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A new CPME policy on telemedicine

On 20 March, CPME adopted a **policy on telemedicine**.

“During the COVID-19 pandemic, telemedicine was key in continuing patient care, for example by home-monitoring, teletriage and remote consultations. However, while we encourage the use of telemedicine as an additional tool to the medical profession, we consider face-to-face consultations as the gold standard” says CPME Vice-President, Dr Raymond Walley.

European doctors observe that telemedicine should not be influenced by commercial factors nor used as a cost-saving measure to justify the closure of healthcare facilities, especially in less populated or under-served areas. Its implementation should be dependent on defined use-cases and evidence-based medicine principles, and the technology validated.

On patient confidentiality and secure communication systems, European doctors call for the implementation of clear rules by data protection and/or health regulatory authorities.

Furthermore, as telemedicine is not without risks, it is important that concerns related to inappropriate prescribing of antibiotics and other medicines, unsatisfactory approaches to safeguarding children and those who may not have the mental capacity to understand or consent to a consultation, are addressed.

“It is clear that, when using telemedicine, we need to preserve patients’ equitable access to care. Therefore we urge governments to invest in telemedicine infrastructures to reduce the digital divide. Moreover, telemedicine services should be appropriately reimbursed as part of a health services catalogue.”, concludes CPME President Prof. Dr Frank Ulrich Montgomery.

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The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession’s point of view to EU institutions and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

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