



PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE!

**ALLIED HEALTH PROFESSIONS COUNCIL  
OF NAMIBIA  
ETHICAL GUIDELINES ON  
TELEMEDICINE  
2021**

**GUIDELINES ON TELEMEDICINE**

## 1. DEFINITIONS

**Consulting health professional** – a health professional who conducts the initial interview or examination with the patient or refers patients' information to a remote location for further advice or intervention.

**Council** – Refers to the Allied Health Professions Council of Namibia.

**Guidelines** – Ethical Guidelines for Health Professionals 2010.

**Health professional** – a person registered to practise a profession in terms of the Social Work and Psychology Act, 2004 (Act No. 6 of 2004), Allied Health Professions Act, 2004 (Act No. 7 of 2004), Nursing Act, 2004 (Act No. 8 of 2004), Pharmacy Act, 2004 (Act No. 9 of 2004), or the Medical and Dental Act, 2004 (Act No. 10 of 2004).

**Patient** – a person who requests to be treated by a servicing health professional.

**Servicing health professional** – a health professional who offers advice or intervention or patient information from a remote location.

**Telemedicine** – the provision of services, where face-to-face consultations are not possible, but instead using electronic communication, information technology or other electronic means between or among health professionals in different locations, or a health professional and a patient in different locations to facilitate, improve and enhance clinical, educational and scientific health and research, particularly to the under-serviced areas in Namibia. Information is exchanged electronically on or off-line, and formally or informally.

## **2. COMPETENCE, REGISTRATION AND AUTHORISATION**

### **2.1 PREAMBLE**

According to the Social Work and Psychology Act, 2004 (Act No. 6 of 2004), Allied Health Professions Act, 2004 (Act No. 7 of 2004), Nursing Act, 2004 (Act No. 8 of 2004), Pharmacy Act, 2004 (Act No. 9 of 2004), and the Medical and Dental Act, 2004 (Act No. 10 of 2004), registration is a prerequisite to practise a profession. Only health professionals who are registered in their respective professions are authorised to participate in the telemedicine practice in Namibia – either as consulting health professionals or servicing health professionals. Telemedicine should preferably be practised where there is an established health professional-patient relationship. Where such a relationship does not exist, health professionals may still consult using telemedicine, provided such consultations are done in the best clinical interest of patients.

### **2.2 TYPES OF TELEMEDICINE AND REQUIREMENTS FOR CONSULTATION**

There are three main types of telemedicine:

- 1) store and forward;
- 2) remote monitoring; and
- 3) real-time interactive services.

2.2.1 The telemedicine consultation is conducted through a two-way video link-up, where the practitioner can see the patient's image on the screen and hear his or her voice.

2.2.2 The patient is at liberty to ask questions and seek clarification of the procedures.

2.2.3 The patient may at any time ask that the telemedicine consultation be stopped.

2.2.4 The physical requirements for telemedicine consultation by health professionals include:

- a) stable internet connection;
- b) computer with webcam and integrated microphone;
- c) headphones to ensure privacy;

- d) quiet and professional area to conduct the virtual session;
- e) good quality lighting; and a
- f) professional dress code.

## **2.3 REGISTRATION A PRE-REQUISITE FOR TELEMEDICINE**

- 2.3.1 In the case of telemedicine across country borders, health professionals serving Namibian patients should be registered with the regulating bodies in that country as well as the Health Professions Councils of Namibia. Moreover, health professionals should provide proof of qualifications or training upon request thereof by the consulting health professional.
- 2.3.2 Consulting health professionals are responsible for ensuring the servicing health professional is competent according to Namibian health standards.
- 2.3.3 Consulting health professionals and servicing health professionals must comply with the registration requirements in terms of their respective Acts, and they must practise telemedicine within their respective scopes of practice.

## **3. HEALTH PROFESSIONAL-PATIENT RELATIONSHIP**

- 3.1 The relationship between a patient and the health professional is established when the two parties agree to the treatment.
- 3.2 In telemedicine, the practice by a health professional occurs where the patient is located at the time telemedicine technologies are used.
- 3.3 The relationship between a patient and the health professional must be based on mutual trust and respect, applicable to both servicing and consulting health professionals.
- 3.4 Health professionals, whether consulting or servicing, must at all times in the practice of telemedicine adhere to the guidelines in the treatment of patients. The movement of the patients' information by electronic means does not alter the ethical duties of the health professional.

3.5 The professional discretion of health professionals engaging in telemedicine regarding the diagnosis, scope of care or treatment should not be limited or influenced by non-clinical considerations of telemedicine technologies.

#### **4. ASSUMPTION OF PRIMARY RESPONSIBILITY**

4.1 There is a distinction between telemedicine consulting and the servicing health professionals regarding where the primary responsibility lies.

4.1.1 The consulting health professional remains responsible for the treatment, decisions and other recommendations given to the patient, as well as for keeping detailed records of the patient's condition and information transmitted and received from the servicing health professional.

4.1.2 The servicing health professional must keep detailed records of the advice he/she delivers, the information he/she receives and on what the advice is based.

4.1.3 The servicing health professional must further ensure the advice or treatment suggestions given were understood by the consulting health professional and the patient.

4.2 Telemedicine should, however, not be limited to having a consulting and servicing health professionals, as some allied health professions have a severe shortage of health professionals. Accordingly, where there is only one health professional available for the telemedicine treatment, the professional is responsible for the duties as set out above.

#### **5. EVALUATION AND TREATMENT OF PATIENT**

A documented evaluation must be done, and the relevant clinical history necessary to diagnose underlying conditions as well as any contra-indications regarding the recommended treatment must be obtained before providing treatment, including issuing prescriptions electronically or otherwise.

5.1 The evaluation, as set out above, includes taking the vital signs that can be taken. This can be explained to the patient prior to the consultation taking place so as to adequately prepare him/her. It must be

explained to the patient that he/she accepts full responsibility of the accuracy of the vital signs, such as in the following situations:

- a) Temperature taken by the patient himself/herself.
- b) Pulse rate: this can be described manually to the patient.
- c) Respiration rate: observation by the professional during consultation.
- d) Blood pressure: if the patient has assistance or is able to obtain a blood pressure device, then it can be screened.

5.2 Treatment, including issuing a prescription based solely on an online questionnaire, does not constitute an acceptable standard of care. Accordingly, a thorough evaluation, as set out in 5.1, must have been done prior to treatment and/or issuing of a prescription.

5.3 When providing telemedicine services, health professionals should ensure informed consent is taken in accordance with the standard practice used in the face-to-face practice.

## **6. PROFESSIONAL DUTIES**

6.1 Health professionals engaging in telemedicine must observe the professional duties imposed in the guidelines.

6.2 Duties to patients include – but are not limited to – constantly acting in the best interest or well-being of the patient, respecting patients' privacy and dignity, giving patients the information they need about their condition (i.e diagnosis or impairment) and maintaining confidentiality at all times.

6.3 Health professionals should not give medical advice or provide treatment, using telemedicine, without obtaining appropriate informed consent from the patient for the treatment to be given and telemedicine technology to be used.

6.4 In the event of where both a consulting and servicing health professional are involved, they should both verify:

- a) The location of the consulting or servicing health professional;
- b) The identity and qualifications of the consulting or servicing health professional, and
- c) The identity of the patient.

## **7. DUTY TO INFORM AND INFORMED CONSENT**

7.1 This section must be read in conjunction with the Council's guidelines regarding informed consent.

7.2 Informed consent for the use of telemedicine technologies must be obtained in writing.

7.3 Informed consent documentation for the telemedicine practice should include the following:

- a) The identities of the patient and the servicing health professional.
- b) The servicing health professional's practice number.
- c) The types of transmissions consented in the use of telemedicine technologies (e.g. assessments, therapy, counselling, guidance, caregiver training, etc.).
- d) Agreement by the patient that the servicing health professional will decide whether or not the condition being diagnosed or treated is appropriate for a telemedicine consultation.
- e) Details of the security measures taken with the use of telemedicine technologies, such as encrypting data, password protected screensavers and data files – or the use of other reliable authentication techniques.
- f) Any material risks to confidentiality, arising from the use of telemedicine technologies that may influence the patient's decision to consent.
- g) The patient's informed and written consent to the transmission of his/her personal medical information to a consulting health professional or a third party.

7.4 When telemedicine is used, the patient should be informed regarding who will access their information, the purpose of the telemedicine service, the cost of the service, and the implications of the use of such information.

7.5 It is the duty and responsibility of the consulting or servicing health professional to obtain informed consent for telemedicine purposes.

7.6 The documentation regarding informed consent for the telemedicine practice should include the following:

- a) The patient's name and address, and the location or site of consultation.
- b) The consulting health professional's name, practice address and number, and location.
- c) The servicing health professional or health professional's names, practice addresses and numbers, and location.
- d) A brief explanation of telemedicine.
- e) The types of transmissions consented to be used in telemedicine technologies (e.g. assessments, therapy, counselling, guidance, caregiver training, etc.).
- f) Details of the security measures taken with the use of telemedicine technologies, such as encrypting data, password protected screensavers and data files – or the use of other reliable authentication techniques.
- g) Any material risks to confidentiality arising from the use of telemedicine technologies that may influence the patient's decision to consent.
- h) The expected risks, possible benefits of, and alternatives to, telemedicine.
- i) Agreement by the patient that the servicing health professional will decide the condition being diagnosed or treated is appropriate for a telemedicine consultation.
- j) The patient's agreement after a full explanation was given, including his/her informed and written consent to the transmission of the patient's personal medical information to a consulting health professional or other appropriate third parties.
- k) The signature of the patient, and that of the patient's parent(s), guardian(s) or caregiver(s); the relationship to the patient should be specified.

7.7 A copy of the consent form should be kept with the patient's records, and a duplicate should be given to the patient.

7.8 In the case of video-conference consultations, the patient must be aware of the presence of other people on the other side – if any – and that his/her identity may be revealed to such people; hence, he/she must consent to this.



## **8. PATIENT CONFIDENTIALITY**

8.1 The patient must at all times be assured that their confidentiality is protected.

8.2 Patient confidentiality should be ensured by both the consulting and servicing health professionals' sites in adherence to the provisions of the Council's ethical guidelines on patient confidentiality.

8.3 The Council's Ethical Guidelines on Confidentiality further provides guidelines on how patient information may be disclosed; for example, if the patient agreed to disclosure, or the health professional has a good and overriding reason to do so. Examples of such reasons may be any probable and serious harm to an identifiable third party, a public health emergency, or any overriding and ethically justified legal requirements.

8.4 Maintenance and transmission of records regarding telemedicine consultations should be maintained at the same standard of care as face-to-face consultations.

8.5 Policies and procedures for telemedicine should deal with:

- a) Confidentiality;
- b) Health personnel, apart from the health professionals, who will process the electronic information;
- c) Types of transactions that are permitted electronically;
- d) Required patient information to be included in electronic communications (e.g. name, identification number and type of transaction);
- e) Archival and retrieval oversight mechanisms, and
- f) Quality oversight mechanisms.

8.6 Electronic transmissions (e.g. emails regarding personal medical information, including results and reports) must be secured within existing technology (e.g. password protected, encrypted electronic prescriptions or other reliable authentication techniques). It is the responsibility of the health professionals to ensure these non-health personnel do not violate patient confidentiality.

8.7 All patient-health professional electronic communications must be stored and filed in the patient's medical record file in line with traditional record-keeping policies and procedures.

## **9. ROUTINE, SPECIALISTS AND EMERGENCY CONSULTATIONS**

There is a need to provide guidelines on routine, emergency or specialist consultations, using telemedicine technologies.

### **9.1 ROUTINE TELEMEDICINE**

- a) Patient-initiated or second opinion telemedicine should not be restricted to an existing health-patient relationship. The health professional should gather sufficient knowledge of the patient's clinical condition to be able to render a proper and clinically-justifiable diagnosis, treatment or recommendation.
- b) Telemedicine should only be used as an adjunct to normal medical practice – and it should only replace face-to-face services where the quality and safety of patient care is not compromised, and where the best available resources are used in securing and transmitting patient information.

### **9.2 SPECIALIST TELEMEDICINE**

- a) Specialist telemedicine consultations form the bulk of the telemedicine practice in Namibia because of human resource capacity challenges, particularly in rural areas.
- b) These challenges do not, however, mean that patients should be over- or underserved.
- c) The ethical guidelines on good practice and the professional conduct rules for health professionals registered with the Council should be taken into consideration at all times.

### **9.3 EMERGENCY TELEMEDICINE**

- a) Emergency telemedicine involves judgements by the health professional, often based on sub-optimal patient information.
- b) In emergencies, the health and wellbeing of the patient are the determining factors with regard to stabilising the patient and having the patient referred for thorough medical care.
- c) The health professional must provide the patient with emergency instructions when the care provided by telemedicine indicates that a referral to an acute care or emergency facility is necessary for the immediate treatment of the patient.

- d) The emergency instructions should be in writing, and they should be appropriate to the services being rendered via telemedicine.

## **10. QUALITY, SECURITY AND SAFETY OF PATIENT INFORMATION AND RECORDS**

Rules on confidentiality and security of patient information applies to telemedicine, especially with regard to transmission and storage.

- 10.1 Every registered health professional engaging in telemedicine practices takes responsibility for the quality of services delivered as well as confidentiality, security and the safety of patients' information.
- 10.2 Patient information and records should consist of copies of all patient-related electronic communications, including:
  - a) Patient-health professionals' communications;
  - b) Prescriptions;
  - c) Laboratory and test results;
  - d) Evaluations and consultations;
  - e) Records of past care;
  - f) Instructions obtained or produced in connection to telemedicine technologies, and
  - g) Signed informed consents to the treatment and use of telemedicine.
- 10.3 The patients' records, established during the use of telemedicine, must be accessible and documented for the health professionals involved and their patients.
- 10.4 It is the registered health professionals' responsibility to ensure that personnel, who may be offering auxiliary or technical services, are aware of the need for such quality, security and safety – and that they adhere to the stipulated guidelines.

## **11. QUALITY ASSURANCE**

- a) Health professionals, both from the consulting and servicing practices/offices, should not practice telemedicine without ensuring the equipment and accessories used are optimally operational.
- b) Periodical quality control tests and servicing of equipment should be carried out, and records should be kept for verification.
- c) The quality and quantity of patient information received should be sufficient and relevant for the patient's clinical condition to ensure accurate medical decisions and recommendations are made for the benefit of the patient.
- d) Good communication contributes to quality patient information being transmitted from one health professional to the other.
- e) Quality should further be ascertained in the manner of documenting patient information.
- f) Where images are transmitted from one location to the other, it is the responsibility of the consulting and servicing health professionals to ensure there is no critical loss of image resolution from acquisition to final display.

## **12. SECURITY**

- a) Patient information should only be transmitted from one site to the other, and stored with the full knowledge and approval of the patient in line with the guidelines of the informed consent.
- b) Only the information that is relevant to the clinical history of the patient should be transmitted electronically.
- c) To protect the identity of the patient when information is transmitted between sites, it is essential that personal identification should be removed, and the transmitted information should be encrypted.
- d) All personal computers of the telemedicine service should be accessed by only authorised personnel through the use of a login password.
- e) There are three factors central to the security of patient information, namely:

- (i) Privacy: who can access it?
  - (ii) Authenticity: who sends the information?
  - (iii) Integrity: has the information been altered during its transmission through the public networks?
- f) Access to information by other health professionals, patients or third party should be authorised by the health provider in charge of the patient, and carried out according to the Acts, rules regulations and national policies dealing with access to information.

### **13. SAFETY**

Health care professionals using telemedicine should:

- a) Avoid accidental damage and loss of patient information;
- b) Provide safe procedures to avoid any alteration or elimination of patient data;
- c) Ensure that patients' information obtained electronically is kept in line with the Councils' guidelines on the keeping of patients' records, and
- d) Comply with the legal requirements for the protection of information regarding the electronic collection of patients' personal information.