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## EthxWeb Search Results

Search Detail:

Result=TELEMEDICINE

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Documents: 1 - 160 of 160

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Article Document 1

Kovach, Karen A; Aubrecht, Jill Ann; Dew, Mary Amanda; Myers, Brad; Dabbs, Annette Devito

**Data safety and monitoring for research involving remote health monitoring.**

Telemedicine journal and e-health : the official journal of the American Telemedicine Association 2011 Sep; 17(7): 574-9

**Abstract:** Investigators conducting research involving human subjects are obligated to safeguard the wellbeing of the study participants. Other than requiring investigators to establish procedures for ongoing monitoring and reporting of adverse events, federal regulations do not dictate how human subject safety should be ensured. A variety of data safety monitoring (DSM) procedures may be acceptable depending on the nature, size, and complexity of the study. However, practical guidance for establishing and implementing appropriate DSM plans for such studies are lacking. In this article, we provide a review of the DSM considerations associated with monitoring health remotely and describe the Pocket Personal Assistant for Tracking Health project as an exemplar for how to develop effective DSM plans for research that captures clinical data using remote health-monitoring devices. Protecting the safety and welfare of participants is one of the most important mandates for research involving human subjects. Investigators have an ethical and scientific responsibility to monitor the safety of research participants. Investigators typically fulfill this responsibility by monitoring and reporting adverse events.



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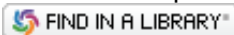
Article Document 2

Tarassenko, G N; Lipova, E V; Glazko, I I

**[Telemedicine: opinions of dermatovenerologist and patient].**

Voenno-meditsinskii zhurnal 2011 Jul; 332(7): 8-11

**Abstract:** The article presents the results of the survey of the dermatovenerologists and patients to explore their attitude to the telemedicine consultations. It is found that most of the dermatovenerologists have the positive attitude towards telemedicine consultations. From the perspective of patients using telemedicine technology is likely to breach the protection of personal privacy.



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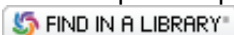
Article Document 3

Graber, Mark A; Graber, Abraham D

**Black, white or green: 'race', gender and avatars within the therapeutic space.**

Medical humanities 2011 Jun; 37(1): 9-12

**Abstract:** Personal identity is critical to provider-patient interactions. Patients and doctors tend to self-select, ideally forming therapeutic units that maximise the patients' benefit. Recently, however, 'reality' has changed. The internet and virtual worlds such as Second Life (<http://www.secondlife.com/>) allow models of identity and provider-patient interactions that go beyond the limits of mainstream personal identity. In this paper some of the ethical implications of virtual patient-provider interactions, especially those that have to do with personal identity, are explored.



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Article Document 4

Shore, Rebecca; Halsey, Julia; Shah, Kavita; Crigger, Bette-Jane; Douglas, Sharon P;  
AMA Council on Ethical and Judicial Affairs (CEJA)

**Report of the AMA Council on Ethical and Judicial Affairs: professionalism in the use of social media.**

The Journal of clinical ethics 2011 Summer; 22(2): 165-72

**Abstract:** Although many physicians have been using the internet for both clinical and social purposes for years, recently concerns have been raised regarding blurred boundaries of the profession as a whole. In both the news media and medical literature, physicians have noted there are unanswered questions in these areas, and that professional self-regulation is needed. This report discusses the ethical implications of physicians' nonclinical use of the internet, including the use of social networking sites, blogs, and other means to post content online. It does not address the clinical use of the internet, such as telemedicine, e-prescribing, online clinical consultations, health-related websites, use of electronic media for clinical collaboration, and e-mailing patients (some of which are already covered in the AMA's Code of Medical Ethics).



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Article Document 5

Zwijssen, Sandra A; Niemeijer, Alistair R; Hertogh, Cees M P M

**Ethics of using assistive technology in the care for community-dwelling elderly people: an overview of the literature.**

Aging & mental health 2011 May; 15(4): 419-27

**Abstract:** This article provides an overview of the international literature on the most important ethical considerations in the field of assistive technology (AT) in the care for community-dwelling elderly people, focused on dementia.



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Article Document 6

Mackert, Michael; Love, Brad; Holton, Avery E

**Journalism as health education: media coverage of a nonbranded pharma web site.**

Telemedicine journal and e-health : the official journal of the American Telemedicine Association 2011 Mar; 17(2): 88-94

**Abstract:** Objective: As healthcare consumers increasingly use the Internet as a source for health information, direct-to-consumer (DTC) prescription drug advertising online merits additional attention. The purpose of this research was to investigate media coverage of the joint marketing program linking the movie Happy Feet and the nonbranded disease education Web site FluFacts—a resource from Tamiflu flu treatment manufacturer Roche Laboratories Inc.



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Article Document 7

Hawkins, Alice K; Hayden, Michael R

**A grand challenge: providing benefits of clinical genetics to those in need.**

Genetics in medicine : official journal of the American College of Medical Genetics 2011 Mar; 13(3): 197-200

**Abstract:** Genetic research, techniques, and knowledge have rapidly expanded in the last two decades with the completion of the Human Genome Project and other major advances in discovery research and diagnostic technologies. Although these developments have obvious potential, they also raise significant challenges related to programs for the actual delivery of useful genetic testing and services. This challenge is particularly acute in rural and remote areas, where lack of access to genetic services is pervasive resulting in significant inequities in access and availability of services. Huntington disease, the classic example of an adult-onset hereditary disorder, is used to illustrate this concern and highlight the imperative of exploring novel mechanisms to improve access to effective genetic services. The components of an effective and practical solution strategy are outlined, including the

development of innovative delivery systems such as telemedicine, web-based education tools, and cost-reduction mechanisms. A proactive approach is essential to ensure the potential benefits, and availability of clinical genetics is realized by those in need rather than just those in reach.



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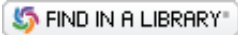


**Article** Document 8

Lateef, Fatimah

**The practice of telemedicine: medico-legal and ethical issues**

Ethics & Medicine 2011 Spring; 27(1): 17-24



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**Article** Document 9

Kluge, Eike-Henner W

**Ethical and legal challenges for health telematics in a global world: telehealth and the technological imperative.**

International journal of medical informatics 2011 Feb; 80(2): e1-5

**Abstract:** Telehealth is one of the more recent applications of ICT to health care. It promises to be both cost-effective and efficient. However, there lies a danger that focusing mainly on pragmatic considerations will ignore fundamental ethical issues with legal implications that could undermine its success. Implicated here are, among others, changes in the nature of the health care professional patient relationship and informed consent, etc. The position of health informatics professionals as well as hard- and software providers is also affected. A further complicating factor is outsourcing. This paper identifies relevant issues and outlines some of their implications.



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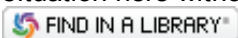
**Article** Document 10

Verkerk, Marian A; Lindemann, Hilde

**Theoretical resources for a globalised bioethics.**

Journal of medical ethics 2011 Feb; 37(2): 92-6

**Abstract:** In an age of global capitalism, pandemics, far-flung biobanks, multinational drug trials and telemedicine it is impossible for bioethicists to ignore the global dimensions of their field. However, if they are to do good work on the issues that globalisation requires of them, they need theoretical resources that are up to the task. This paper identifies four distinct understandings of 'globalised' in the bioethics literature: (1) a focus on global issues; (2) an attempt to develop a universal ethical theory that can transcend cultural differences; (3) an awareness of how bioethics itself has expanded, with new centres and journals emerging in nearly every corner of the globe; (4) a concern to avoid cultural imperialism in encounters with other societies. Each of these approaches to globalisation has some merit, as will be shown. The difficulty with them is that the standard theoretical tools on which they rely are not designed for cross-cultural ethical reflection. As a result, they leave important considerations hidden. A set of theoretical resources is proposed to deal with the moral puzzles of globalisation. Abandoning idealised moral theory, a normative framework is developed that is sensitive enough to account for differences without losing the broader context in which ethical issues arise. An empirically nourished, self-reflexive, socially inquisitive, politically critical and inclusive ethics allows bioethicists the flexibility they need to pick up on the morally relevant particulars of this situation here without losing sight of the broader cultural contexts in which it all takes place.



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\*  **Book** Document 11

Chadwick, Ruth F.; Henk ten; and Meslin, Eric Mark

THE SAGE HANDBOOK OF HEALTH CARE ETHICS: CORE AND EMERGING ISSUES



**Article** Document 12

Laversin, Sabine; Baujard, Vincent; Gaudinat, Arnaud; Simonet, Maria-Ana; Boyer, Célia

**Improving the transparency of health information found on the internet through the honcode: a comparative study.**

Studies in health technology and informatics 2011; 169: 654-8

**Abstract:** This study aims to show that health websites not asking for HONcode certification (Control sample websites A) do not respect elementary ethical standards such as the HONcode. The HONcode quality and ethical standards and the certification process have been developed by the Health on the Net Foundation to improve the transparency of the health and medical information found on the Internet. We compared the compliance with the 8 HONcode principles, and respectively the respect of principles 1 (authority), 4 (assignment), 5 (justification) and 8 (honesty in advertising and editorial policy) by certified websites (A) and by health websites which have not requested the certification (B). The assessment of the HONcode compliance was performed by HON evaluators by the same standards for all type of sites. Results shows that 0.6% of health websites not asking for HONcode certification does respect the eight HONcode ethical standards vs. 89% of certified websites. Regarding the principles 1, 4, 5 and 8, 1.2% of B respect these principles vs. 92% for A. The certification process led health websites to respect the ethical and quality standards such as the HONcode, and disclosing the production process of the health website.



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**Article** Document 13

Clark, Peter A; Capuzzi, Kevin; Harrison, Joseph

**Telemedicine: medical, legal and ethical perspectives.**

Medical science monitor : international medical journal of experimental and clinical research 2010 Nov 30; 16(12): RA261-72

**Abstract:** Technological innovations in medical care have led to the development of telemedicine programs in both rural and urban environments. The necessity for telemedicine has increased immensely as more cost-effective treatment options have become available for both patients and physicians through the addition of telecommunication technologies to medical practice. The development of telemedicine systems began as a means of providing access to health care resources for individuals living in isolated rural areas, grew into advanced medical intervention techniques for soldiers on the battlefield, and have become prevalent in urban medical centers both as a resource to the underserved populations and as a platform for physicians off-site to conduct patient consults remotely. Urban telemedicine systems, as monitored in the Mercy Health System (Philadelphia, Pennsylvania) and AtlantiCare Regional Medical Center (Atlantic City, New Jersey), display the enormous benefits of telemedicine as a form of preliminary analysis of patients for the treatment of various medical conditions including chronic disease, mental health disorders and stroke. However, the initiation of telemedicine programs requires new protocols and safeguards to be initiated to protect patient confidentiality/privacy, ensure the appropriate licensure of physicians practicing across state borders, and educate patients on the use of new technological systems. Telemedicine represents the progression of medicine in the presence of improving communication technologies and should be instituted in all urban medical centers. This conclusion is based upon the ethical responsibility to treat all persons with dignity and respect, which in this case, mandates the provision of the most cost-effective, beneficial medical care for all populations.



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**Article** Document 14

Saout, Christian

**[Telemedicine and patients, for the traceability of data exchanges]. = Télémedecine et patients, pour une traçabilité des échanges de données.**

Soins; la revue de référence infirmière 2010 Nov(750): 47-8

**Abstract:** The computerisation of healthcare data in France is protected by a legal framework, which professional practices sometimes overlook. With the arrival of telemedicine, the patient's express consent is required, the purpose and consequences of which need to be explained. While restricting, this consent is essential for the social acceptance of the computerisation of healthcare data, which offers advantages but which also harbours certain dangers.



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Article Document 15

Nelson, William A

**The ethics of telemedicine. Unique nature of virtual encounters calls for special sensitivities.**

Healthcare executive 2010 Nov-Dec; 25(6): 50-3



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Article Document 16

Tsai, Chung-Hung; Chuang, Bi-Kun; Lan, Yu-Li

**[The development and effectiveness of telecare from an integrated technological, humanistic and management perspective].**

Hu li za zhi The journal of nursing 2010 Aug; 57(4): 83-8

**Abstract:** A decreasing birthrate coupled with a growing elderly population has led to an increased focus on elderly-centric issues such as long-term care and senior healthcare. Recent advances in information, communication and biomedical technologies have combined to allow the development of various types of telemedicine technology designed to enhance or expand patient services and care. To date, most telecare studies have focused on the development of underlying technologies rather than on patient (customer) perceptions regarding service mechanisms. The lack of the latter makes obtaining an effective understanding of the actual needs and problems of the elderly population difficult, and limits the potential for clinical implementation of study findings and further knowledge development. This article reviews important articles in the literature on telecare and evaluates the effectiveness of telecare-related technologies. Three key aspects associated with eight sub-indicators were identified. These included the aspects of technology (system quality); humanism (institutional trust and privacy risk); and management (service quality, cost benefit, satisfaction, use intention, and influence on health). An integrated perspective combining social and technological aspects is needed to facilitate increasing utilization of and satisfaction with telecare. Simply implementing new systems built around this innovative technology is not sufficient, and may be counterproductive. This article was written to help stimulate deeper exploration and insights into academic theory and clinical practice in order to help shape and create a better vision of aging in place.



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Article Document 17

Rezende, Edson José Carpintero; Melo, Maria do Carmo Barros de; Tavares, Eduardo Carlos; Santos, Alaneir de Fátima dos; Souza, Cláudio de

**[Ethics and eHealth: reflections for a safe practice]. = Etica e telessaúde: reflexões para uma prática segura.**

Revista panamericana de salud pública = Pan American journal of public health 2010 Jul; 28(1): 58-65

**Abstract:** The term eHealth (or telemedicine, telehealth) has been used to describe activities that employ information and telecommunication technologies to deliver health care. Distance is an important factor hindering the delivery of many important services, such as diagnosis, treatment, prevention, health promotion, and health research assessment. Although eHealth can provide interesting solutions such as a second specialist opinion in geographically isolated areas, a large number of ethical and legal issues must be considered. It is essential to discuss, among others, aspects relating to safety and confidentiality; professional accountability; technical standards relating to digital recording, storage, and transmission of clinical data; copyright; authorization from professional regulatory bodies; and licensing for the remote practice of medicine. In Brazil, the Federal Council of Medicine has already established rules for telemedicine; however, it is still necessary to further this discussion to involve the entire health care sector. Since there are many eHealth projects being developed in Brazil, there is an

urgent need to design protocols and training programs for all professionals involved.



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**Article** Document 18

Vanermen, Hugo K.

**Live surgery should not be outlawed at national and regional cardiothoracic meetings.**

Journal of Thoracic and Cardiovascular Surgery 2010 April; 139(4): 822-825



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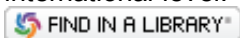
**Article** Document 19

Maar, M.A.; Seymour, A.; Sanderson, B.; Boesch, L.

**Reaching agreement for an Aboriginal e-health research agenda: the Aboriginal Telehealth Knowledge Circle consensus method.**

Rural and Remote Health 2010 January-March; 10(1): 1299

**Abstract:** INTRODUCTION: In Canada, telehealth has been successfully implemented in a number of Aboriginal communities with subsequent improvements to access to health care and quality of life. However, there are many knowledge gaps that limit our understanding of the broad range of Aboriginal e-health issues; a research agenda is urgently required. The objective of this research was to develop an Aboriginal e-health research agenda designed to address the substantial knowledge gaps that impede e-health deployment and adoption particularly in rural and remote Aboriginal communities in Canada. A consensus method based on Aboriginal culture, values and approaches to consensus was developed to achieve this. METHODS: In this consensus methodology, a core group of Aboriginal telehealth leaders, led by a research facilitator, engaged in an iterative process of individual and group review of research data. The reviewed data included stakeholder interview data, questionnaires, literature and other resources and was prioritized in order to develop recommendations for an Aboriginal e-health research agenda. RESULTS: A total of 40 stakeholders including Aboriginal Telehealth Knowledge Circle (ATKC) members, communities of practice and regional, provincial and federal leaders and policy-makers participated in the consensus process. The research recommendations showed a high degree of consistency among stakeholders. Participants reached consensus on 6 areas: research ethics, internet-based e-health services data, educational resources, sustainability models, best practices and exploration of innovative applications. CONCLUSIONS: An ATKC consensus process was successfully applied to reach consensus on an Aboriginal e-health research agenda, demonstrating the potential of Indigenous research approaches for defining levels of agreement on complex topics. The resulting conceptual map for e-health research can be used as a springboard for partnership-based research initiatives involving Aboriginal communities, governments and researchers, and may be of interest to Indigenous e-health researchers at an international level.



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**Book** Document 20

Blobel, Bernd; Hvanberg, Ebba T.; and Valgerur Gunnarsdóttir

European Federation for Medical Informatics. Special Topic Conference

SEAMLESS CARE, SAFE CARE: THE CHALLENGES OF INTEROPERABILITY AND PATIENT SAFETY IN HEALTH CARE: PROCEEDINGS OF THE EFMI SPECIAL TOPIC CONFERENCE, JUNE 2-4, 2010, REYKJAVIK, ICELAND

Amsterdam: IOS Press, 2010. 226 p.



**Article** Document 21

Georgieff, Peter; Friedewald, Michael

**[Facing the challenges of ubiquitous computing in the health care sector]. = Herausforderungen durch**

## ubiquitäres Computing im Gesundheitsbereich.

Zeitschrift für Evidenz, Fortbildung und Qualität im Gesundheitswesen 2010; 104(10): 715-20

**Abstract:** The steady progress of microelectronics, communications and information technology will enable the realisation of the vision for "ubiquitous computing" where the Internet extends into the real world embracing everyday objects. The necessary technical basis is already in place. Due to their diminishing size, constantly falling price and declining energy consumption, processors, communications modules and sensors are being increasingly integrated into everyday objects today. This development is opening up huge opportunities for both the economy and individuals. In the present paper we discuss possible applications, but also technical, social and economic barriers to a wide-spread use of ubiquitous computing in the health care sector.



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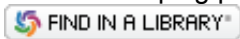
### Article Document 22

van Wynsberghe, Aimee; Gastmans, Chris

#### **Telepsychiatry and the meaning of in-person contact: a preliminary ethical appraisal.**

Medicine, health care, and philosophy 2009 Nov ; 12(4): 469-76

**Abstract:** Pioneering researchers claim that telepsychiatry presents the possibility of improving both the quality and quantity of patient care for populations in general as well as for those in rural and remote locations. The prevalence of, and literature on telepsychiatry has increased dramatically in the last decade, covering all aspects of research endeavors. However, little can be found on the topic of ethics in telepsychiatry. Using various clinical scenarios we may provide insight into the moral challenge in telepsychiatry-the lack of in-person contact. The difficulty is to articulate what the significance of in-person contact is and further, its meaning in the therapeutic relationship between the patient and the physician. Using the personalist perspective and related philosophical approaches we may sketch an idea of the patient as person, existentially considered as a relational and bodily human being. By applying Brennan's model for health technology assessment we may evaluate the morally troubling aspect of telepsychiatry-a lack of in-person contact-on this philosophical sketch of the person. This consideration is crucial when developing policies to guide the use of telepsychiatry in order to maintain the quality of care.



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### \* Article Document 23

Grenier, Nicole; Bercovitch, Lionel; Long, Thomas P.

#### **Cyberdermatology II: a case-based approach to teledermatology ethics.**

Clinics in Dermatology 2009 July-August; 27(4): 367-371



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### Article Document 24

Merrell, Ronald C; Doam, Charles R

#### **Ethics in telemedicine research.**

Telemedicine journal and e-health : the official journal of the American Telemedicine Association 2009 Mar; 15(2): 123-4



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### Article Document 25

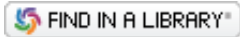
Smith, Richard D.; Chanda, Rupa; Tangcharoensathien, Viroj

#### **Trade in health-related services.**

Lancet 2009 February 14; 373(9663): 593-601

**Abstract:** The supervision of a domestic health system in the context of the trade environment in the 21st century needs a sophisticated understanding of how trade in health services affects, and will affect, a country's health

system and policy. This notion places a premium on people engaged in the health sector understanding the importance of a comprehensive outlook on trade in health services. However, establishment of systematic comparative data for amounts of trade in health services is difficult to achieve, and most trade negotiations occur in isolation from health professionals. These difficulties compromise the ability of a health system to not just minimise the risks presented by trade in health services, but also to maximise the opportunities. We consider these issues by presenting the latest trends and developments in the worldwide delivery of health-care services, using the classification provided by the World Trade Organization for the General Agreement on Trade in Services. This classification covers four modes of service delivery: cross-border supply of services; consumption of services abroad; foreign direct investment, typically to establish a new hospital, clinic, or diagnostic facility; and the movement of health professionals. For every delivery mode we discuss the present magnitude and pattern of trade, main contributors to this trade, and key issues arising.



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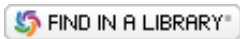
\*  **Article** Document 26

Perry, J.; Beyer, S.; Holm, S.

**Assistive technology, telecare and people with intellectual disabilities: ethical considerations.**

Journal of Medical Ethics 2009 February; 35(2): 81-86

**Abstract:** Increasingly, commissioners and providers of services for people with intellectual disabilities are turning to assistive technology and telecare as a potential solution to the problem of the increased demand for services, brought about by an expanding population of people with intellectual disabilities in the context of relatively static or diminishing resources. While there are numerous potential benefits of assistive technology and telecare, both for service providers and service users, there are also a number of ethical issues. The aim of this paper is to raise these issues and to set them within the ethical framework proposed by Beauchamp and Childress. There is a need for a wider debate as a first step in the development of strategies to address the issues raised in the paper.



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<http://jme.bmj.com> (link may be outdated)

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**Article** Document 27

Wu, Hsing-Hao

**Evolving medical service in the information age: a legal analysis of applying telemedicine programs in Taiwan**

Medicine and Law: The World Association for Medical Law 2008 December; 27(4): 775-785



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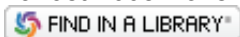


**Article** Document 28

Fitzgerald, Richard

**Medical regulation in the telemedicine era**

Lancet 2008 November 22-28; 372(9652): 1795-1796



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<http://www.thelancet.com/journals/lancet> (link may be outdated)

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\*  **Article** Document 29

Papadodima, Stavroula A.; Spiliopoulou, Chara A.; Sakelliadis, Emmanouil I.



## Medical confidentiality: legal and ethical aspects in Greece

Bioethics 2008 September; 22(7): 397-405

**Abstract:** Respect for confidentiality is firmly established in codes of ethics and law. Medical care and the patients' trust depend on the ability of the doctors to maintain confidentiality. Without a guarantee of confidentiality, many patients would want to avoid seeking medical assistance. The principle of confidentiality, however, is not absolute and may be overridden by public interests. On some occasions (birth, death, infectious disease) there is a legal obligation on the part of the doctor to disclose but only to the appropriate authorities. Permissible disclosure can be granted by the patients' consent, for example, for the purpose of insurance they may wish to take out. Moreover, there are some ambivalent situations (such as criminal acts, or notification of sexual partner in case of a patient with AIDS) for which Greek law does not include relevant provisions, and the Codes of Medical Ethics do not offer clear guidelines. Therefore, the Greek doctor is called to estimate the situation and assume full responsibility for his decision. Finally, new considerations have arisen in the context of the recent advances in the field of telemedicine and electronic archiving. The paper discusses the current situation and legislation in Greece.



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<http://www3.interscience.wiley.com/journal/118486360/home> (link may be outdated)

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\*  Article Document 30

Kaplan, Bonnie; Litewka, Sergio

### Ethical challenges of telemedicine and telehealth

CQ: Cambridge Quarterly of Healthcare Ethics 2008 Fall; 17(4): 401-416



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\*  Article Document 31

Lupton, M.

### Termination of pregnancy by telemedicine: an ethicist's viewpoint.

BJOG: An International Journal of Obstetrics and Gynaecology 2008 August; 115(9): 1071-1073



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\*  Article Document 32

Singh, Sanjiv N.; Wachter, Robert M.

### Perspectives on medical outsourcing and telemedicine -- rough edges in a flat world?

New England Journal of Medicine 2008 April 10; 358(15): 1622-1627



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<http://content.nejm.org> (link may be outdated)

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\*  Article Document 33

Kluge, Eike-Henner W.

### Ethical aspects of future health care: globalisation of markets and differentiation of societies - ethical challenges.

Studies in Health Technology and Informatics 2008; 134: 77-87



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**Article** Document 34

Manguno-Mire, Gina M.; Thomson, John W.; Shore, Jay H.; Croy, Calvin D.; Artecona, Jose F.; Pickering, John W.  
**The use of telemedicine to evaluate competency to stand trial: a preliminary randomized controlled study**  
Journal of the American Academy of Psychiatry and the Law 2007; 35(4): 481-489



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**Article** Document 35

McLean, Thomas R.  
**Telemedicine and the commoditization of medical services**  
DePaul Journal of Health Care Law 2007; 10(2): 131-175



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**Article** Document 36

Coughlan, Jane; Eatock, Julie; Eldabi, Tillal  
**Evaluating telemedicine: a focus on patient pathways**  
International Journal of Technology Assessment in Health Care 2006 Winter; 22(1): 136-142



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\*  **Article** Document 37

Dickens, B.M.; Cook, R.J.  
**Legal and ethical issues in telemedicine and robotics**  
International Journal of Gynaecology and Obstetrics 2006 July; 94(1): 73-78



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**Article** Document 38

MacFarlane, Anne; Murphy, Andrew William; Clerkin, Pauline  
**Telemedicine services in the Republic of Ireland: an evolving policy context**  
Health Policy 2006 May; 76(3): 245-258



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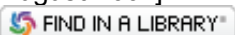


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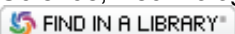


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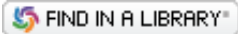


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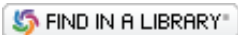


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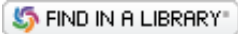


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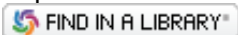


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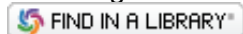


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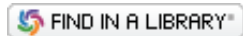


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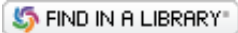


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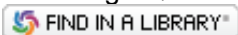


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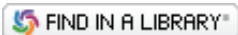


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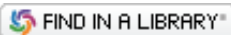


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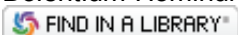


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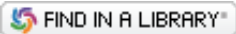


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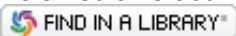


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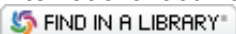


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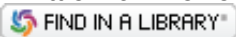


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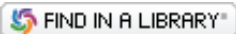


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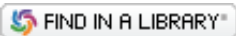


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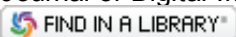


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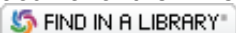


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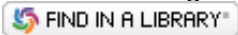


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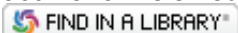


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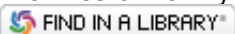


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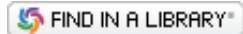


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**Telemedicine & Access to Care: A Demonstration (1994 March 25)**

Northwestern University Medical School

**Abstract:** Discussion includes Eric Tangalos, MD at The Mayo Clinic. The Annenberg Health Communication Forum is co-sponsored by The Annenberg Washington Program and Northwestern University Medical School, and directed by Gregory Makoul, Ph.D. The Annenberg Washington Program focuses on exploring and assessing the impact of communication technologies and public policies. The goal of this series is to provide a forum for, and about, communication in the health context. (Confirm whether program still operates in Washington, I believe they closed in 1996?)



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