

**PWG\_09\_65\_P\_ PWG Statement on Telemedicine and  
Teleradiology\_2009Oct**

<b>Author</b>	<b>PWG</b>
<b>Type</b>	<b>Policies and Recommendations</b>
<b>Date</b>	<b>2009Oct14</b>
<b>Comments</b>	

# PWG Statement on Telemedicine and Teleradiology

## The Issue

Telemedicine and teleradiology are becoming increasingly important in daily medical practice. This changes the way how patient care and postgraduate medical education are accomplished.

Clinical teleconsultations do not involve any patient contact at the reporting site, and the requester's function is reduced to communicating the patient's condition and executing remote suggestions rather than making active decisions in patient care. At the same time, telemedicine also alter physician-to-physician-contact as discussions of complicated cases (which in daily practice often occur during informal corridor encounters) are no longer possible.

Anyway, telemedicine can increase the quality of medical care as it offers access to remote sites with particular competences which may not be found elsewhere. On the other hand, a remote physician might simply offer to do the work at lower costs. This tendency to misuse telemedicine as a cost-cutting measure is particularly obvious in Radiology, where several projects aim to set up an e-bay-like electronic marketplaces for the interpretation of radiologic exams.

## Current Status and Legal Situation

Among the different European countries, the way and the extent to which telemedicine is practised highly varies. The legal regulations under which telemedicine takes place are very heterogeneous as well.

So far, there has been no regulation at an European level. However, this is just about to change through the European Health Service Directive.

The Health Services Directive aim is to optimize legal certainty regarding cross border healthcare under Community Law and to support the cooperation between the health systems of the Member States. The Directive will in the near future become national law in the EU member states.

Until recently the Directive was only a proposal which was open to amendments by the public and lobby groups. Due to the importance of this issue for the future of Radiology, the UEMS Section of Radiology used these options to influence the legislation process. At present, the Directive proposal including the amendments proposed by the UEMS Section of Radiology are voted upon in the respective European bodies.

The implications towards postgraduate education have so far been only poorly discussed, and only few amendments have been referring to the needs of training programs.

## **Implications Towards Postgraduate Education**

- Telemedicine may lead to the deskilling of clinical teachers through a lack of cases on the referring site. There will be less and less hospitals completely covering all aspects of a given speciality, and the reporting sites will become more and more specialized.
- On the referring site, residents will lack proper educational exposure to the services outsourced due to the lack of cases and teachers. This can only be overcome by temporarily rotating to other (reporting) hospitals.
- Residents are usually put into calls as soon as they are just able to handle the routine cases at their local hospitals. On the reporting site, taking care of telemedicine means an increase of workload while at the same time telemedicine cases are usually more sophisticated (specialist level).
- Residents are left unclear towards their personal legal responsibilities when participating in telemedicine. In some countries, telemedicine is not even considered a medical act.
- Significant parts of a resident's learning experiences are derived from informal feedbacks from clinical teachers and colleagues during coincidental corridor encounters. This type of communication is lacking in telemedicine.
- Experiencing a case completely from the beginning to the end is most important in clinical education. This means seeing and examining the patients from the outside, looking at the inside with appropriate imaging methods and lab tests, weighing all information, and following the resulting clinical course. In telemedicine, cases will be "fractured", as will be the learning experience.
- The perhaps most important aspect of postgraduate training is to acquire social skills in personal patient contact, which as a matter of fact does not occur in telemedicine.

## PWG Position towards Telemedicine and Teleradiology

- Telemedicine must be developed to the best interest of patients. All developments which do not serve patients do not serve medicine.
- Telemedical services should be regarded as conventional health services, so all the regulations and standards that apply to health services (medical law, hospital law, *lege artis medicinae*, etc.) should also apply to telemedical services.
- Telemedicine cannot and must not replace personal contact between doctor and patient, but simply improve and supplement it. Telemedicine also has limits, both medically and as regards communication.
- Before starting telemedicine applications it should be also made clear who is responsible for the costs associated with telemedicine (purchase, management, servicing, maintenance, new investment). Doctors should be told beforehand who bears these costs, so that they can make the corresponding investments. Telemedicine should not be considered merely in terms of the development of e-commerce, as it remains a fully-fledged medical act.
- All the legal issues connected with telemedicine (professional obligations, *lege artis medicinae*, data protection, data security, data overload, compensation and liability, etc.) must first be clarified.
- Adequate postgraduate education is an important prerequisite for high-quality patient care. Thus, telemedicine should not be to the detriment of training, instead it should *benefit* education. Appropriate possibilities are still to be explored.
- On the referring site, hospitals which outsource clinical works to remote site must be responsible to give their residents the possibility to acquire adequate exposure through alternative pathways, e.g. rotations. This is particular important in times of doctoral workforce shortage where training programs need to be maintained attractive.
- On the reporting site, residents need to receive adequate teaching for dealing with the newly evolving aspects of telemedical patient care. This also means increased background support during call hour. Telemedical cases are by sake of their nature easily transferable to a responsible background specialist.
- The interpersonal communicational relation between the referring and the reporting site must be enhanced by exploiting all available technical possibilities (video conferences etc.). Pathways for informal collegial feedbacks must be set up.
- The reporting site must be able to access all background information of each case so that the "scattering" of learning experience is reduced to a minimum.

- The health sector is not just like any other market. It must therefore be governed by different rules. There must be guarantees that industry cannot have influence on patients and doctors.
- In summary, telemedicine is not just a cheap commodity for cutting costs and increasing third-party shareholder value. Instead, telemedicine is an highly sophisticated medical act which has great potential for improving quality of patient care as well as quality of postgraduate education.

**Bernardo Bollen-Pinto**  
PWG President

**Lukas Stärker**  
PWG National Delegate Austria

**Oliver Ertl**  
PWG Representative UEMS Section of  
Radiology