?
- Is its use same as 'efficacious therapeutic relationships?'
 - The 'cautioning' from elsewhere to the areas of need?
 - Patients as beneficiary of the new technology or 'data source' --> 'High tech' vs. 'High Touch'
 - 'patient marginalization'
 - the process leaving little room for patient self-expression.
 - patient's situated knowledge, along with his or her systems of meaning and ways of seeing – overlooked? Domination of medical discourses?
- Add to these the Indian Realities: Access, costs, availability, distance, etc.
 - Telemedicine in an 'Economy of Medicalisation'

Medical Ethics and the New Universe of Virtuality

- Codes of ethics geared to establishing norms of action: patient autonomy; confidentiality; consent; privacy and the independence of professional judgements.
- Are normative codes derived from fore-ordained rules and principles sufficient for the task of grappling with the multilayered complexity of ethical relations in the social milieu of telemedical encounters?
[Irvin 2005: 57]

Komesaroff [1995] on Ethical Codes:

- a set of generalized rules for all, losing sight of the singularity of the patient and the plurality of doctor–patient encounters?
- A top-down prescription than based on from Telemedicine experience from ‘Bottom-up’?
- One of the fundamental tasks of moral reasoning is to challenge exclusion so that ethical relationships can occur.

Towards a Conclusion

- Do we know enough?
- Changing 'Professional Ethics' and space for 'Telemedicine Ethics'
- Consent and Participation
- Killing a Solution because of the Problems?