Telemedicine prompts new ethical ground rules for physicians

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With the increasing use of telemedicine and telehealth technologies, delegates at the 2016 AMA Annual Meeting adopted new policy that outlines ethical ground rules for physicians using these technologies to treat patients.

The guidelines

The policy, based on a report from the AMA Council on Ethical and Judicial Affairs, notes that while physicians’ fundamental ethical responsibilities don’t change when providing telemedicine, new technology has given rise to the need for further guidance.

“Telehealth and telemedicine are another stage in the ongoing evolution of new models for the delivery of care and patient-physician interactions,” AMA Board Member Jack Resneck, MD, said in a news release. “The new AMA ethical guidance notes that while new technologies and new models of care will continue to emerge, physicians’ fundamental ethical responsibilities do not change.”

According to the new policy, any physician engaging in telemedicine must:

- Disclose any financial or other interests in particular telemedicine applications or services
- Protect patient privacy and confidentiality

The policy outlines guidelines for physicians who either respond to individual health queries electronically or provide clinical services through telemedicine. Broadly, some of these guidelines include:

- Informing patients about the limitations of the relationship and services provided
- Encouraging telemedicine patients who have a primary care physician to inform them about their online health consultation and ensure the information from the encounter can be accessed for future episodes of care

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Recognizing the limitations of technology and taking appropriate steps to overcome them, such as by having another health care professional at the patient’s location conduct an exam or obtaining vital information through remote technologies.

Ensuring patients have a basic understanding of how telemedicine technologies are used in their care, the limitations of the technologies and ways the information will be used after the patient encounter.

“Physicians who provide clinical services through telemedicine must recognize the limitation of the relevant technologies and take appropriate steps to overcome those limitations,” Dr. Resneck said. “What matters is that physicians have access to the relevant information they need to make well-grounded recommendations for each patient.”

The full report and guidelines will be published in a peer-reviewed journal in the coming months.

### Defining the patient-physician relationship in telemedicine

Physicians voted two years ago to adopt policy governing the appropriate use of telemedicine. Most importantly, a valid physician-patient relationship must exist before telemedicine services are provided. This relationship can be established in a few different ways:

- A face-to-face examination—an exam using two-way, real-time audio and visual capabilities, like a videoconference—if a face-to-face encounter would be required for the same service in person
- A consultation with another physician who has an ongoing relationship with the patient
- Meeting evidence-based telemedicine practice guidelines developed by major medical specialty societies for establishing a patient-physician relationship

Once that relationship is established, physicians can use telemedicine technologies with their patients at their discretion.

The AMA policy requires physicians who deliver telemedicine services to be licensed in the state where the patient receives services, and the delivery of care must be consistent with state’s scope-of-practice laws.

Patients seeking care via telemedicine must be able to choose their physician and be aware of their cost-sharing responsibilities. The physician must have the patient’s medical history as part of providing this care, which should be coordinated with physicians who already are treating the patient.

See answers to your questions on telemedicine at AMA Wire®.