

## Telehealth and Remote Consultation

Approved September 2020

This position statement replaces the NZMA's 2014 statement on telehealth and remote consultation.

1. Telehealth has been defined as the use of information and communication technologies to deliver health care when patients and care providers are not in the same physical location.<sup>1</sup> It includes, but is not limited to, remote consultation which is the focus of this position statement. Other forms of telehealth which are not specifically addressed here include telemonitoring and mHealth (mobile health).
2. While telehealth offers a number of advantages for doctors and their patients, it is important to recognise its limitations. For example, while telehealth can help patients in isolated locations receive necessary care, provide patients with more convenient access to care, and allow for doctors to work flexible working hours, limitations arise from restricted information exchange during remote consultation and the inability to undertake a clinical examination.
3. The NZMA supports the use of telehealth where appropriate but believes that telehealth should be an adjunct to, not a replacement for, in-person consultation.
4. Telehealth is generally best used in the context of an existing doctor-patient relationship where trust between a patient and doctor has already been established. In such circumstances, telehealth can be a useful tool to facilitate access to, and continuity of, care.
5. Telehealth has the potential to improve equity, primarily by improving access to health care services, but this should not be assumed. Factors such as the availability of the internet, technology literacy and ability to afford access to the internet or electronic devices need to be considered. In some cases, the need for an in-person consultation may become apparent during a remote consultation necessitating a second consultation with possible implications for cost and equity.
6. Experience with telehealth to date suggests that remote consultation is neither time saving nor cost saving for doctors in General Practice. Furthermore, current funding models with respect to telehealth in General Practice are not fit for purpose and need to be refined.
7. It is important to ensure that telehealth initiatives are not captured or driven by entrepreneurial considerations that could further fragment healthcare.
8. Telehealth can never fully substitute for the human elements that are integral to in-person consultations such as touch, empathy, compassion and perception.

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<sup>1</sup> New Zealand Telehealth Forum and Resource Centre. <https://www.telehealth.org.nz/telehealth-forum/what-is-telehealth/>

9. Comprehensive and rigorous evaluation of the benefits and risks of telehealth initiatives are needed and should help inform and refine telehealth services. Such evaluation should consider the impacts of telehealth on the job satisfaction of doctors as well as patient satisfaction.
10. The NZMA believes that it is ultimately the right of a doctor to determine whether a remote consultation is appropriate. It is also important to remember that the duty-of-care and all other ethical considerations remain the same during remote consultation as for face-to-face consultation. The Code of Ethics for the New Zealand medical profession<sup>2</sup> covers these ethical duties in greater detail.
11. The Medical Council of New Zealand has developed a statement on telehealth.<sup>3</sup> The Council's statement includes some general principles of telehealth as well as specific advice relating to providing care, prescribing, and providing care to patients located outside New Zealand. The NZMA has endorsed the Council's statement on telehealth and we believe that it articulates the key principles that all doctors must be aware of when undertaking remote consultation.

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<sup>2</sup> Available from <https://www.nzma.org.nz/documents/code-of-ethics-2020>

<sup>3</sup> Available from <https://www.mcnz.org.nz/assets/standards/06dc3de8bc/Statement-on-telehealthv3.pdf>