




## LETTER TO THE EDITOR

# Ethical view of telemedicine practices

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## To the Editor

Telemedicine—the utilization of clinical data and innovation to progress distanced clinical care can change the patient-centered approach. Telemedicine can coordinate distance monitoring and diagnostic instruments with computerized cooperation and suggestions to better interact with patients when they are not in a hospital. Despite these preferences, there is still some doubt as to how telemedicine applications may affect care. Guaranteeing that telemedicine is ethically admissible requires projection and consideration of four potential issues: the disruption of the patient-physician relationship, jeopardizing patient privacy, impelling one-size-fits-all applications, and the impulse to expect that innovation should be efficient [1].

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### ***The Patient-Physician Relationship***

One of the sound premises of the physician-patient relationship is the remedial value of an in-person clinic experience. This is contemplated in doctors' attention on an in-depth history and physical just as in the contemporary account models. We are educated as doctors about the significance of the patient-physician relationship as the foundation of encouraging shared trust and empathy. This notion is likewise reflected by guidelines. Moreover, as society turns out to be more accustomed to electronic communication, our clinical practices can advance, as well. It is essential to address and resolve issues about the loss of the patient-physician relationship so they don't impede modalities that can improve access to or the quality of care [2].

### ***Threats to Patient Privacy***

The privacy concern is rightful. Patients may not know who will interact and share their clinical data precisely. That data is accessible on various devices and PCs, expanding the potential for security gaps, which may sabotage patients' acknowledgment of telemedicine. The asynchronous communication also brings along an ambiguity about who specifically will interact, which may raise further protection concerns. Fundamentally, a powerful protection and security plan is utilized with any new telemedicine program and be informed to patients to earn the patient's trust [3].

### ***One Size may not Fit All***

Another significant issue for telemedicine is ensuring we don't impel similar "remedies" on patients with different clinical conditions, requirements, and tendencies. Patients vary significantly in their selection of new devices and programs. Text messages may function remarkably for one patient yet not another. A few patients may incline towards a patient portal to a visit, while others may not have a PC to access them [2]. These distinctions in access to innovation may increase the existing medical services access and equality issues associated with demographic and socioeconomic status. Patient-centered innovation isn't one-size-fits-all [4].

### ***New is not Automatically Better***

The fourth issue is how telemedicine may affect the quality of care and whether its utilization will have unintended outcomes [3]. As with any new medication or device, telemedicine should be assessed for how successfully it functions, and whether it creates any

negative experiences, however, the assessment does not have to be a large randomized controlled trial. It is substantial for the clinical profession to apply its evidence-based ethos to telemedicine as opposed to accepting that innovation is better—to adjust the excitement about telemedicine's potential with consideration of the requirement for an unbiased assessment [2].

### **Conclusion**

We should consider similar ethical issues with telemedicine as we have consistently done in caring for our patients. If the preserve a sound patient-physician relationship, patient privacy, promote equality in access and treatment and seek the optimal results, telemedicine can improve clinical practice and patient care in manners that are comfortable with our teaching and ethical values.

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