

# Suraksha

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During  **COVID-19**  
For Gynaecologists



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## SURAKSHA MODULE – 3

# TELEMEDICINE AND MEDICO LEGAL ISSUES.

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## Background

- Gone are the days when most of the doctors would avoid talking to patient on phone. Now cell phones have become integral part of everyone's life and we can't now escape patient consulting us on various platforms either audio, video or plain text.
- Telemedicine has gained tremendous importance in current scenario where in-person consultation has become difficult due to looming Covid threat.
- Though initially telemedicine was considered more useful to reach patients in remote areas fast and effectively, today Telemedicine is important part of future medicine and it is here to stay with Covid or without.
- Hence, we all need to update ourselves regarding legal perspectives of telemedicine and how can we use it efficiently for better outcome and better doctor-patient relationship yet taking care of doctor's interests against litigations.

# LEGAL IMPLICATIONS OF TELEMEDICINE

- There are no concrete laws governing telemedicine in India, but on 25<sup>th</sup> March 2020. The Board of Governors (BoG) published an amendment to the Indian Medical Council (professional conduct, etiquette and ethics) Regulations, 2002. This gives statutory support and basis for the practice of telemedicine in India.
- There are many details in the guidelines but what important points our doctors should know are enumerated below. -



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## Salient features of these regulations important for doctors.

- Telemedicine can be practiced by any Registered medical practitioner (RMP) in any part of India.
- Doctor can choose medium of teleconsultation- mobile, land line phones, chat platforms like WhatsApp, Facebook messenger or any other app.
- Before proceeding doctor should exercise professional judgement to decide whether teleconsultation is in fact appropriate and is in best interest of the patient.

e.g.

- Patient with AUB can be treated with E+P in case of emergency and heavy bleeding on teleconsultation but she will need detailed clinical examination and imaging after tiding over the crisis.
- Patient with severe pain in abdomen may not be good candidate for teleconsultation.

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## Salient features of these regulations important for doctors.

- Doctor has to maintain same standard of care during teleconsultation as during in-person consultation.
- Patient is responsible for the accuracy of information
- Care giver is deemed to be authorized on behalf of minor and incapacitated patient.
- Doctor can charge appropriate fees for teleconsultation. A receipt or invoice should be given to the patient against the fees.

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# Important Precautions Doctor Should Take Before Teleconsultation

- Patient's identification is mandatory in first consultation
- Doctor should display his/her registration number at every touch point with patient and identify herself/himself before start of every teleconsultation.
- All teleconsultation records must be properly maintained, and privacy of patient should be protected.
- There is limitation on prescribing drugs in tele -consultation.
- OTC drugs can be prescribed whenever indicated. Also, a doctor can prescribe a 'refill' medication for chronic illnesses like hypertension, diabetes, asthma.

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## NON-VIDEO CONSULTATION

Chart will help to understand it better.

Prior in-person consultation	Scope and limitation of prescription	List of drugs that may be prescribed
No prior in-person consultation	<p>+ Can prescribe only O.T.C. medication e.g. Paracetamol, Oral Rehydration Solution (O.R.S.) packets, Antacids</p> <p>– Cannot prescribed medications for which diagnosis is possible only by video consultation such as antifungal medications for Tinea Cruris, Ciprofloxacin eye drops for Conjunctivitis etc.</p> <p>– Cannot prescribe 'add-on' medication which are used to optimize an existing condition</p> <p>– Cannot prescribe 'refill' medications for chronic diseases such as Diabetes, Hypertension, Asthma etc.</p> <p>– Cannot prescribe habit forming, narcotic or psychotropic drug</p>	As provided in List O, Appendix V of Code of Conduct
Prior in-person consultation for same health condition in last six months	<p>+ Can prescribe O.T.C. medication e.g. Paracetamol, Oral Rehydration Solution (O.R.S.) packets, Antacids</p> <p>+ Can prescribe 'add-on' medications which are used to optimize an existing condition – e.g. if the patient is already on Atenolol for hypertension and the blood pressure is not controlled, an A.C.E. inhibitor such as Enalapril may be prescribed as an add-on.</p> <p>– Cannot prescribed medications for which diagnosis is possible only by video consultation such as antifungal medications for Tinea Cruris, Ciprofloxacin eye drops for Conjunctivitis etc.</p> <p>– Cannot prescribe 'refill' medications for chronic diseases such as Diabetes, Hypertension, Asthma etc</p> <p>– Cannot prescribe habit forming, narcotic or psychotropic drug</p>	As provided in List O & List B of Appendix V of Code of Conduct



## TYPE 2- VIDEO CONSULTATION

Chart will help to understand it better.

Prior in-person consultation	Scope and limitation of prescription	List of drugs that may be prescribed
No prior in-person consultation	+ Can prescribe O.T.C. medication e.g. Paracetamol, Oral Rehydration Solution (O.R.S.) packets, Antacids	As provided in List O & List A of Code of Conduct
	+ Can prescribed medications for which diagnosis is possible only by video consultation such as antifungal medications for Tinea Cruris, Ciprofloxacin eye drops for Conjunctivitis etc.	
	– Cannot prescribe ‘add-on’ medication which are used to optimize an existing condition  – Cannot prescribe ‘refill’ medications for chronic diseases such as Diabetes, Hypertension, Asthma etc – Cannot prescribe habit forming, narcotic or psychotropic drug	
Prior in-person consultation for same health condition in last six months	+ Can prescribe O.T.C. medication e.g. Paracetamol, Oral Rehydration Solution (O.R.S.) packets, Antacids	As provided in List O, List A & List B of Appendix V of Code of Conduct
	+ Can prescribe ‘add-on’ medications which are used to optimize an existing condition – e.g. if the patient is already on Atenolol for hypertension and the blood pressure is not controlled, an A.C.E. inhibitor such as Enalapril may be prescribed as an add-on.	
	+ Can prescribed medications for which diagnosis is possible only by video consultation such as antifungal medications for Tinea Cruris, Ciprofloxacin eye drops for Conjunctivitis etc.	
	+ Can prescribe ‘refill’ medications for chronic diseases such as Diabetes, Hypertension, Asthma etc  – Cannot prescribe habit forming, narcotic or psychotropic drug	



# ANNEXURE 1 - MEDICINE LISTS .

## List 0

➤ Common over-the counter medications such as

- Antipyretics: Paracetamol
- Cough Supplements: Lozenges,
- Cough/ Common-cold medications (such as combinations of Acetylcysteine, Ammonium Chloride, Guaifensen, Ambroxol, Bromhexene, Dextromethorphan)
- ORS Packets
- Syrup Zinc
- Supplements: Iron & Folic Acid tablets, Vitamin D, Calcium supplements Etc.

Medications notified by Government of India in case from time to time on an Emergency basis such as Chloroquine for Malaria control for a specific endemic region, when notified by Government

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# ANNEXURE 1 - MEDICINE LISTS .

## List A

- First Consult Medications (Diagnosis done on video mode of consultation) such as
- Ointments/Lotion for skin ailments: Ointments Clotrimazole, Mupirocin, Calamine Lotion, Benzyl Benzoate Lotion etc
  - Local Ophthalmological drops such as: Ciprofloxacin for Conjunctivitis, etc
  - Local Ear Drops such as: Clotrimazole ear drops, drops for ear wax etc.

Follow-up consult for above medications

Follow-up medications for chronic illnesses for 're-fill' (on any mode of consultation) such as medications for

- Hypertension: Enalapril, Atenolol etc
- Diabetes: Metformin, Glibenclamide etc
- Asthma: Salbutamol inhaler etc

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# ANNEXURE 1 - MEDICINE LISTS .

## List B

On follow-up, medications prescribed as 'Add-on' to ongoing chronic medications to optimize management such as for hypertension: Eg, add-on of Thiazide diuretic with Atenolol

- Diabetes: Addition of Sitagliptin to Metformin
- Etc

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# HOW TO CHOOSE AN IDEAL PRIVATE PLATFORM PROVIDER

## Do we need their services?

- The first question to address is do we really need a private platform provider for telemedicine? Can we not, as we were doing traditionally for so many years, use our telephones, WhatsApp, face-book email etc for such a consultation?
- They create Payment gateway to monetise us for our tele-consultation. The embarrassment of raising a bill for the consultation is transferred to the platform provider
- Prescriptions are created in readymade templates as per the requirements of MCI
- Data storage facility on server or cloud is provided
- Privacy maintenance is assured as we are not using leakage prone social media platform like face-book or WhatsApp

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## What does the board of Governors expect from the private platform service providers?

- **5.1 & 5.2** *Ensure that the name, qualification (IMC act 1956) and registration number, contact details of RMP are mentioned on the platform*
- **5.3** *Reports to BoG in case non-compliance by RMP*
- **5.4** *Avoid artificial Intelligence facility to counsel the patients is not allowed.*
- **5.6** *Ensure mechanism for redressal of grievances of customer.*

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## What should we insist from the private platform service providers?

- Android and i-phone based mobile App with a website support
- No use of social media
- It should support for audio, video, chats and document (health record) exchange.
- It should not soliciting practice for us
- It should have encrypted data storage which is accessible for decoding to only to the RMP and the patient protected with non-disclosure agreement by private platform provider
- Platform should confirm the doctors photo id and registration number and also Patients photo id.
- Space on cloud for storage of patient's health related details.
- Medico-legal safety for doctors with clear disclaimers & consents on first login (by patient) itself.

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# What should we insist from the private platform service providers?

- Prescriptions should be available with readymade template with provision for the doctor signature and stamp on the android or i-phone.
- Medicolegal advice by experts on click of a button on the App
- Technological support to send patient information documents about different procedures and surgeries to the patient prior to the date of surgery
- Provision to take e-consent of the surgery or procedure
- Easy access to guidelines drafted by different societies
- Practice management solutions for managing in-person OPD too
- Secure payment gateway to monetise the doctors

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## Why is it necessary to get monetised for telemedicine?

- 60% times our ODD is follow-up. We call patients for adjustments of drug doses, adding some more medicines for minor complaints, reading and interpreting reports or giving appointments for procedure or surgery etc. history taking and examination is already done in the recent past
- 10-20% times we do this follow up on telephone or WA (FREE OF CHARGE)
- Loss of income due to free follow - up on telephone or WA is to the tune of 10-15% of my OPD income
- While the guidelines allow us to charge for tele-medicine, why should we lose this 10-15% cash flow?

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## CONCLUSION-

- These guidelines mark the dawn of a new era in the practice of modern medicine. These guidelines enable doctors to confidently provide teleconsultation via any medium, at the same time help patient by providing prompt and easily accessible treatment.
- Doctors should choose the service providing media and platform wisely. A platform which will enable Doctor to keep all the records, ensure collection of fees and safeguard doctor's interest medico legally.



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