Should clinical information be given by phone or email?

Clinical Case

Joaquín, an 84-year-old man, has a history of obesity, hypertension, and type 2 diabetes. He came into the primary care consultation alone because he has been feeling very tired lately. His primary care physician Dr. Ballesteros, performed a general examination with no findings of interest and ordered some tests. Joaquin is informed that given the current state of the pandemic (April 2020), he will be given his results over the phone. When confirming his telephone number at the administration desk, Joaquín asks that they instead call the telephone number of a caregiver who works for a few hours at his home, because "I can't figure out how to use the cell phone my daughter bought me". The clerk changes the contact number but does not register this key information in the patient's medical record. The doctor finds the existence of macrocytic anemia. When she calls Joaquín, a woman who identifies herself as Lorena answers the call. Dr. Ballesteros asks to speak with Joaquín and she informs the doctor that she works for him doing housework and also runs his errands and helps with other things he asks her to do as he doesn't deal with new technology well. Dr. Ballesteros doesn't know Lorena nor is she aware of the situation, but she supposes that if Joaquín has given this telephone number as a contact, it is because he authorized Lorena to receive information about his health. Lorena also asks the doctor to email her the results of the tests and a report with the information, so that she can forward it to Joaquín's daughter, who lives abroad. Dr. Ballesteros isn't sure if she has done the right thing by informing Lorena by phone and if she should send Joaquín's clinical documentation by email.

Ethical Analysis of This Case

Telemedicine, in its various forms, is a form of health care that has gradually acquired greater applicability and has become more widely used especially since the onset of the COVID-19 pandemic. For telemedicine to be acceptable from an ethical, deontological, and legal standpoint, it must be carried out with certain guarantees. These guarantees are intended to ensure that certain values and patients' rights are not violated. Firstly, for telemedicine to be acceptable, it should only be used in cases where face-to-face care, due to particular circumstances, is not possible. It mustn't be forgotten that, as a general rule, face-to-face care is the standard for medical care, it is the model we use that ensures the highest quality of healthcare.

Though a consultation through telemedicine means can be useful in many situations (results communication, follow-up of certain pathologies, overcoming geographical barriers, or as in the present case, in the midst of a pandemic situation), it must be accepted and consented to the patient. Therefore, telemedicine poses many ethical and legal issues that must be taken into consideration, among others the quality of the healthcare being provided, consent, the use of technological means themselves, the protection of confidentiality, or the access to clinical documentation.

Possible Courses of Action

- ✓ Dr. Ballesteros should not give information to Lorena in person, by telephone, or in writing, without Joaquín's explicit consent to do so.
- ✓ Ask Lorena to call as soon as she is with Joaquín, in order to give the information directly to him.
- ✓ At the end of the consultation, go to Joaquín's home to explain the results to him in order to avoid him going to the health center because he is a high-risk patient.
- ✓ Book an in-person appointment with Joaquín to give him the results and explain them to him.
- ✓ Refer Joaquin to the patient care services to give him a copy of his test results.
- ✓ Explain to Joaquín the current difficulties with face-to-face consultations, present him with the alternatives for remote assistance and decide with him who will be the contact person authorized to receive medical information on his behalf.
- ✓ Give the information about the results to Lorena by phone, but inform her that she will have to go to patient care services to request a copy of the report and analysis.
- ✓ Given the technological barriers in assisting Joaquín, send Lorena the requested documentation.

Recommended Courses of Action

- ➢ Dr. Ballesteros should not give information to Lorena in person, by telephone, or in writing, without Joaquín's explicit consent to do so.
- ➢ Given this is not an emergency, but it does provide relevant clinical information, the physician has to arrange an appointment with Joaquín for the telephone consultation. To this end, the health center will have to make arrangements with him and his caregiver.
- ➢ Once the scheduled appointment has been made (with Joaquín and his caregiver to assist him), the physician must identify herself, ask for Joaquín and try to talk to him directly. Only if the communication with Joaquín is not effective and if Joaquín explicitly authorizes it, Dr. Ballesteros will be able to give the pertinent explanations to Lorena.
- ➢ If Dr. Ballesteros considers it necessary, she will arrange a face-to-face appointment with Joaquín to give him the results and explain them to him. In this face-to-face consultation (or in the first one she has with Joaquín), he must be explained what teleconsultation is and how it works, especially regarding whether he authorizes someone to assist him in successive teleconsultations.
- ➢ However, if the health context due to the pandemic or other reasons put Joaquin's health at high risk, Dr. Ballesteros will schedule a consultation at Joaquin's home to explain the results.
- ➢ With regard to sending the report and the analysis, in order to do so: 1) you must have Joaquín's authorization; 2) the health center must provide a secure means of sending it. If these two requirements are not met, it must be explained to Joaquín that either he or someone with his authorization must go to the health center to pick up the requested information.

Discussion

It is essential that the physician obtains the patient's consent for a remote consultation in substitution for an in-person one. One of the main barriers to tele- medicine is the technology itself, which is not always accessible to every patient. The use of technology (e-mails, telephone) can be a problem for many patients, which in turn further reduces the quality of care provided remotely. It is imperative to be certain about what knowledge the patients have about the technology used in telemedicine and their ability to access it, as afterward the medium to be used for communication with the patient should be agreed upon. If patients do not have good access to telemedicine, third-party assistance should be considered, provided the patient agrees and consents, as they may need to be present during the exchange of information.

Confidentiality and professional secrecy are essential for a good doctor-patient relationship. However, telemedicine puts data confidentiality at risk because many of the systems used are not really secure. In order to provide appropriate clinical care and preserve the patient's trust, it is vital to ensure the confidentiality of the data transmitted through telemedicine. Only institutional means should be used, avoiding personal emails or telephones that do not guarantee the protection of such information. The patient has the right to access clinical documentation, but this should not be shared through channels that do not guarantee confidentiality. Institutions should enable secure and adequately encrypted means for teleconsultations and documentation transmission. If this is not the case, information should not be sent or transmitted via telemedicine.

Lastly, it is important to remember that the most suitable form of clinical care is face-to-face. However, if due to a contingency (as in the case of Joaquín), clinical care must be performed remotely, normally via a telephone consultation, it should be scheduled so that, for example, the patient who requires help can arrange to have it available at the time of the call. Not forgetting the organization of the healthcare activity itself. Once the telephone consultation has begun, the healthcare professional must identify themselves and, in order to preserve the patient's privacy, they must know whom they are talking to before giving confidential information. After that process is completed, the teleconsultation can begin, making sure to be especially careful with the quality of the communication, and confirming that the patient understands the information that is being given. Finally, any remote healthcare action should be considered a medical act and, as such, should be recorded in the patient's medical record.