**Is the Future Bright for Telemedicine – European Doctor's Talk Digital'**

On 1 June, CPME organised a panel discussion on the future of telemedicine. The event was hosted by the Portuguese Presidency during the eHealth Summit (the main event held in the country on innovation and digital transformation in health).

CPME President, Prof. Dr Frank Ulrich Montgomery, first set the scene, noting that COVID-19 pandemic accelerated the use of telemedicine across Members States where it was rapidly becoming a feature of day-to-day medical practice. Doctors and patients had experienced the benefits and opportunities of telemedicine, but also its risks and limitations. Telemedicine encompassed a wide variety of services, such as home-monitoring, remote consultations, teletriage, teleradiology, telepathology, teledermatology, telesurgery, teleophthalmology, telemonitoring, videoconferences between health professionals, and many more. There were several definitions for telemedicine, as it was and remains an open and evolutive notion. CPME adopted the notion offered by the World Medical Association in its 'Statement on the Ethics of Telemedicine' of October 2007 and amended in October 2018. It reads as follows: *"Telemedicine is the practice of medicine over a distance, in which interventions, diagnoses, therapeutic decisions, and subsequent treatment recommendations are based on patient data, documents and other information transmitted through telecommunication systems."* Telemedicine could also take place between a physician and a patient, or between two or more physicians, including other healthcare professionals.

Prof. Dr Frank Ulrich Montgomery then moderated and opened the panel discussion. The main highlights included:

**Ms Mervi Kattelus,** Health Policy Adviser at the Finnish Medical Association, gave an overview of the use of telemedicine in Finland. She noted that the use of telemedicine helped to improve access to healthcare in remote areas in Northern Finland, as healthcare facilities may be hundreds of kilometres away from patients. In such cases, it was easier to contact a physician by telephone or video, saving patients the trouble of travelling. She also noted that telemedicine could be useful for follow-up care with chronic diseases, where patients are empowered to monitor their health, using platforms to share health information with a physician, who can give professional advice.

Ms Kattelus stated that the pandemic had speed up the development of telemedicine in Finland. For example, in certain cities, 60% to 90% of mental health services had been administered through telemedicine. Nonetheless, the implementation of telemedicine in Finland was subject to several concerns. Firstly, some healthcare organisations had set targets so that for instance 40% of practice is performed via telemedicine. Ms Kattelus shared the view that setting such targets could risk patient safety, as physicians should have the right to determine whether a face-to-face consultation is more appropriate. Moreover, in a virtual environment, physicians could not control who else was in the room leading to other concerns, for example, non-identification of cases of domestic violence. Lastly, there were doubts on whether students or junior doctors should provide telemedicine services, as there could be a risk to patient safety if the physician does not have yet enough knowledge and experience to evaluate the patient correctly, and there is no appropriate supervision and support by experienced physician.

**Prof. Dr Sebastian Kuhn,** CPME rapporteur on digital competencies, trauma surgeon and orthopaedic surgeon at the Johannes Gutenberg Universität Mainz and Professor of Digital Medicine at Bielefeld University, provided insights on what academia is doing for telemedicine. *"The core of telemedicine is to have the right information with the right doctor at the right time"* - he said. A new medical

curriculum needed to be envisioned with digital health as a core competence. The digital Transformation of Medicine offers the opportunity to rethink the medical profession, and doctors needed to understand the new diagnosis and treatment approaches made available through telemedicine. For Prof. Dr Kuhn, general practitioners could immensely benefit from telemedicine, but the latter needed to become a core competency for all. As such, the reluctance to embrace telemedicine was not linked to a medical speciality, but rather towards doctors' attitude and openness to change. There were important innovations that telemedicine could offer, such as the ability to detect deterioration in a patient's condition when they were recovering at home and a move towards more frequent monitoring of patient's health, which could help doctors schedule consultations based on medical needs, rather than using the traditional way of a 12-week time period.

**Dr Ray Walley,** CPME Vice President and full-time General Practitioner (GP) based in Dublin, spoke of the acceleration of use of telemedicine across Ireland due to COVID-19. According to a survey conducted in Ireland during the 3rd wave of the pandemic, 50% of GP consultations and 44% of hospital consultations were being performed through telemedicine. Dr Walley agreed that telemedicine was helpful in the monitoring of chronic conditions as well as in emergencies where distance to health care facilities was an issue. However, he cautioned that telemedicine was not an adequate replacement for face-to-face consultations. There were concerns with duplication of care, quality of care, patient confidentiality and security. And accordingly, most doctors were reverting back to in-person consultations. On this last point, Dr Walley explained that the Irish health service computer systems had been hit with a cyber-attack which had led to delays and cancellation of in-person and online appointments. Hospitals were highly vulnerable to cyber-attacks and this needed to be considered when implementing a telemedicine system. Telemedicine was also subject to certain access barriers, notably access could become an issue with elderly persons as well as households without internet. Dr Walley stated that in-person face-to-face consultations remain the gold standard in medicine and that in this context, we have to ensure that telemedicine provides the same standard of care.

**Discussion**

An important point also addressed in this panel was the influence that the industry could have in creating the medical curricula and in medical education. Telemedicine was and remains very much linked to specific products and tools, there is a desire to teach medical students the state-of-the-art of devices. Thus, there is a need to collaborate with the industry while maintaining the independence of medical education. This requires appropriate planning and reflection. "*We, as academia and practicing physicians, need to know what we want to teach and what are the educational strategies.*" – said Prof. Dr Kuhn. "*The core knowledge, including knowing when to use telemedicine, understanding the limitations of digital health and the "no-go's", need to be independent of industry influence.*"– he added. For Prof. Dr Kuhn, participation within curricula of 10% would be acceptable.

Prof. Dr Frank Ulrich Montgomery closed the session by asking the panellists to give two important recommendations for the use of telemedicine. Dr Walley recommended that telemedicine needs to be viewed as a tool and used in limited circumstances, and that national bodies need to specify which consultations are subject to telemedicine. Ms Kattelus recommended that doctors should master telemedicine and not be mastered by telemedicine, they should understand when a telemedicine appointment is appropriate and utilise telemedicine when it adds value to care. Prof. Dr Kuhn recommends that doctors rethink patient care along the patient continuum with telemedicine playing a role in the interaction between inpatient and outpatient care as well as on rehab. He also

recommended not to only focus on the technological aspect of digital health, but to think about empowering doctors to use technology through education.

**Conclusion**

As closing remarks, Prof. Montgomery mentioned that telemedicine had the potential to be a useful tool in several clinical scenarios, but it was not without risks and it was not suitable in all situations. Doctors and patients needed to be appropriately trained and understand the technology limitations. Telemedicine required secure and stable platforms that protected patient's privacy and confidentiality. It should not be driven by commercial interests and governments should only support telemedicine services that improve patient safety, quality of care and efficiency. Telemedicine services needed to be appropriately reimbursed as part of the health services catalogue. Finally, when using telemedicine, Doctors should follow the same fundamental ethical principles and adhere to the same standards as with face-to-face consultations, as quality of care and patient safety must remain a priority.

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