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Telemedicine And Medico-Legal Issues In India: A Critical Analysis

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Abstract

Telemedicine is a health care facility provided through various modes of information technology to facilitate diagnosis, treatment and management of patients, prescription of drugs to patients from distance. It would be fair to assert that for the growth and popularity of telemedicine, the development of information technology has played a vital role. Rather information technology is the backbone of telemedicine. The concept of telemedicine can be broadly classified in three categories vis-à-vis Store and data, remote monitoring and real time interaction. Depending upon the nature of health care need, the effective mode of communication is adopted. Telemedicine has been able to cover up few of them through development of information technology however, some of the issues governing medical treatments are still beyond the coverage of telemedicine such as physical examination of a patient by touching and pressing, biopsy, clinical lab investigations, surgeries, immediate administration of injections, etc. With an increase over the cases of medical negligence, the consumer courts are witnessing lack of care and improper treatment and have been awarding exceptional damages in the shape of compensation. Most of the cases in which the consumer courts are taking note of irregularities in medical treatment falls in non-telemedicine category where the patient is aware of the medical officer, medical institution, record of prescription, etc. Despite this, there has been fall in rendering proper treatment. In these circumstances, expecting a full proof telemedicine treatment would be a risky affair. Lack of legislative enforcement over telemedicine is one of the major weak points for the issues being faced

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such as privacy of patient, registration of medical practitioner, minimum standards of care, preservation and certification of medical record, competent authority for registration of practitioner, regulation of para-medical staff, health insurance, death claims resulting from telemedicine, redressal authorities, compensation, admissibility of electronic medical records in the courts of law, etc. Since the issue of legislating telemedicine is quite sensitive and broad covering the various aspects of medical education, information technology, law and past record of experiences. This paper talks about the greater involvement and deliberation on the legal framework of the telemedicine which could be designed in the shape of a special legislation exclusively covering the regulation of telemedicine.

Key Words: Telemedicine, Information Technology, Law, Health care, Regulations, Medical Negligence.

Telemedicine a revolution: Medico Legal issues in India

"Tele" is a Greek word meaning "distance "and "mederi" is a Latin word meaning "to heal". Time magazine called telemedicine "healing by wire". Although initially considered "futuristic" and "experimental," telemedicine is today a reality and has come to stay. Telemedicine has a variety of applications in patient care, education, research, administration and public health.[1]

As per World Health Organisation, Telemedicine is "The delivery of healthcare services, where distance is a critical factor, by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for continuing education of healthcare providers, all in the interests of advancing the health of individuals and their communities".[2]

Contribution by Indian Space Research Organisation (ISRO):

Telemedicine is one of the unique applications of Space Technology for societal benefit. ISRO Telemedicine programme started in 2001 has been connecting remote/rural/medical college hospitals and Mobile Units through the Indian satellites to major specialty hospitals in cities and towns. ISRO Telemedicine network covers various

[1] Ganapathy K. Neurosurgeon, Apollo Hospitals, Chennai, Telemedicine in India-the Apollo experience, Neurosurgery on the Web. 2001
[2] http://www.aiims.edu/en/departments-and-centers/central-facilities.html?id=172 accessed on 05.02.2017

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states/regions including Jammu & Kashmir, Ladakh, Andaman & Nicobar Islands, Lakshadweep Islands, North Eastern States and other mainland states. Many tribal districts of Kerala, Karnataka, Chhattisgarh, Punjab, West Bengal, Orissa, Andhra Pradesh, Maharashtra, Jharkhand and Rajasthan are covered under Telemedicine Programme.[3]

M. N. Sathyanarayan, Executive Director of Space Industries Development, and organising secretary of the 2005 International Telemedicine Conference, said: "In the pilot phase of the telemedicine project, ISRO is providing telemedicine equipment as well as making available the required bandwidth on INSAT satellites. The main criteria for funding by ISRO are that the hospitals have to be government-run—state or central—or belong to public sector industries. The hospitals have to provide infrastructure as well as doctors and technicians for operating the system. ISRO also provides the equipment and bandwidth to private specialty hospitals and hospitals run by Trusts, if these hospitals provide free service, including specialty consultation to rural hospitals that have been connected in the telemedicine network of ISRO. These hospitals have to provide follow-up treatment to teleconsulted patients at government rates." In its telemedicine initiative, ISRO intends to connect different types of Indian health care centers in a series of phases. L. S. Sathyamurthy, Programme Director of Telemedicine at ISRO said: "There are 650 district hospitals, 3,000 taluk [subdistrict] hospitals, and more than 23,000 primary health centers in the country. We must aim to connect all these in phases—first the district hospital connected to speciality hospitals in major cities, then the taluk-level hospitals, and finally the primary health centers, so that nobody, irrespective of his location, is deprived of lifesaving specialty consultation." [4] The facilities which are presently being provided with the help and coordination of ISRO can be summarized as Remote/Rural Hospitals and Specialty Hospitals, Continuing Medical Education (CME), Mobile Telemedicine Units, Disaster Management Support (DMS)[5]

Major Areas of Telemedicine Technology adopted:[6]

The telemedicine technology is presently being adopted and working in three broad areas vis-à-vis

[3] http://www.isro.gov.in/applications/tele-medicine accessed on 05.02.2017
[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1420376/ accessed on 05.02.2017
[5] Telemedicine Healing Touch Through Space, Enabling Specialty Health Care to the Rural and Remote population of India, Publication of Indian Space Research Organisation by Publications and Public Relations Unit, ISRO Headquarters, Bangalore, February 2005
[6] Page no. 5, Telemedicine Healing Touch Through Space, Enabling Specialty Health Care to the Rural and Remote population of India, Publication of Indian Space Research Organisation by Publications and Public Relations Unit, ISRO Headquarters, Bangalore, February 2005

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Sr. No.	Area	Purpose
I	Tele Consultation Tele diagnosis Tele treatment	The patient with the local doctor consults the specialist, obtains the line of treatment
II	Tele-education Tele-training	For Continuing Medical Education, Training for doctors & paramedics from a higher level Hospital/Institution
III	Tele-monitoring Tele-support	Regular monitoring for intensive care & emergency care Support during disaster management

Types of Technology

Two different kinds of technology make up most of the telemedicine applications in use today. The first, called store and forward, is used to transfer digital images from one location to another. A digital image is taken using a digital camera, 'stored' and then sent ('forwarded') by a computer to another location. This is typically used for nonemergent situations, when a diagnosis or consultation may be made in the next 24-48 hours and sent back. Teleradiology, telepathology and teledermatology are a few examples.[7]

The other widely used technology, the two-way interactive television (IATV), is used when a 'face-to-face' consultation is necessary. The patient and sometimes their provider or more commonly a nurse practitioner or telemedicine coordinator (or any combination of the three), are at the originating site. The specialist is at the referral site, most often at an urban medical center. Videoconferencing equipment at both locations allow a 'real-time' consultation to take place.[8]

Beside the aforesaid, the telemedicine facility is also being put to use through remote monitoring by monitoring the patients at Specialised Units such as ICU, CCU, etc. of Hospital and for guidance and instructions to the medical team.

[7] Mexrich RS, DeMarco JK, Negin S, et al. Radiology on the information superhighway. Radiology. 1995;195(1):73–81
[8] Brown N. Telemedicine coming of age. TIE. 1996 Sep 28

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Telemedicine in India

In contrast to the bleak scenario in healthcare, computer literacy is developing quickly in India. Healthcare providers are now looking at Telemedicine as their newly found Avatar. Theoretically, it is far easier to set up an excellent telecommunication infrastructure in suburban and rural India than to place hundreds of medical specialists in these places. We have realized that the future of telecommunications lies in satellite-based technology and fiber optic cables.[9]

The concept of Telemedicine is being adopted and recognized also by the leading government medical institutes of India such as All India Institute of Medical Sciences, New Delhi, Post Graduate Institute of Medical Education and Research, Chandigarh, etc.

The Apollo Hospitals system has become one of Asia's largest private health-care groups and the seventh largest in the world which is also involved in providing telemedicine services. The Apollo Project has opened remote telemedicine centers that link villagers via satellite to specialist services.[10] The Apollo Hospitals also facilitate Army Hospitals in South India via a network hub to its telemedicine facilities.[11]

In nut shell, Telemedicine is an emerging field in healthcare arising out of the synergistic convergence of Information Technology with Medical Science having enormous potential in meeting the challenges of healthcare delivery to rural and remote areas besides several other applications in education, training and management in health sector. It may be as simple as two health professionals discussing medical problems of a patient and seeking advice over a simple telephone to as complex as transmission ofelectronic medical records of clinical information, diagnostic tests such as E.C.G., radiological images etc. and carrying out real time interactive medical video conference with the help of IT based hardware and software, video-conference using broadband telecommunication media provided by satellite and terrestrial network[12]

[9] Grigsby B, Brown N. ATSP Report on US Telemedicine Activity: Portland; 1999 or Association of Telehealth Service Providers.
[10] Sood, S. P. (2002, October-November). India telemedicine venture seeks to improve care, increase access. Telemedicine Today , 2326.
[11] "News-India: Army hospitals to have telemedicine facilities," Indo-Asian News Service, Jan. 3, 2003.
[12] Grigsby J, Schlenker RE, Kaehny MM, et al. Analytic framework for evaluation of telemedicine. Telemedicine J. 1995;1(1):31–39

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Legal position of Telemedicine in India:

Despite the concept being recognized and defined by WHO and its spreading influence over the past decade, there is no legislation which singularly deals with the practice of Telemedicine in India. In the absence of a specific law, as the practice of Telemedicine is fundamentally an intricate combination of 'the practice of medicine' with 'information technology', undoubtedly all the existing laws relating to both 'medicine' and 'information technology' in India would apply to Telemedicine.[13]

Laws governing Medical and para medical professionals:

There are various Legislation governing the qualifications/ Practice and Conduct of Professionals vis-à-vis Indian Medical Council Act 1956, Indian Medical Council (professional conduct, etiquette and ethics) Regulations 2002, Indian Medical Degree Act 1916, Indian Nursing Council Act 1947, The Dentists Act 1948, The Dentists (code of ethics regulation) 1976, AICTE Rules of physiotherapy, Rehablitation Council of India Act 1992, etc.

Laws governing Drugs:

Beside the aforesaid legislations, the laws governing storage, sale, prescription of Drugs and its safe mechanism consists of Drugs and Cosmetics Act 1940, The Drugs and Cosmetic Rules 1945, The Drug Control Act 1950, Pharmacy Act 1948, Narcotics and Psychotropic Substances Act 1985, Central Excise Act (for permit to use and store spirit) 1944, Blood Bank Regulations under Drug and Cosmetic (2nd Amendment) Rules 1999, Homeopathy Central Council Act 1973, etc.

Laws conferring rights and duties upon patients:

In addition to above, there are also laws governing Management of Patients vis-à-vis Drug and Magic Remedies (objectionable advertisements) Act 1954, Pre Conception and Pre Natal Diagnostic Techniques Act 1994, Medical Termination of Pregnancy Act 1997, Transplantation of Human Organ Act, 1994, Birth and Death and Marriage Registration Act 1886, Indian Lunacy Act 1912, The Epidemic Disease Act 1897, Lepers Act 1975, Guardians and Wards Act 1890, The Mental Health Act 1987, Ear Drums and Ear Bones (Authority for

[13] http://www.conventuslaw.com/archive/india-legal-position-concerning-telemedicine/ accessed on 05.02.2017

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Use for Therapeutic Purposes Act 1982, Eyes (Authority for Use for Therapeutic Purposes) Act 1982, etc.

Laws governing the safety of Patients, Public and Staff within the Hospital Premises and Environmental Protection:

Various laws have been passed by the legislature governing the safe of patients, public and staff within the Hospital Premises and Enviornmental Protection such as, Biomedical Waste Management Handling Rules 1998, Water (prevention and Control of Pollution) Act 1974, The Noise Pollution Rules 2010, Air (prevention and Control of Pollution) Act 1982, Environment Protection Act 1996, Indian Boilers Act 1923, Explosive (for Diesel Storage) Act 1884, Petroleum Act and storage Rules 2002, Gas Cylinders Rules 2004, Prevention of Food Adulteration Act 1954, The Radiation surveillance procedures for the medical application of radiation rules 1989, Radiation Protection Rules 1971, Insecticides Act 1968, The Indian Fatal Accidents Act 1955, Vaccination Act 1880, Maternity Benefit (Amendment) Act 2008, Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act 1995, The Public Liability Insurance Act 1991, etc.

Thus, from the bunch of foregoing legislations passed it is evident that the law makers have been taking note and making efforts from time to time for ensuring better medical facilities by giving the rights a force of law. However the concept of Telemedicine despite of its worth and acceptance across the world has remained untouched by the law makers. No specific legislation covering the concept, admissibility, regulation, authorities, minimum standards, protection of interest of medical practitioners and patients, through the medium of telemedicine has been passed by the legislature. Not only this, even the legislations protecting the rights of patients in the cases of medical negligency in cases of otherwise than telemedicine are also very limited. At present, the medical negligence issues are being dealt with the victims with the help of Penal provisions contained under Indian Penal Code and compensatory provisions under Consumer Protection Act 1986.

Need of laws on telemedicine:

The need of having a detailed legislation on telemedicine is growing day by day. Beside the private health service providers promoting and adopting the techniques of telemedicine, the government is also actively participating and promoting the said concept in its various leading medical institutions. Days are not far when the concept of telemedicine would reach

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and would be accessed at every corner of the Country. With the rapid growth of information technology, challenging issues are ahead. Undoubtedly, the development of information technology has one or other way served the humanity. However, roses comes with thorns. In order to deal with thorns one need to have strong tools. The law being silent upon the issue of telemedicine would not only apprehend the enhanced cases of medical negligence but would also incite incompetent and unqualified persons to present themselves in white coats on the screen pretending themselves to be medical service providers.

Connecting existing legislations with telemedicine:

Medical Council of India regulates uniform standards of higher qualifications in medicine and recognition of medical qualifications in India and abroad. Official registration of doctors with recognized medical qualifications is controlled by the council, and procedures have been laid out under the Indian Medical Council Act 1956 and Indian Medical Degree Act 1916.

For understanding the legal proposition in regard to the telemedicine in India, one has to understand the implications of some important legal provisions relating to medical healthcare and drugs in India, as under:

A *"**Registered medical practitioner**" has been defined under Section 2 (ee) of the Drugs and Cosmetics Rules, 1945 of India as a person-

i. holding a qualification granted by an authority specified or notified under Section 3 of the Indian Medical Degrees Act, 1916 (7 of 1916), or specified In the Schedules to the Indian Medical Council Act, 1956 (102 of 1956); or
ii. registered or eligible for registration in a medical register of a State meant for the registration of persons practicing the modern scientific system of medicine excluding the Homoeopathic system of medicine; or
iii. registered in a medical register, other than a register for the registration of Homoeopathic practitioner, of a State, who although not falling within subclause (i) or sub-clause (ii) declared by a general or special order made by the State Government in this behalf as a person practicing the modern scientific system of medicine for the purposes of this Act; or
iv. registered or eligible for registration in the register of dentists for a State under the Dentists Act, 1948 (16 of 1948); or

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v. who is engaged in the practice of veterinary medicine and who possesses qualification approved by the State Government.

A **"Drug"** has been defined under Section 3 (b) of the Drugs and Cosmetics Act, 1940 and includes-

i. all medicines for internal or external use of human beings or animals and all substances intended to be used for or in the diagnosis, treatment, mitigation or prevention of any disease or disorder in human beings or animals, including preparations applied on human body for the purpose of repelling insects like mosquitoes;
ii. such substances (other than food) intended to affect the structure or any function of human body or intended to be used for the destruction of (vermin) or insects which cause disease in human beings or animals, as may be specified from time to time by the Central Government by notification in the Official Gazette;
iii. all substances intended for use as components of a drug including empty gelatin capsules; and
iv. such devices intended for internal or external use in the diagnosis, treatment, mitigation or prevention of disease or disorder in human beings or animals, as may be specified from time to time by the Central Government by notification in the Official Gazette, after consultation with the Board.

The term **"prescribed"** as per Section 3 [(i)] of the Drugs and Cosmetics Act, 1940 means prescribed by rules made under the Act.

Prescriptions made against medical consultation and diagnosis services under telemedicine formats should satisfy legal requirements given below so as to be a valid legal prescription under the laws of India. The Drugs and Cosmetics Rules, 1945 specify the type of drugs that require valid medical prescriptions for retail purchase, classifying them under Schedules appended to the Rules.

"Prescription only drugs" are defined under Section 65(9) of the Drugs and Cosmetics Rules, 1945, which states that –

a. Substances specified in Schedule H or Schedule X shall not be sold by retail except on and in accordance with **the prescription** of a Registered Medical Practitioner only.

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Further, in the case of substances specified in schedule X, the prescriptions shall be in duplicate, one copy of which shall be retained by the licensee for a period of two years.

b. The supply of drugs specified in Schedule H or Schedule X to Registered Medical Practitioners, Hospitals, Dispensaries and Nursing Homes shall be made only against the **signed order in writing** which shall be preserved by the licensee for a period of two years;

The above provision deals only with the dispensing of medicine and supply of a certain category of medicine. However, irrespective of the schedule in which a medicine may fall, prescription of a medicine can be made only by a registered medical professional as per the Rules. Since there are no legal provisions describing the manner of treating a patient, prescriptions instructing a patient to consume any drugs are very important documentary evidence of negligence or lack of it on the part of a medical practitioner while treating a patient. The Rules have defined the important components that constitute a valid legal prescription, for all medical practice purposes.

A **"prescription"** has been defined under Section 65(10) of the Drugs and Cosmetics Rules, 1945 so as to have the following components-

a. be in writing** and be signed*** by the person giving it with his usual signature and be dated by him;
b. specify the name and address of the person for whose treatment it is given, or the name and address of the owner of the animal if the drug is meant for veterinary use;
c. indicate the total amount of the medicine to be supplied and the dose to be taken.

For all medical treatments through telemedicine or web-interface format, it is important to ensure that the prescriptions must satisfy the above requirements of being in writing and signed by a registered medical practitioner, without which the prescription will be invalid in the eyes of the law.

Due to the recognition of electronic documents under the Information Technology Act, 2000, a prescription in an electronic format may be validated as a legal prescription if it is a secure electronic record affixed with a secure digital signature as prescribed under the Information Technology Act, 2000 of India. The Information Technology Act, 2000 provides for

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authentication of secure electronic records and affixing of digital signatures so as to ensure the legal validity of the same. Section 4, mentioned herein below, of the Information Technology Act, 2000 which recognizes **electronic records** is important for understanding above:-

"where any law provides that information or any other matter shall be in writing or in the typewritten or printed form, then, notwithstanding anything contained in such law, such requirement shall be deemed to have been satisfied if such information or matter is –

a. Rendered or made available in electronic form, and
b. Accessible so as to be usable for subsequent reference."

Section 3 of the Information Technology Act, 2000 deals with authentication of electronic records as under:-

1. Subject to the provisions of the section any subscriber may authenticate an electronic record by affixing his digital signature.
2. The authentication of the electronic record shall be effected by the use of asymmetric crypto system and hash function which envelop and transform the initial electronic record into another electronic record.

Digital signatures are legally recognized under Section 5 of the Information Technology Act, 2000, which states as under:-

"where any law provides that information or any other matter shall be authenticated by affixing the signature or any document shall be signed or bear the signature of any person then; notwithstanding anything contained in such law, such requirement shall be deemed to have been satisfied, if such information or matter is authenticated by means of digital signature affixed in such manner as may be prescribed by the Central Government."

Automated artificial intelligence based telemedicine formats controlled by a registered medical practitioner can formulate legal prescriptions in the form of an electronic record, provided the same can be attributed, under Section 11 of the Information Technology Act, 2000, to the originator-

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a. if it was sent by the originator himself;
b. by a person who had the authority to act on behalf of the originator in respect of that electronic record; or
c. by an information system programmed by or on behalf of the originator to operate automatically.

Section 14 of the Information Technology Act, 2000, defines a secure electronic record, wherein any security procedure has been applied to it at a specific point of time, after which such record shall be deemed to be a secure electronic record from such point of time to the time of verification.

Under Section 15 of the Information Technology Act, 2000, a secure digital signature by application of a security procedure agreed to by the parties concerned, can be verified to be a digital signature, at the time it was affixed, if it was—

a. unique to the subscriber affixing it;
b. capable of identifying such subscriber;
c. created in a manner or using a means under the exclusive control of the subscriber and is linked to the electronic record to which it relates in such a manner that if the electronic record was altered the digital signature would be invalidated.

Since telemedicine formats of medical practice are essentially based on mediums of technology, the medical practice model may use the above legal provisions to their advantage with respect to preparation of valid legal electronic prescriptions.

'OTC Drugs' (Over the Counter drugs) are drugs legally allowed to be sold 'Over The Counter', i.e. without the prescription of a Registered Medical Practitioner. In India, though the phrase has no legal recognition, all drugs not included in the list of 'prescription only drugs' under the Drugs and Cosmetics Act, 1940 may be considered as non-prescription drugs (or OTC drugs). A proposal for a list of over the counter (OTC) drugs has been under the government's consideration and a committee appointed for the purpose has been working on it. The Drug Controller General of India is expected to lay down a separate set of rules or guidelines for OTC marketing once the list is official.

In a scenario where advice is provided electronically through a telemedicine interface, which is manned by certified medical practitioners and/ or an artificial intelligence system validated

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by medical practitioners entitled to practice medicine in India, the guidelines issued by the Medical Council of India under the Code of Ethics Regulations, 2002 also apply.[14] Some guidelines, which may apply to a telemedicine system are listed below:-

Section 1.4 of the Code of Ethics Regulations, 2002 states that registration numbers of medical practitioners/ doctors accorded by the State Medical Council / Medical Council of India must be displayed in the clinic and in all prescriptions, certificates, money receipts given to patients.

Under Section 6.1.1 of the Code of Ethics Regulations, 2002 the act of soliciting patients directly or indirectly is unethical, by a physician or a group of physicians, institutions or organizations. Although no legal provision deals with the manner of communication between a medical practitioner and patient with respect to diagnosis and treatment, there are numerous legal provisions dealing with ethical conduct to be followed by medical practitioners while dispensing specialized medical services.

Comprehensive legislation on Telemedicine

Although the provisions prescribed under various medical laws can be inferred for conduct and regulation of telemedicine. However, by and large, the existing medical laws are not able to satisfy the requirements and demands of telemedicine. Thus, there is a need for enforcing a comprehensive legislation covering various aspects such as:

i. Redefining Medical Practitioner and Para Medical Service provider;

ii. Redefining minimum qualifications and inclusion of working knowledge of IT equipments mandatory;

iii. Special licensing of the health service providers;

iv. Orientation programmes of telemedicine for practitioners;

v. Prescribed health issues which can fall under the category of telemedicine;

vi. Regulating Authority;

[14] Vijay Pal Dalmia, Partner, Vaish Associates Advocates in its Article, India: Telemedicine in India- Legal Analysis published on 12 February, 2013. Accessed on 05.02.2017 at http://www.mondaq.com/india/x/221258/food+drugs+law/Telemedicine+In+IndiaLegal+Analysis

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vii. Detailed written consent;

viii. Complaint redressal portals;

ix. Time bound resolution of complaints;

x. Appellate Authorities;

xi. Confidential back ups of sessions took place between service providers and patients;

xii. Protection of interests of service providers;

xiii. Safe payment of fees;

xiv. Online confirmation for accessing hospital facilities;

xv. Regulating telepharmacy by relaxing provisions of Drugs and Cosmetics Act;

xvi. Random inspection of backups for ensuring proper facility by competent authorities;

xvii. Ensuring confidentiality of patients;

xviii. Payment of compensation;

xix. Provisions as to Health Insurance;

xx. Control of Advertisements;

xxi. Disposal of death claims by Insurance Company;

xxii. Evidentary value of records of telemedicine;

xxiii. Special provisions for patients in remote areas;

xxiv. Special provisions for providing service to Armed Forces;

xxv. Making mandatory for a medical institute with requisite infrastructure;

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xxvi. Periodical inspections of private as well as government hospitals and their IT records;

xxvii. Setting up of special Tribunal;

xxviii. Overriding provision declaring conflicting provisions of existing medical laws invalid, etc.

After incorporation of the aforesaid provisions in the bill of telemedicine the same needs to be deliberated with the experts in the field of Medicine, Information Technology and Law. Only then, there can be a hope of safe and assured telemedicine. Although Ministry of Communications and Information Technology, Government of India had constituted Technical Working Group for Telemedicine Standardization on 04.12.2002. The said Technical Working Group had also submitted its Report on Telemedicine Standardization namely "Recommended Guidelines & Standards for Practice of Telemedicine in India" in May 2003. As the name suggests, the report has been submitted by the committee in the shape of Guidelines having no binding force of law. These guidelines can be treated as merely advisories.[15]

Conclusion

It does not require too much of a stretch of imagination to realize that telemedicine will soon be just another way to see a health professional. Remote monitoring has the potential to make every minute count by gathering clinical data from many patients simultaneously[16] This potential was well summed up by Dr. Devi Shetty: "In terms of disease management, there is [a] 99% possibility that the person who is unwell does not require [an] operation. If you don't operate you don't need to touch the patient. And if you don't need to touch the patient, you don't need to be there. You can be anywhere, since the decision on healthcare management is based on history and interpretation of images and chemistry.. so technically speaking, 99% of health-care problems can be managed by the doctors staying at a remote place—linked by telemedicine."[17] The growing popularity of the telemedicine is witnessed by a majority of population. Fulfilling the requirements of the citizens of India, the concept of telemedicine

[15] Seema Jhingan, Partner, LexCounsel, in an article "India-Legal Position Concerning Telemedicine" dated 20, February, 2014, published at http://www.conventuslaw.com/archive/india-legal-position-concerning-telemedicine/ . Accessed on 06.02.2017.
[16] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2782224/ accessed on 06.02.2017.
[17] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1420376/ accessed on 06.02.2017.

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has become an indispensible subject. Since, the large number of people are being facilitated through telemedicine thus, it needs a special attention from the desk of law makers. A specialized legislation exclusively governing telemedicine treatment is need of an hour and after floor test be passed for its effective and powerful implementation.