

REPORT 1 OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS (1-A-16)  
Ethical Practice in Telemedicine  
(Reference Committee on Amendments to Constitution and Bylaws)

EXECUTIVE SUMMARY

Telehealth and telemedicine span a continuum of technologies that offer new ways to deliver care. Yet as in any mode of care, patients need to be able to trust that physicians will place patient welfare above other interests, provide competent care, provide the information patients need to make well-considered decisions about care, respect patient privacy and confidentiality, and take steps to ensure continuity of care. Although physicians' fundamental ethical responsibilities do not change, the continuum of possible patient-physician interactions in telehealth/telemedicine give rise to differing levels of accountability for physicians.

All physicians who participate in telehealth/telemedicine have an ethical responsibility to uphold fundamental fiduciary obligations and to protect privacy and confidentiality.

Physicians who respond to individual health queries or provide personalized health advice should also inform users about the limitations of the site and service and encourage those who have primary care physicians to inform their primary care physicians about the online consultation.

Physicians who provide clinical services through telehealth/telemedicine must uphold the standards of professionalism expected in in-person interactions. They should further be proficient in using relevant technologies, recognize and take steps to overcome the limitations of telehealth/telemedicine technologies, and tailor the process of informed consent to address the distinctive features of telehealth/telemedicine. Physicians should be prudent in carrying out diagnostic evaluations or prescribing medications, including establishing the patient's identity, confirming that telehealth/telemedicine services are appropriate for the patient, and evaluating the indication, appropriateness, and safety of medications in keeping with best practice. Physicians should also take steps to promote continuity of care for patients who receive care electronically.

Through their professional organizations and institutions, physicians should support ongoing refinement of technologies and the development of clinical standards for telehealth/telemedicine. Physicians collectively should advocate for access to telehealth/telemedicine services for all patients who could benefit from receiving care electronically. Professional organizations and institutions should monitor telehealth/telemedicine to identify and address adverse consequences as technologies evolve and identify and encourage dissemination of positive outcomes.

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS\*

CEJA Report 1-A-16

Subject: Ethical Practice in Telemedicine

Presented by: Stephen L. Brotherton, MD, Chair

Referred to: Reference Committee on Amendments to Constitution and Bylaws  
(Jan Kief, MD, Chair)

1 By AMA-HOD action, reports from the Council on Ethical and Judicial Affairs and the Council on  
2 Science and Public Health that are intended for publication are not posted on the AMA website,  
3 because reports cannot be submitted for publication in peer-reviewed journals if they are widely  
4 distributed prior to submission.

5  
6 Only the executive summary and the recommendations from this CEJA report, “Ethical Practice in  
7 Telemedicine,” appear online. The full text is available [here](#) (members only, login required), but it  
8 may not be further distributed.

9  
10 RECOMMENDATION

11  
12 In light of these considerations, the Council on Ethical and Judicial Affairs recommends that  
13 Opinions E-5.025, “Physician Advisory or Referral Services by Telecommunication,” and E-5.027,  
14 “Use of Health-Related Online Sites,” be amended by substitution as follows and the remainder of  
15 this report filed:

16  
17 Innovation in technology, including information technology, is redefining how people perceive  
18 time and distance. It is reshaping how individuals interact with and relate to others, including  
19 when, where, and how patients and physicians engage with one another.

20  
21 Telehealth and telemedicine span a continuum of technologies that offer new ways to deliver  
22 care. Yet as in any mode of care, patients need to be able to trust that physicians will place  
23 patient welfare above other interests, provide competent care, provide the information patients  
24 need to make well-considered decisions about care, respect patient privacy and confidentiality,  
25 and take steps to ensure continuity of care. Although physicians’ fundamental ethical  
26 responsibilities do not change, the continuum of possible patient-physician interactions in  
27 telehealth/telemedicine give rise to differing levels of accountability for physicians.

28  
29 All physicians who participate in telehealth/telemedicine have an ethical responsibility to  
30 uphold fundamental fiduciary obligations by disclosing any financial or other interests the  
31 physician has in the telehealth/telemedicine application or service and taking steps to manage  
32 or eliminate conflicts of interests. Whenever they provide health information, including health

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\* Reports of the Council on Ethical and Judicial Affairs are assigned to the Reference Committee on Amendments to Constitution and Bylaws. They may be adopted, not adopted, or referred. A report may not be amended, except to clarify the meaning of the report and only with the concurrence of the Council.

1 content for websites or mobile health applications, physicians must ensure that the information  
2 they provide or that is attributed to them is objective and accurate.

3  
4 Similarly, all physicians who participate in telehealth/telemedicine must assure themselves that  
5 telemedicine services have appropriate protocols to prevent unauthorized access and to protect  
6 the security and integrity of patient information at the patient end of the electronic encounter,  
7 during transmission, and among all health care professionals and other personnel who  
8 participate in the telehealth/telemedicine service consistent with their individual roles.

9  
10 Physicians who respond to individual health queries or provide personalized health advice  
11 electronically through a telehealth service in addition should:

- 12
- 13 (a) Inform users about the limitations of the relationship and services provided.
  - 14
  - 15 (b) Advise site users about how to arrange for needed care when follow-up care is indicated.
  - 16
  - 17 (c) Encourage users who have primary care physicians to inform their primary physicians  
18 about the online health consultation, even if in-person care is not immediately needed.  
19 Physicians who provide clinical services through telehealth/telemedicine must uphold the  
20 standards of professionalism expected in in-person interactions, follow appropriate ethical  
21 guidelines of relevant specialty societies and adhere to applicable law governing the practice  
22 of telemedicine. In the context of telehealth/telemedicine they further should:  
23
  - 24 (d) Be proficient in the use of the relevant technologies and comfortable interacting with  
25 patients and/or surrogates electronically.
  - 26
  - 27 (e) Recognize the limitations of the relevant technologies and take appropriate steps to  
28 overcome those limitations. Physicians must ensure that they have the information they  
29 need to make well-grounded clinical recommendations when they cannot personally  
30 conduct a physical examination, such as by having another health care professional at the  
31 patient's site conduct the exam or obtaining vital information through remote  
32 technologies.
  - 33
  - 34 (f) Be prudent in carrying out a diagnostic evaluation or prescribing medication by:  
35
    - 36 (i) establishing the patient's identity;
    - 37
    - 38 (ii) confirming that telehealth/telemedicine services are appropriate for that patient's  
39 individual situation and medical needs;
    - 40
    - 41 (iii) evaluating the indication, appropriateness and safety of any prescription in keeping  
42 with best practice guidelines and any formulary limitations that apply to the  
43 electronic interaction; and
    - 44
    - 45 (iv) documenting the clinical evaluation and prescription.  - 46
  - 47 (g) When the physician would otherwise be expected to obtain informed consent, tailor the  
48 informed consent process to provide information patients (or their surrogates) need about  
49 the distinctive features of telehealth/telemedicine, in addition to information about  
50 medical issues and treatment options. Patients and surrogates should have a basic  
51 understanding of how telemedicine technologies will be used in care, the limitations of

1 those technologies, the credentials of health care professionals involved, and what will be  
2 expected of patients for using these technologies.

- 3
- 4 (h) As in any patient-physician interaction, take steps to promote continuity of care, giving  
5 consideration to how information can be preserved and accessible for future episodes of  
6 care in keeping with patients' preferences (or the decisions of their surrogates) and how  
7 follow-up care can be provided when needed. Physicians should assure themselves how  
8 information will be conveyed to the patient's primary care physician when the patient  
9 has a primary care physician and to other physicians currently caring for the patient.

10  
11 Collectively, through their professional organizations and health care institutions, physicians  
12 should:

- 13
- 14 (i) Support ongoing refinement of telehealth/telemedicine technologies, and the  
15 development and implementation of clinical and technical standards to ensure the safety  
16 and quality of care.
- 17
- 18 (j) Advocate for policies and initiatives to promote access to telehealth/telemedicine  
19 services for all patients who could benefit from receiving care electronically.
- 20
- 21 (k) Routinely monitor the telehealth/telemedicine landscape to:
- 22
- 23 (i) identify and address adverse consequences as technologies and activities evolve; and  
24
- 25 (ii) identify and encourage dissemination of both positive and negative outcomes.

26  
27 (Modify HOD/CEJA Policy)

Fiscal Note: Less than \$500

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