

KEY THEMES FOR DIGITAL HEALTH ETHICS

Ethical concepts and principles are the same for digital health as other modalities of treatment delivery.



1 Standard of Care

- Use digital health only when the standard of care dictates it is sufficient; do not use digital health if treatment cannot meet standard of care.
- The same laws and standards that apply to in-person care are applicable; digital health care should enhance (not hinder) care.

ⓘ Digital health is an option. If an in-person exam will increase patient safety (compared to a virtual visit), use standard care.



2 Provider Competence

- Providers should only practice within their area of competence when using technology; it is the provider's ethical obligation to pursue professional development and proficiency in the use of technology for health care delivery.
- Take note of limitations and obstacles that technology brings to a medical appointment and take steps to overcome them.

ⓘ Prior to using digital health, practice with a colleague. Don't use your patient encounter to learn the technology.



3 Patient Capability

- Assess technological capabilities, especially for ongoing care (e.g., strengths, needs, risks, and challenges).
- Assess and accommodate clinical factors and patient capacity for using and understanding technology.

ⓘ Technology isn't a fit for every patient. Discuss options with the patient before scheduling a virtual visit or prescribing apps, podcasts, and online tools.



4 Confidentiality

- Confirm patient's identity before proceeding with an appointment.
- Use standard confidentiality practices in documentation and communication.
- Rooms where the patient is located and where the provider is located are "exam rooms", and both should be treated as such regarding confidentiality.
- Only information that is "unclassified" should be discussed via virtual visits.

ⓘ In virtual visits, show the patient your office to demonstrate that no one else is present. Help the patient problem solve ways to speak with you without other household members present.



5 Crisis/Emergency

- Prepare for possible emergencies or crises by:
 1. Confirming patient's location during every visit (this can be different from home address),
 2. Collecting emergency contact information from patient, and
 3. Being familiar with emergency services local to the patient if needed.
- Assess each patient's level of risk (in terms of the likelihood of an emergency) before and during virtual visits.
- Clinics may generate a list of contraindications for patients in regards to receiving virtual care specific to their discipline/area of practice.

ⓘ Each provider who interacts with the patient should ask for a call-back number and current physical location.



6 Informed Consent

- Consent includes: potential benefits, risks, and limitations of using technology, financial or other interests.
- Document consent in the patient record, even if not using written consent.

ⓘ At every virtual visit, provide a clear statement in the note that the patient consented to virtual care.



7 Compliance

- Providers must be aware of applicable regulations, laws, or statutes for both the location from where the provider is practicing and the location where the patient is physically located during a virtual visit.

ⓘ Consult with local clinic leadership, as practice constraints may differ from prior military treatment facilities.



8 Boundaries

- The use of real-time audio and visual indicates that a provider has established a professional relationship (in addition to professional responsibility).
- Outline specific boundaries and roles at the outset of virtual care.

ⓘ The "distance" involved in video, like that of social media, may encourage a more open exchange than an office professional setting would bring. Monitor and maintain boundaries.



9 Technology Failure

- Plan for interruption of care and ensure you have a current call-back number available.
- Establish definitions of "technology failure" and ensure rules are made explicit about how much time will be allotted to troubleshoot an issue before changing modalities.

ⓘ You and the patient may agree that after three minutes of disconnection (or alternatively, after two disconnections), the provider will call the patient by phone.



10 Cultural Humility

- Consider cultural differences in the delivery and use of technology.
- At a system level, ensure virtual care does not exacerbate disparities in receiving care.

ⓘ Don't ask a patient's child to serve as a translator. Follow Military Health System protocol.

Codes of Ethics by Discipline

Counselors

American Counseling Association:

<https://www.counseling.org/Resources/aca-code-of-ethics.pdf>

Marriage and Family Therapists

American Association for Marriage and Family Therapy:

https://mft.nvc.vt.edu/content/dam/mft_nvc_vt_edu/Attachment%20D_Code%20of%20Ethics.pdf

Nurses

American Nurses Association:

<https://www.nursingworld.org/coe-view-only>

Occupational Therapists

American Occupational Therapy Association:

<https://www.aota.org/Practice/Ethics/code-of-ethics.aspx>

Pharmacists

American Society of Health System Pharmacists:

<https://www.ashp.org/-/media/assets/policy-guidelines/docs/endorsed-documents/code-of-ethics-for-pharmacist.ashx>

Physical Therapists

American Physical Therapy Association:

<https://www.apta.org/apta-and-you/leadership-and-governance/policies/code-of-ethics-for-the-physical-therapist>

Physicians and Assistants

American Medical Association:

<https://www.ama-assn.org/sites/default/files/media-browser/principles-of-medical-ethics.pdf>

Psychiatrists / Psychologists

American Psychological Association:

<https://www.apa.org/ethics/code/associations.pdf>

Social Workers

National Association of Social Workers:

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>