

The Concept of Telemedicine during Covid-19 Pandemic

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Abstract

While the outbreak of the pandemic has adversely impacted the health rights of the people in the world at large, this research seeks to focus on an involvement a comprehensive and comparative analysis of the legal and ethical framework of the TELEMEDICINE - for safeguarding patient rights vis-à-vis the COVID-19 Pandemic. The aim of suggesting an ideal framework to safeguard patient rights especially in the context of a pandemic will be also proposed. While limitations of patient rights are justifiable to an extent and essential in public health exigencies, it is equally important that patient rights be respected in order to preserve citizens' confidence in the electronic healthcare system.

Keywords: Telemedicine; Telehealth; Covid-19; legal framework; health law; pandemic.

1. The Concept of Telemedicine

The Covid-19 pandemic witnessed governments and healthcare institutions adopting restrictive measures in terms of movement, activity and social isolation. During the pandemic, the medical community endeavoured to battle the COVID-19 pandemic but the nationwide lockdowns exacerbated the struggles of realisation of healthcare for all without discrimination and limited the scope of patient rights.

With Public Health interests being prioritised during the pandemic, the issues that patients seeking healthcare faced were accentuated and patient rights were seriously compromised in all nations. While limitations of patient rights are justifiable to an extent and essential in public health exigencies, it is equally important that patient rights be respected in order to preserve citizens' confidence in the healthcare system.

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This study is essential to combat the threat, the world needs to move in global solidarity and adapt shared responsibility for public health. Collaboration on an international level to ensure access to basic amenities is imperative to human rights protection. This would help curate a refund and balanced approach to safeguard patient rights that are proportional to the public health emergency in place while preserving trust of citizens in the healthcare system.

The research will encompass a doctrinal method for discussing the existing laws, regulations and ethical codes relevant, its development and application. An analytical, descriptive and a qualitative research method would be adopted alongside a comparative method to analyse the various global systems.

The comparative method can help identify the approaches that each of the above countries have adopted to address and safeguard patient rights to a common problem, i.e. the Covid-19 pandemic.

Telemedicine primarily involves the use of technology to provide health services. There are various ways technology is used to deliver healthcare services, including audio and video applications [1].

2. Telemedicine Change

The Covid-19 Pandemic has previously eroded the fundamental right to health and patient rights. The structural imbalances and lack of effective redressal and grievance mechanisms at national levels around the world.

The pandemic caused significant changes in healthcare systems. More specifically, the virus changed the delivery methods of healthcare, mostly operation principle to limit the spread of Covid-19. According to [1], telemedicine's prevalence increased due to the stringent lockdown measures. The study focused on virtual visits among patients with chronic conditions. In their findings [1] speculated a high likelihood of the tendencies to use virtual visits post-pandemic.

Another significant change that happened during the pandemic was the decision of the Centre for Medicare & Medicaid Services (CMS) to initiate the same pay rate for physicians attending to their patients via Telehealth and in-person [2]. Even more importantly, this decision applied across the entire public health sector and was not limited to patients suffering from Covid-19 only. Also, the physicians were allowed to waive costs for patients who used telehealth [2]. Previously, telemedicine might have seemed inconvenient for both doctors and patients because of being accustomed to traditional in-person doctor-patient interaction. Consequently, pre-pandemic telemedicine was a turd bit expensive, all factors considered [3]. Patient Rights are a sub-species of this vital right to health and are generally addressed and protected by comprehensive national laws, charters, regulations and ethics. However, the realisation of patient rights remains a distant dream with patients and citizens experiencing friction with their healthcare systems, particularly in the context of their healthcare institutions.

During the pandemic, physicians holding licenses from specific states were allowed to attend to patients in different states/districts even countries. The change contributes significantly to the surge in telemedicine users because now patients are no longer restricted from accessing their doctors by their graphical location. Moreover,

some patients had to move out of state to be with their families during the lockdown period.

3. Advantages of Telemedicine

Telemedicine illustrated significant potential as a major part of the solution for reaching patients in remote areas. According to [4], more than 85% of people in rural locations had internet access, and approximately 71% owned a smartphone. Therefore, telemedicine can significantly assist patients who do not have sufficient access to care. Moreover, telemedicine substantially reduces the travel burden and costs [5]. Therefore, telemedicine shows greater promise in health by reaching people in rural areas.

Remote caregiving can significantly enhance safety at hospitals [6]. Moreover, when attending to patients physically, the spread of infectious diseases is immensely enhanced. Reference [15] indicated that telemedicine would greatly reduce the risk of exposure from quarantined patients. Consequently, telemedicine is a handy tool for reducing the spread of diseases and mitigating risk exposure.

According to [7] telemedicine significantly enhances the medical monitoring of patients with chronic health conditions. Monitoring can be done through electronic wearables, video and phone calls. Cardiac implanted devices can also be used [8]. Therefore, during and after the pandemic, telemedicine indicates significant positive potential.

Further, telemedicine is extremely beneficial because it helps save the time of numerous patients. According to [9], patients can save time immensely because they do not have to travel to see their physicians. A recent study by [10] found telemedicine was highly beneficial in time management and savings for both the patient and the health practitioners. Evidently, people's lives are becoming more complicated and busy each day; telemedicine promises to alleviate such complexity issues with medical consultation.

Also, telemedicine can be very vital in enhancing case handling and learning skill among physicians. Reference [11] adduced telemedicine as a viable platform where healthcare workers can communicate to share case handling strategies and learn new developments in medicine. Moreover, telemedicine offers a better, more efficient, and safe platform for sharing information globally [12]. Unlike regular information-sharing systems like social media, telemedicine employ sophisticated algorithms and software because it involves transmitting and storing very sensitive information [13]. Consequently, Telehealth could be improved to assist caregivers to share more information and learning new developments easily.

4. Demerits of Telemedicine

Although telemedicine was very useful in delivering care to patients during the pandemic, it was significantly insufficient in attending to patients who needed emergency-room services. Similarly, some other forms of medical care necessitate the patients to visit their physicians in person. [16] indicated that it was important for the patients to visit their doctors for blood tests and other forms of physical diagnosis. Therefore, in that respect, telemedicine portrays insufficiency as a future mode of accessing treatment.

Data accuracy and misdiagnosis still plague telemedicine. Agreeably, the internet bandwidth and strength play an integral role in telemedicine. Therefore, a glitch in the Telehealth platform could potentially cause misdiagnosis and transmission of inaccurate data. From the analysis of [12], such technical issues can cause doctors to prescribe useless or fatal medications. Therefore, this could be potentially harmful to patients unless significant improvements are made to systems like the digital and imaging and communication formats.

Telemedicine raises some controversy on the ability of physicians to act in their capacity. For example, can telemedicine be used to declare the death of a patient? In most hospitals, the attending doctor is responsible for the death declaration of the patient. However, in the environment and circumstances surrounding telemedicine, ascertaining the patient's death and time becomes extremely arduous. Reference [17] interpreted that according to the law of Virginia, doctors could technically declare death via telemedicine. However, this only holds for specific states within the US. But after the advancement of Telehealth, licensed physicians are allowed to attend to their patients regardless of their address. Therefore, this vaguely interprets that doctors are technically allowed to declare death via Telehealth platforms.

Similarly, there is a controversy over whether doctors can prescribe controlled substances via Telehealth. Various laws govern the prescription of controlled substances [14]. Under the Ryan Haight Online Pharmacy Consumer Protection Act, it is prohibited to dispense controlled drugs through the internet - Diversion Control Division 2022. However, under the stipulated regulations, Reference [12] adduce that it would not be illegal to meet patients' needs of controlled prescription via Telehealth.

5. Conclusion

The ground reality in all nations was that patients have been denied admittance without a Covid-19 exam, slammed with inflated costs, forced to go from pillar to post looking for beds, refusal of treatment to cancer patients or in need of dialysis. Healthcare institutions have refused entry to those in need of emergency care, and have discriminated against patients without COVID-19. This has been a blatant violation of patient rights character and laws as well as their fundamental right to healthcare.

Patients being refused emergency treatment for health conditions other than COVID-19, denial of periodical check-ups for patients suffering from comorbidities, disparities in insurance coverage, violation of information privacy, and above all, the patient's right to consent - all of which suffered a blow, therefore admittedly numerous changes occurred in telemedicine during the pandemic's peak, most of which remained.

Telemedicine became highly prevalent, and several policies regarding its use were adjusted. For instance, physicians were allowed to attend to their patients in states where they were not registered. Notably, telemedicine assists reach patients in remote locations and save numerous resources and expenses this significantly impacts time-saving, information sharing, and enhanced patient monitoring. Nevertheless, Telehealth cannot assist patients in accessing essential services that need in-person assessment. Additionally, there are some controversial issues regarding the potential of doctors' capacities when caring for patients via telemedicine. Therefore, further studies evolution on international level are recommended, so better mechanism be developed to address the bar-

riers to remote medicine.

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