

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: No potential competing interests to declare.

Thank you for this paper on this important topic. It highlights the need for maintaining the principles of health ethics within the context of TM and the special challenges in the context of TM. Suggestions to improve the article are below:

- 1. Introduction: The introduction largely talks about the benefits of TM for SSA, with only one sentence at the end of the introduction on the main topic "However, there is a need to tread carefully...... in all its applications." The bulk of the introduction should focus on the main topic of the paper on Health Ethics in the context of TM. Suggest at least 2-3 paragraphs in the introduction be on the main topic in the title.
- 2. The current state of TM in SSA: "...compared to 1:300 in a high-income country" to which country are you referring specifically? Or is this an average number across all high-income countries please specify.
- 3. Current state of TM in SSA: The article notes the low patient:provider ratio in SSA as a need for TM, but this is also a significant barrier to TM adoption, as the existing providers are already overburdened with face-to-face care duties, and when they also have to perform virtual care duties, this could result in shorter consult times and declining patient care, a major ethical issue. The article is silent on this issue, and it's one well worth considering.
- 4. Additional ethical concerns in the context of TM not highlighted by the article which I would recommend considering to include in the article are:
 - (1) cross-border TM where care may be provided by healthcare providers that are not credentialed in the same country; as well as the concerns of patient data sharing outside the country.
 - (2) Misdiagnosis-related harm
 - (3) Over-referrals or under-referrals
 - (4) Liability and responsibility for poor patient outcomes