

# Review of: "Treading the Thin Line Between Health Ethics and Patient Care in the Application of Telemedicine: The Case of Sound Ethical Guidelines in Telemedicine in Sub-Saharan Africa"

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**Potential competing interests:** In collaboration with NetProphets Cyberworks Pvt Ltd, Noida, India, I develop smartphone applications for epilepsy in low-resource settings.

I think that this is an excellent, well-argued, and comprehensible review of what is always a difficult subject, and one which invariably stimulates discussion. Here are a number of comments:

1. The health inequalities which the authors mention could be regarded as a failure of traditional face-to-face medicine (FF). Adding telemedicine (TM) can surely improve this.
2. There are essentially only two reasons for doing TM<sup>1</sup>: first, if there is no other option, and second, because it may offer higher quality care than FF. What are the ethics of not offering TM to someone who would benefit from it? By depriving a patient of beneficence, this is surely unethical. This is a point seldom discussed.
3. A data breach from electronically-stored patient information may apply to FF medicine as well, if there is an electronic medical record. As there is, for example, in Rwanda. Conversely, a telephone consultation (TM) may be recorded on paper-based records and not have any electronic footprint<sup>2</sup>.
4. There is probably no system of electronic storage which is 100% resistant to hacking. If there is a data breach, it seems unreasonable to hold the referring health care worker (HCW) responsible, as the authors seem to imply.
5. Equity for rural dwellers is far more likely to be achieved by TM than FF, since most specialists live in the cities, and many patients cannot afford the time and expense of getting to see them FF. Similarly, FF private practice would seem to be contrary to the justice construct, since it discriminates against people on economic grounds.
6. The authors are well placed to draw up some regulatory guidelines on this issue. I suggest that these should include both FF and TM in their scope. But as well as treading the thin line, they should use a light touch, since over-zealous regulation, by putting HCWs off using TM, may itself be unethical.

## References

1. Craig J, Patterson V. Introduction to the practice of telemedicine. *J Telemed Telecare*. 2005;11(1):3-9. doi: 10.1177/1357633X0501100102. PMID: 15829036.
2. Bahrani K, Singh MB, Bhatia R, Prasad K, Vibha D, Shukla G, Vishnubhatla S, Patterson V. Telephonic review for outpatients with epilepsy-A prospective randomized, parallel group study. *Seizure*. 2017 Dec;53:55-61. doi: 10.1016/j.seizure.2017.11.003. Epub 2017 Nov 7. PMID: 29127858.

