

## Letter to the Editor

# The Indian telemedicine challenge: in current evolving pandemic

Sir,

The unparalleled Coronavirus disease 2019 (COVID-19) outbreak has ushered a radical change in the conventional healthcare industry in India. The unprecedented lockdown and the ongoing COVID crisis has reincarnated telemedicine practice for the unforeseeable future. The Indian government was quick to realise it and laid guidelines for its practice across video, audio, or text.<sup>1</sup> The teleconsultation is basically doctor-patient interaction bridged by information technology over an online platform to receive essential health-care services.<sup>2</sup> All doctor-patient relationships thrive on mutual trust which is hardly established over first time virtual consultation considering the emotions of the majority of Indian population and its inertia to change.<sup>3</sup> The medical fraternity though initially uncomfortable with these changes are slowly adapting to this new reality over the last one and half years. The recent guidelines, 2020 have bestowed full onus on the doctor as to decide whether tele-consultation is sufficient or is in-patient evaluation required based on patient complexities. But if any untoward event, delay to urgent care or malpractice happens out of this, will the doctor be held responsible and if yes, is it going to be covered under medical indemnity?<sup>1,3</sup> Moreover, telemedicine platform being a mix of medical sciences and information technology is governed by laws of both making it complicated, with a steep learning curve for all concerned. Besides the right to privacy is fundamental in medical ethics and stands undebated in telemedicine too.<sup>1,4</sup> The responsibility of harbouring and protecting the information rests primarily on the doctor. But there is till date no regulatory body that authorises the tech platforms with specific legislations and regulations making seepage of sensitive and personal data and information (SPDI) a certain possibility.<sup>5,6</sup> In the western world any platform that deals with protected health information (PHI) must be Health Insurance Portability and Accountability Act (HIPAA) compliant ensuring data security, unlike India.<sup>7,8</sup> The more telemedicine gains traction and computerised operations are being used to keep tag of digital health records, radiology, pharmacy and laboratory systems, security concerns will proportionately increase.<sup>8</sup> Additionally, the technology platforms have been given the rights to analyse the credibility of the doctors and regulate consultation fees with no government monitoring inviting probable disastrous consequences.<sup>1</sup> They at times act as middlemen between the doctor, pharmacies, laboratories and patients serving their own vested interests. They often advertise promotional offers to lure in patients flouting all moral ethics for business/to increase their market share. Additionally their terms and conditions and

grievance section are framed mostly in a way that the doctor eventually becomes the scapegoat in any untoward development. Apprehending these potential loopholes, the U.S.A has passed The Health Information Technology for Economic and Clinical Health (HITECH) Act (2009) to maintain vigilance over ePHI security, offsite backup in IT failure, methods of data storage and transfer as per HIPAA standards and to penalise in case of defaulters.<sup>9</sup> On the other hand currently there is no formalised policy for insurance reimbursement like most developed nations.<sup>2</sup> The current pandemic push has bolstered the telemedicine growth and the market share is expected to cross \$5.5 billion by 2025 in India.<sup>10</sup> But for successful integration of telemedicine with normal practice in future one needs to define and compartmentalise the role of doctors and tech platforms with comprehensive legislations so that medical decisions are taken not based on personal interests but for optimal patient care. Otherwise in the quest for a new avatar in Indian healthcare system we might just end up creating another Frankenstein's monster.

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