

## Telemedicine and responsibility

Circular I-12/2001 “Telemedisin og ansvar” (“Telemedicine and responsibility”) from the former Ministry of Health and Social Affairs (SHD) concerns responsibility issues associated with the use of telemedicine in Norway. A fundamental principle is that the allocation of responsibility does not change when telemedicine tools are used. It is the same as for other “traditional” medical treatment.

In some cases, the use of telemedicine solutions involves considerable changes in forms of work and the duties of health professionals. This may create uncertainty about who is responsible for what. In patients’ interests, clear lines of responsibility are needed.

### What is telemedicine?

There are many definitions of the concept of telemedicine. In the circular, the Ministry emphasizes that telemedicine is a set of communication services making it possible to utilize medical resources in a new and better way. Various definitions of the concept of telemedicine are shown here: <http://www.telemed.no/index.php?cat=4636>



**Telemedicine:** The picture shows a dermatological consultation using videoconferencing. This is a common telemedicine service, in use at several locations in Norway.

**Photo:** Norwegian Centre for Telemedicine



### What services does the circular cover?

The circular applies to telemedicine that is used for consultation and diagnostics. The facsimile above shows the Web page of the Ministry of Health and Care Services where this is published.

The circular is published at this URL (in Norwegian only): [http://www.odin.no/hod/norsk/dok/andre\\_dok/rundskriv/030071-250016/dok-bn.html](http://www.odin.no/hod/norsk/dok/andre_dok/rundskriv/030071-250016/dok-bn.html)

### Who provides the health care?

Using telemedicine solutions, specialists can treat patients who are not physically in their presence. In these cases the specialist is responsible for the treatment in the normal way. When the GP asks for a second opinion from a specialist in connection with the treatment of a patient, it is the regular GP who provides the health care and is responsible for the treatment of the patient.

### What type of responsibility is discussed in the circular?

Health staff have a number of duties/obligations. The circular discusses what can happen when these are not fulfilled. It discusses “violation of the rules of duty” associated with the legal notion of responsibility, that is, actions that may lead to liability for damages, penalties, or a reaction from the supervisory authorities. In particular, the obligation of appropriate practice and the obligation to keep a record are mentioned.

>>



## The obligation to keep a record

The person who provides health care has an obligation to keep a record. When a specialist to whom a patient has been referred starts medical treatment on the basis of a video-conference, the specialist is providing medical care and has an obligation to keep a record. The specialist's duty to keep a record does not otherwise apply when a general practitioner asks for a second opinion. In some cases, it may however be practical for the party who has no record-keeping obligation to make a brief note in the patient's record.

## Appropriate practice - questions one should ask

### 1. Sufficient competence?

Do the health staff in the specific situation have the competence necessary to treat the individual patient in an appropriate manner? Here, as in other situations, it is the health staff who make the initial assessment of whether this is the case.

### 2. Sufficient information about the patient?

Do the health staff have adequate information about the patient to make a diagnosis and initiate an appropriate treatment? It does not make any difference whether the information is received in ways other than in a meeting with the patient, for example by telephone, fax, email or video-conferencing. The question is whether the information provides an adequate basis to make an appropriate assessment.



*Health staff must have adequate information about the patient to be able to make a diagnosis. It makes no difference whether the information is received in ways other than in a physical meeting with the patient.*

**Photo: Norwegian Centre for Telemedicine**

## Summary

- Use of telemedicine tools does not change the normal allocation of responsibility
- All health professionals are responsible for ensuring that the assessments they make are appropriate
- For an assessment to be appropriate, it must be based on relevant and necessary information
- Individual health professionals must therefore undertake an independent assessment of whether the quality and quantity of the information they have received is good enough
- If the information is not relevant and necessary, it is the health staff who are to undertake the evaluation who must ensure that they obtain more information, or ask the patient to come to a meeting
- When telemedicine tools are used, the underlying assumptions should be made clear in advance.
- The facility should establish systems ensuring that the use of telemedicine instruments results in an appropriate examination and/or treatment of the patient.

## Sweden and Denmark have similar directives

**Sweden:** Socialstyrelsens meddelandeblad no 12/98: "Information i samband med telemedicin", November 1998 (in Swedish only): <http://www.skane.se/upload/Webbplatser/Telemedicin/Dokument/sosmedd.pdf>

**Denmark:** "Vejledning om ansvarsforholdene mv. ved lægers brug av telemedicin" November 2005 (in Danish only): <http://www.drs.dk/Download/SST%20vejledning%20om%20telemedicin%202005.pdf>

### The Norwegian circular is published here:

[http://www.odin.no/hod/norsk/dok/andre\\_dok/rundskriv/030071-250016/dok-bn.html](http://www.odin.no/hod/norsk/dok/andre_dok/rundskriv/030071-250016/dok-bn.html)

## Contact:

Ellen K. Christiansen

[ellen.christiansen@telemed.no](mailto:ellen.christiansen@telemed.no)

Tel: +47 416 84 705

Leif Erik Nohr

[leif.erik.nohr@telemed.no](mailto:leif.erik.nohr@telemed.no)

Tel: +47 901 43 166

See [www.telemed.no/factsheets](http://www.telemed.no/factsheets) to see other fact sheets published in this series.

This fact sheet was revised July 2008.

