

## Updated guidelines on telemedicine – a step in the right direction

**To the Editor:** In an article published in the March 2019 *SAMJ*,<sup>[1]</sup> I outlined the shortcomings of the current telemedicine guidelines<sup>[2]</sup> – specifically, the problem that a healthcare practitioner is prevented from having a virtual consultation with a patient if another medical professional is not physically present with the patient as well. The current COVID-19 pandemic and lockdown in South Africa (SA) has resulted in the Health Professions Council of South Africa (HPCSA) changing the guidelines drastically.<sup>[3]</sup> This has been done for the safety of both practitioners and patients.

### Changes to the telemedicine guidelines

The following are the key changes to the guidelines:

- The term 'telemedicine' as the overall term is now a subcategory of telehealth. This change of terms still uses the out-of-date prefix, 'tele' denoting a time when the practice was mainly performed with telephones. The World Health Organization uses the term ehealth to describe the use of information and communication technologies for health. This term uses the 'e' prefix indicating electronic means.<sup>[4]</sup>
- The HPCSA sent out a statement on 26 March 2020 changing the guidelines to state that there is no need for the presence of a second healthcare practitioner.<sup>[5]</sup> The servicing practitioner can conduct the consultation with the healthcare user if the user is a previously known patient. The South African Medical Association stated that there was no basis for not being able to have a consultation with a new patient.<sup>[6]</sup> In a second update issued on 3 April 2020,<sup>[3]</sup> the HPCSA then allowed for doctors to consult with users with no previous relationship. This means that a doctor may now start a relationship with a new patient without ever previously having seen the patient or having examined them physically.<sup>[3]</sup>

These changes form a complete overhaul of how a doctor is allowed to practise telehealth in SA. They allow doctors to be in contact with new or pre-existing patients, no matter where these patients may be. This change will help to serve those who live in the rural areas with no access to immediate healthcare, and those who may be incapable of driving to a GP or hospital.

### Reversal after the pandemic

Unfortunately these changes to the guidelines may be short lived. The HPCSA clearly states in the announcement that the changes are only applicable during the COVID-19 pandemic. It further states that after the pandemic is over a date will be set at which the new guidelines will fall away and be replaced by the previous ones.<sup>[3]</sup> The immediate question should be 'Why?' Why after the crisis should these guidelines go back to what they were before? Yes, these changes have been made during a crisis, and yet they are changes that have taken place in other countries before the crisis and are now generally accepted. Furthermore, during the crisis, is the healthcare that we as medical practitioners provide of an inferior quality because of the changes? It would seem that these methods are not inferior given

their prevalence and ongoing use in many countries, including the USA. However, the current environment allows us to gather the research needed to ascertain just how effective these methods can be.

### How much should a virtual consultation cost?

An aspect of telehealth that is now being worked out between medical aids and healthcare practitioners is the amount that practitioners will be reimbursed by the medical aids for providing a virtual consultation. Virtual consultations are, as the name suggests, done in a virtual setting, which is different from a physical examination. This means that there is a difference in the expenses, such as office space, tongue depressors, swabs and gloves, that the healthcare practitioner may incur from consulting with a patient. Some medical aids have argued that because of the decreased costs borne by the doctor, their compensation should be decreased as well.<sup>[7]</sup> In order for a fair and amicable solution to be found, the HPCSA should provide guidelines as to the amount that should be reimbursed by medical aids for virtual consultations.

### Conclusions

The current situation the world finds itself in would be well fitted to a dystopian fiction novel. However, we can use these circumstances to ascertain the effectiveness of telehealth and decide whether the new regulations need to be reversed after the pandemic is dealt with. Doing so will enable the finer points of telehealth to be ironed out so that it can form part of the healthcare arsenal available in SA. A few questions that need to be answered are: Is a virtual consultation as effective as an in-person one? How much should a doctor be allowed to charge for a virtual consultation, and how much should a medical aid have to pay for one?

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1. Barit A. The apps are coming! But will they be legal in South Africa? *S Afr Med J* 2019;109(3):150-151. <https://doi.org/10.7196/SAMJ.2019.v109i3.13812>
2. Health Professions Council of South Africa. General Ethical Guidelines for Good Practice in Telemedicine. Booklet 10. Pretoria: HPCSA, 2014.
3. Health Professions Council of South Africa. Notice to amend Telemedicine Guidelines during COVID-19. 3 April 2020. <https://www.hpcsa-blogs.co.za/notice-to-amend-telemedicine-guidelines-during-covid-19/> (accessed 18 April 2020).
4. World Health Organization. eHealth at WHO. <https://www.who.int/ehealth/about/en/> (accessed 9 June 2020).
5. Health Professions Council of South Africa. COVID-19 outbreak in South Africa: Guidance to health practitioners. 26 March 2020. [https://www.hpcsa.co.za/Uploads/Events/Announcements/HPCSA\\_COVID-19\\_guidelines\\_FINAL.pdf](https://www.hpcsa.co.za/Uploads/Events/Announcements/HPCSA_COVID-19_guidelines_FINAL.pdf) (accessed 18 April 2020).
6. Business Day. Ban on virtual consults with new patients dangerous, doctors say. 31 March 2020. <https://www.businesslive.co.za/bd/national/health/2020-03-31-ban-on-virtual-consults-with-new-patients-dangerous-doctors-say/> (accessed 15 April 2020).
7. Business Day. Doctors unhappy about low virtual consultation rates. 7 April 2020. <https://www.businesslive.co.za/bd/national/health/2020-04-07-doctors-unhappy-about-low-virtual-consultation-rates/> (accessed 12 April 2020).

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