

# ARCHIVED: WMA STATEMENT ON HOME MEDICAL MONITORING, "TELE-MEDICINE" AND MEDICAL ETHICS

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Modern medical technologies and therapies have led to the treatment and control (but not cure) of many potentially fatal illnesses. Such medical successes worldwide have, in turn, led to a rapidly growing population of chronically ill and disabled people of all ages. The problem facing the world health care community is how to best care for his chronically ill and disabled population (including the need to develop new technologies and social/medical organizations).

The goal of medical care in these cases is to control the disease processes and to help the patients maintain their independence and maximum level of function within their own homes and communities.

The scope of medical care includes not only diagnosis and medical treatment but also patient education in self-care and prolonged medical monitoring and supervision.

Patients must learn to perform a wide variety of medical tasks that have only been performed by trained medical personnel in the past. Such tasks can range from that of a diabetic patient who checks his/her blood glucose level 2-4 times a day and adjusts the insulin dose appropriately, to the patient with a pacemaker who learns to use the equipment to send a electrocardiographic rhythm strip over the telephone lines to the local physician's office or to a distant monitoring center.

Telecommunication technology has made possible new ways for physicians to collect information and manage the medical needs of their patients from a distance. A wide range of medical information can now be transmitted via telephone including electrocardiograms, encephalograms, x-rays, photographs and medical documents of all kinds. Such information can be collected and sent from a patient's home or physician's office to a major medical center for interpretation and advice on treatment. The rapid exchange of medical information enables the patient to remain in his/her own home and community and receive the most comprehensive and up-to-date medical care.

The World Medical Association recognizes that "tele-medicine" will undoubtedly play an increasingly important role in the practice of medicine in the future.

Developing tele-surveillance systems need to address the following issues:

- A central station needs to be able to receive and respond to calls coming from different bio-televigilance systems.
- There is a need for an interactive system, such as an "interphone system" which allows for dialogue and intervention.
- The tele-medicine network must establish a medical link from the patient's home to the most sophisticated medical center. Implementation of tele-surveillance systems includes:
  1. The utilization of communications systems (telephone, television, satellites) for visual consultation and cooperation between doctors at a distance, and for connecting facilities in high quality medical establishments to:
    - a. modest medical centers
    - b. private homes
    - c. convalescent clinics
    - d. in those areas that are geographically isolated and distant, or that are not readily accessible in case of an emergency.
  2. Transmission of documents: electrocardiographs, encephalograms, photographs, radiographies, scanners, biological analysis, echograms, magnetic resonance imaging, and a history of the patient, etc.
    - description of symptoms

- therapeutic and medico-surgical advice

3. Assistance to homecare (tele-vigilance network): control in cardiology, obstetrics, renal dialysis, respiratory problems, serious physical disorders, etc.

The World Medical Association recognizes that in addition to the technological difficulties involved in developing and implementing tele-medicine systems, there are many ethical and legal issues raised by these new practices. Therefore, the World Medical Association recommends that physicians utilize the following guidelines as key elements in establishing an effective "tele-medicine" network/system.

1. The physician must determine that the patient or family are competent and well-informed before initiating a tele-medicine system. Those systems that rely on the patient or the family to collect and send the data will not be effective if patients do not understand the significance of the tests and the importance of completing them. Patient compliance psychologically as well as physically is essential.
2. There must be close collaboration and trust between the patient and the physician who is responsible for his/her medical care. The organizations providing "tele-medicine" services should respect the right of the patient to choose his/her personal doctor.
3. Close collaboration between the patient's personal physician and the staff at the "tele-medicine" center is essential to ensure humane, individualized, quality care.
4. Confidentiality of all patients records must be ensured. There must be strict control of access to records, technological safeguards and heavy legal penalties for infringement.
5. Control of the quality of the equipment used and the information sent is essential to ensure adequacy of care. Strict monitoring systems for calibration and maintenance of equipment are necessary for patient safety.