COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS

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At the CPME Board Meeting in Prague on 14 March 2009, CPME adopted the following document "**CPME Statement on the Communication from the European Commission on telemedicine for the benefit of patients, healthcare systems and society" (CPME 2009/037 final EN/Fr)"** (referring to CPME 2009/037 EN/Fr)

CPME Statement on the Communication from the European Commission on telemedicine for the benefit of patients, healthcare systems and society

Telemedicine can make physical distance between patients and physicians less important. Telemedicine can therefore provide better access to health care to people in remote areas, implying that transports of patients can be reduced.

As pointed out by the Commission, telemonitoring, which is one form of telemedicine, can improve the quality of life of chronically ill patients and reduce hospital stays. Subsequently, this will not only be to the advantage of patients, but also advantageous for relatives and the health care sector in general.

CPME points out that regarding the three announced aspects in the Communication (Building confidence in and acceptance of telemedicine services, bringing legal clarity, solving technical issues and facilitating marketing developments) the Member States themselves are in charge of finding solutions because of the principle of subsidiary. Only the Member States can consider and evaluate the regional distinctions of their own health care systems.

It is, however, imperative that telemedicine solutions and concepts are developed to the benefit of patients as well as to the benefit of the medical profession. That implies the development of timely work-flow efficient solutions and concepts to improve the results of treatment and care as well as the involvement of physicians in the development of these solutions.

Ad 2.1.Telemonitoring: a major opportunity for chronic disease management

One application field of telemedicine is telemonitoring for chronic disease management. Whenever medically indicated and necessary medical data transmitted via telemonitoring must be checked by a physician, who needs to be adequately remunerated for his services. This physician must also be independent from the respective telemonitoring provider. Furthermore, the patient as well as the physician must have the right to cancel their contracts with the telemonitoring provider within reasonable timeframes. The physician's independence must be ensured at all times.

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On the other hand, monitoring can also imply that the patient is monitored by relatives or care personnel, for example parents monitoring the blood sugar level of their diabetic child via automatic text messages or children of elderly monitoring their parents with chronic diseases. Therefore, it needs to be discussed which consequences such monitoring might have for the relationships between those involved in the process.

The 13 year old child might easily get the impression that the parents control him or her. The elderly might experience the same feeling, if their medication is electronically controlled by their children or health personnel.

A general discussion needs to be held on whether transmitting health information via text messages can have any implications on confidentiality.

Lastly, it is of utmost importance that technical transmittance of medical data is provided continuously and error-free. The transmission of data must be secure and quality assured, as errors in transmittance of data such as interruptions of transmittance or the transmittance of false or incorrect health parameters cannot only be detrimental to the patient's health but ultimately also have fatal consequences.

Ad 3.1.Building confidence in and acceptance of telemedicine services

We very much welcome the explicit reference by the European Commission to continue European collaboration between health professionals and patients in key areas regarding the application of telemedicine. We also very much agree when the European Commission points out that for both health professionals and patients, adequate needs assessment and training actions will play an important role in ensuring that the necessary skills and familiarity with the tools are present.

As pointed out rightly, telemedicine will definitely change and affect the patient doctor relationship, which is the core element in medicine. The use of telemedicine must not adversely affect the individual patient-doctor relationship, which as in all fields of medicine, must be based on mutual respect, the independence of judgement of the doctor, autonomy of the patient and professional confidentiality.[1] It is essential the doctor and the patient can reliably identify each other in a telemedicine consultation.[2] When a direct telemedicine consultation is sought by the patient, it should normally only take place when the doctor has an existing professional relationship with the patient, or has an adequate knowledge of the presenting problem, such that the doctor will be able to exercise proper and justifiable clinical judgement. [3]

European physicians will gladly give their views on all aspects related to telemedicine, especially to ethical and privacy related ones, and work on European-wide guidelines

[1] CP 97/033 Ethical guidelines in telemedicine
[2] CP 97/033 Ethical guidelines in telemedicine
[3] CP 97/033 Ethical guidelines in telemedicine

to address these issues. The professional background and practical experience that physicians can contribute is vital to the development of telemedicine, its implementation and use.

As pointed out by the European Commission, privacy and security related aspects are major components of building trust and confidence in telemedicine systems.

Since telemedicine can pose a risk to data protection rights, all possible measures must be taken to ensure data privacy. Confidentiality of patient data is crucial for physicians and other health care providers in order to conduct their work in accordance with the requirements of professional responsibility and diligent care. When using electronic media, there is always a risk that information goes astray. The patient must be sure that data obtained through telemedicine are securely transmitted between the health institutions and only visible to and shared with those who need the information.

Already when developing telemedicine applications, the guidelines for data protection and data security as pointed out by the Article 29 Working Party[4] need to be adhered to.

CPME also welcomes the acknowledgment by the European Commission of missing scientific evidence of effectiveness and cost-efficiency in a large setting and the need for further and consistent assessment of the impact of telemedicine services, including effectiveness and cost-efficiency.

Ad 3.2. Legal clarity

CPME is looking forward to the publication of the analysis of the Community legal framework applicable to telemedicine services. This will allow having a detailed overview of legislation in Europe in this field, which is a pre-requisite for further actions to be taken in the field of interoperability.

However, the question which needs to be clarified is who is responsible if something goes wrong. If a patient is referred to a specialist, the specialist can examine the patient. But if an image, for example, is transmitted to a dermatologist, the specialist will not be able to see the whole patient, only what the image shows. If this takes place within a country, national law will probably regulate it. However, if the service is provided by a physician in another country, who is responsible?

Therefore, an intensive discussion of the medico-legal aspects of telemedicine is needed, especially when it comes to cross-border provision of telemedicine services.

[4] In its Working Document on the processing of personal data relating to health in electronic health care records (EHR), 15 February 2007, WP 131

Conclusion

Telemedicine can be used in very many different aspects of health care in the future. These range from individual surveillance of patients like chronic disease management to international control of changes in disease patterns due to climate changes.

As pointed out before, telemedicine can also provide better access to health care to people in remote areas. However, one aspect we must not leave out in this respect is that telemedicine might also enhance inequity in health care. Well educated and resourceful people will probably be among the first to accept this new technology. It is the task of health authorities and governments to ensure that new technology, which enables better access to health care, must be available to all, irrespective of their social or economic background. Furthermore, it is also the task of governments to find ways to contain the rising costs of providing health care and to find affordable ways to provide a reasonable level of care.

The development of telemedicine will most likely continue to be technological and market driven. Health care for the ageing population and self-management of chronic diseases will in the near future become a huge market for health care delivery. Therefore it is important to point out that the development of telemedicine should not be driven mainly by the industry.

Hence, physicians must have a central role in this development to ensure that telemedicine is developed in the best interest of the patient. Using telemedicine should never spoil good patient-doctor relationship. Physicians engaged in telemedicine must strictly observe the confidentiality of medical data of their patients. These are essential prerequisites in order to ensure that patients get the best possible health care and that the medical profession and science develops in a direction which supports this goal.