

# Telemedicine Ethics and Law

March 27, 2014, Grenoble Ecole de Management – France

## BOOK OF ABSTRACTS



Grenoble, France 27 March 2014

**Estimated Participants,  
Dear Colleagues and Friends,**

On behalf of the Organizing Committee, it gives me immense pleasure to welcome you at this Telemedicine, Ethics and Law Research Seminar which will take place in Grenoble, France, March 27, 2014. This event is the second of its kind and the first one to be held in France.

The seminar will be ethically “oriented” and presentations will refer to the practical aspects of the delivery of health services. This will include legal, technological and other aspects such as gender issues.

It has taken over one year to prepare this event and it involves speakers from Argentina, Austria, Brazil, and France, key stakeholders such as UNESCO, the European Space Policy Institute and the Millenia2025 Foundation as well as professionals from different backgrounds.

It will also be the opportunity to launch the International Bioethics Journal – Special issue dedicated to Telemedicine with its authors.

Our research seminar is also set to play a highly significant role in the development of our partnership with the Catholic University of Argentina.

The Organizing Committee, along with the BMR Team are making every effort to ensure an interesting scientific meeting together with a varied and extensive program.

I am hopeful that you will find this informative and stimulating!

I look forward to meeting you in Grenoble.  
Sincerely,

Nathalie FERRAUD-CIANDET LLD  
BMR Team - Grenoble Ecole de Management

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## **Telemedicine Opportunities and Challenges**

**Chair: Véronique - Inès THOUVENOT**

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## **Evaluation of mhealth applications**

**David SAINATI**

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Mobile health is booming: there are a huge number of mHealth apps on app stores and it exists a lot of health connected objects (scales, tensiometers, watches...). In front of this abundant offer, the issue of the quality of mobile health applications is pivotal. Today, there is no medical validation for mHealth apps and no guarantee of safety and quality is given to users. Medappcare has developed a leading medical and technical evaluation method for mHealth apps.

We will talk about why mHealth evaluation is needed and how it could be done and we will see who do this job in Europe and in the US.

## **Humanitarian telemedicine: potential telemedicine applications to assist developing countries in primary and secondary care'**

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The use of technology has benefited the medical world tremendously in enabling the delivery of remote medical care, referred to as telemedicine. The advent of satellite-enabled capabilities (including the Internet) is enabling a broader healthcare reach through telemedicine. It has the potential to improve healthcare for all, especially in regions where doctors are often scarce and where assistance from afar is the only realistic care possibility.

While telemedicine is widely used in industrialized states, there is less use but a great interest in its potential utility for developing countries, particularly in the field of humanitarian aid. The delivery of telemedicine in humanitarian situations (or humanitarian telemedicine) not only enables a broader reach for medical activities, but also better access to care for patients. Furthermore, it increases the medical knowledge of doctors (on both ends of the teleconsultation) in case of secondary care and benefits future generations through improved health. But most importantly, it saves lives. For telemedicine to reach its full potential the focus must obviously be placed on medical aspects, and on the needs on the ground. Telemedicine may rely extensively on technology, but medical treatment should be the focus of any humanitarian telemedicine project. In addition, all projects should undergo strict continuous analysis (political, economic, legal, cultural, and structural,) in order to mitigate their risk levels, as high dropout rates often follow the pilot stages of new concepts, and sustainability issues can arise in the medium to long term.

The field of humanitarian telemedicine has mostly witnessed projects dealing with secondary care and the remote training and education of doctors. However, the need for primary care projects is vital. The unequal distribution of health care workers between low-income and high-income countries, as well as the constant demand for primary health care in developing



countries, constitute a strong case for primary care projects. Moreover, the widespread availability of technological tools, through the increased usage of mobile phones, and the increasing number of Internet users, further enable the use of humanitarian telemedicine.

The aim of the presentation is to provide an overview of telemedicine potentialities in developing countries and a more in-depth analysis of humanitarian telemedicine. This involves analysing successful existing projects and considering the issues that can arise when developing and sustaining new projects, particularly in primary care.

## **Telemedicine and investment opportunities in Brazil**

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Health in Brazil is still very inefficient and requires a lot of investments, taking into account the evolution of the demographic profile of the population. Therefore, telemedicine is still underdeveloped but has been growing for the last 10 years. Although telemedicine is not itself novelty, allowing a reduction of costs in healthcare, it represents an excellent opportunity of investment in Brazil, despite the immature level of the legislation and the debates thereof.



**Law**

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## **Legal Aspects of E-Medicine in the Republic Argentina**

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E-health or telemedicine is a specific event develops in Argentina so as to offer to the entire nation a greater access to health needs.

The country shows many strengths, both in terms of human resources and added value for medical practice. It is also full of opportunities. The challenge then is to harness these positive factors, and control the threats its generates.

In this perspective, it requires a commitment from both the public and private sector, in its different stages of development, implementation and management. It will guarantee Telemedicine efforts becomes a national, sustainable and palpable reality over time.

We believe, like the World Health Organization (WHO) that "advances in health care are a basic requirement for the social, economic and human development". The World Economic Forum 2013 in Davos defined telemedicine as "health revolution»

This will require an adequate legal framework that provides for the protection of personal data and privacy, and the security evidence of essential elements such as electronic health records, and taking advantage of the current regulations, for example in digital signature and electronics.

Special care should be provided through the application of new technologies in the transmission and storage of information such as the "cloud computing". those elements generate legal issues of determining liability, court jurisdiction and applicable law.

This leads to look these threats as a challenge to creativity and research in universities that must be present, and where, as the events organized by the University of Grenoble and the Universidad Católica Argentina are examples to follow.

## **La protection des données de santé mises en partage dans la médecine de parcours**

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A l'aube d'une refonte en profondeur du système de santé français qui doit intervenir courant 2014, en application des orientations de la stratégie nationale de santé et dans l'attente de l'adoption du projet de règlement européen sur les données personnelles, l'auteure inventorie, au travers d'une présentation des dispositifs de mise en partage d'informations à caractère personnel tels le Dossier Médical Personnel, le Dossier Pharmaceutique, les réseaux de santé et les récentes expérimentations PAERPA et d'échange de données par Messagerie de Santé Sécurisée, les évolutions législatives et réglementaires qui devront être envisagées pour permettre la prise en charge d'usager du système de santé tout au cours d'un parcours de vie par les différents intervenants du secteur sanitaire et de l'action social.

## **Ethics**

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Telemedicine and gerontechnology develop a mode that can be described as "hyperactive paralysis" i.e., an uncontrolled and unsuccessful proliferation of tools and limited experiments that results in an inability to establish useful, desired, and sustainable products. The purpose of this article is to show, from national and international scientific research, the need to anchor the development of new practices and experiments of new organizations on the notion of ethics if we really wish to overcome this hyperactive paralysis. Indeed, the current international context of aging populations and socio-economic crisis urgently urges to develop reliable and affordable products to help vulnerable people, particularly those who suffer from Alzheimer's disease or related disorders. However, instead of sustainable and adapted products, this context fosters the development of cost effective products in the very short term, with strong planned obsolescence. This tendency raises justified fears within public opinion, politics and science that nevertheless may also go against the right of every citizen to benefit of advanced science and its technological outcomes. The task of ethics is precisely to define and implement the principles to solve this dilemma. Ethics, however, should not be limited to a regulatory or advisory role. In order to adhere the main objective of development of telemedicine and gerontechnology—which is the help to people in distress—, ethics should also govern the decisions and be the engine of a controlled and rational use of technology.

## **Juridical Protection of personal health information in Telemedicine in the MERCOSUR**

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As Telemedicine is a new way of exercising medicine that involves new juridical challenges, we consider the topic within the general legal framework of the MERCOSUR. MERCOSUR is 20 years old and can be properly analyzed to verify how it has dealt with the topic of Telemedicine. Telemedicine involves different issues such as the problem of liability, the authorization to practice telemedicine, the protection of personal information, the system of payment and reimbursement, the informed consent and the relation between doctor and patient. We analyze only the protection of personal health information. We found out that there is no specific regulation of Telemedicine in the legal framework of practising medicine in MERCOSUR. We also analyzed the norms in Argentina and Brazil to draw some conclusions. Finally, we propose some guidelines for public policy.

## **Health datas at the workplace and ICT's: the issue of protection**

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In occupational medicine, the French law created a medical record for health data at the workplace (Art. L4624-1 code du travail: Dossier médical de santé au travail – DMST).

As there's a medical record in every hospital, there's now a medical record at the workplace.

As we know, health datas are personal and sensitive data, and it's important to assure a strong protection so as to keep safe the privacy of the person. Assuming that the datas are about health at the workplace, the protection must be stronger, as the employer cannot have access to this particular medical record.

But, the past few years, ICT's have increase and it became easier to collect, archive and communicate personal and medical datas.

French law early realized that a strong and strict legal organization should be introduced.

This communication will focus on that legal protection. We will see that different levels of protection exist, to keep safe the confidentiality of health datas in the workplace.





## **eHealth Policies**

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**Millennia2025 Foundation, WeTelemed:  
The global network of Women in Telemedicine**

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Millennia2015's commitment is to highlight women's crucial role in the society and their unrecognized capacity as builders of alternative futures, based on characteristics such as an innate future orientation, capacity to mediate and to network at all levels, capacity to be social actors, to face natural catastrophes and human conflicts by creating solidarity among women.

The Women and Telemedicine Global Network (WeTelemed) has been created on 17 April 2012, at the University of Technology of Panama, during the conference on "Digital Inclusion for Health and Sustainable Development", in liaison with the Grand Health Bazar in Lagos, Nigeria and Millennia2015 team at the Destrée Institute in Namur, Belgium, with the vision to constitute a Millennia2015 powerful demonstration of women empowerment.

The overall objective is to stimulate more women to use advanced technologies and Telemedicine combined with innovative integrated collaborative leadership programs. The presentation describes a selection of Telemedicine initiatives conducted by women in developing countries to contribute in priority to the reduction of maternal and child mortality in remote and isolated areas.

Since the launch, 228 members from more than 35 countries have joined the network, and constitute a dynamic group of women and men involved in telemedicine. Particular attention is given to women addressing other women's needs when living remote areas, refugee camps or in areas of conflict where Telemedicine services may constitute an alternative to the local health centers, often non-operational in such conditions. Medical specialties such as gynecology, maternal and child health, dermatology, reproductive health, neurology, radiology, infectious disease, emergency surgery and services are primarily targeted, as an increased number of female health care providers are needed to deliver healthcare to women via Telehealth.

In 18 months, WeTelemed has grown much faster than expected and has generated an incredible interest among women's communities and in the international sphere. The founders and members have contributed to generate promising collaborations and partnerships. WeTelemed is an official member of the International Society of Telemedicine and eHealth (ISfTeH) since June 2013 and a founding member of the ISfTeH Working Group on Women. Recently WeTelemed has joined Connecting Nurses, an innovative initiative to connect nurses and share local projects, with the objective to provide technical and scientific assistance in telemedicine. Another partnership with Universal Doctor, a unique eHealth tool facilitating multilingual communication between health care professionals and patients, permits the development of UniversalWomen and UniversalNurses, both applications providing medical translations to women and nurses during pregnancy, childbirth and overall maternal health issues.

Contribution to education of professionals is also an aspect taken into consideration and WeTelemed has been asked to develop an online training module on Telemedicine and Gender, to contribute to the "Curso virtual de Introducción a la Informática en Salud y la Telemedicina" of the University of Panama.

A new publication is in preparation with the Fundación Telefónica on Telemedicine in remote zones in Latin and Central America, to be issued in 2014.

In conclusion, WeTelemed constitutes a recognized network in the telemedicine sphere and will continue to explore and develop innovative tools and solutions to have more women in active in telemedicine and reach the most deprived populations.

### **The Latin America eHealth Network**

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The Telehealth Network of the Americas as an initiative focused on Primary Health Care

Its mission is to promote the development of an integrated academic health care network for universities and health professionals of all member countries of the Organization of American States (OAS).

Its main objective is to stimulate convergence and inter-and transnational cooperation, and jointly exploit human resources towards improving the quality of care of our people from an academic perspective



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