Hospitals Without Consulting Rooms:

An Ethical Assessment of Physician-Patient Relationship in Medical Internet

-ALEXANDER OBINNA OPARAJI-
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Centre for Applied Ethics
Linköpings Universitet
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Supervisor: Annika Tornstrom, Linköpings Universitet
The physician-patient relationship is fundamental to medical and healthcare practice. It is value laden. The practice of medicine and healthcare in the traditional sense accentuates a fecund doctor-patient communication. This is considered a necessary step for a proper diagnosis towards an attendant fruitful prognosis. Such a practise eventuates in the recognition of core values within the ambience of a standard medical practise. The values in question refer to issues of commitment and trust, obligations to standard care giving and reception, confidentiality, autonomy, beneficence, non maleficence, justice as well as responsibility. However, the practise of medicine today is criss-crossed by an amazing cast of transformations with the advent of the internet in the medical arena. Medical encounters take place online between doctors and patients even in the absence of pre-existing medical relationships in the hospitals. There is today treatments and medical care mediated by the internet, a case of diagnosis and prognosis across distance, and indeed super highway medicine. This instance of hospitals without consulting rooms is morally problematic.

By the characterization of physician-patient relationship (especially in the absence of pre-existing relationship) on the internet as virtual, unique, new and problematic, this work assesses the risks associated with such encounters in the light of ethical principles and their implications for moral responsibility.

**Keywords:** Ethics, Medical Internet, Moral, Patient, Physician, Principles, Relationship, Responsibility, Virtuality.
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CHAPTER ONE

General Introduction and Background

1. Medicine and Healthcare Integrated on the Internet

Medicine has been practised since time immemorial. And medical and healthcare practise at one point or the other in history has undergone some sort of evolution in the methods, and means of its practise.

One of the radical changes in the last century that has highly impacted on every facet of human living not least in medicine and healthcare is that brought about by information technology. The harmonization of telecommunications, media and computers into the internet-the World Wide Web, has enormously influenced medicine and health care. It is difficult to practise modern health without computers and electronic transportations\(^1\)

The internet has been so much integrated into our daily lives such that medicine and healthcare cannot shy away from its potentialities, gains and impact generally. This modern means of communication has been described as the fastest in growth reaching 50 million users within 4 years of its introduction thereby smashing the record user growth of both radio and television which existed for 38 years and 13

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years respectively to reach the same level of use.\textsuperscript{2} Although it is not that simple to find an accurate and exact number of online users but a reasonable estimate from the Nua Internet Surveys as of September 2002 placed the number of online users worldwide at 605.60 million.\textsuperscript{3}

- **Medical Websites and Services**

There is no gainsaying that medicine and healthcare nowadays is increasingly integrated on the internet. The influence of the internet on medical and healthcare delivery is due largely to its interactive nature. This characteristic possibly has the most profound influence on health and healthcare delivery\textsuperscript{4}

There are over 20 000 websites that are online focused on medicine and healthcare\textsuperscript{5}. And these websites have personal, medical as well as health sources. Patients access these websites. These are websites akin to health, online support groups, chat rooms and websites created for specific health problems and diseases, pharmaceutical sites, alternative health-sites, medical products, online consultants or practitioners\textsuperscript{6}

\begin{itemize}
  \item \textsuperscript{2} US Department of Commerce: The Emerging Digital Economy, Chapter 1: The Digital Revolution. URL: http://www.ecommerce.gov/emerging.htm (accessed February 2006)
  \item \textsuperscript{3} Nua Internet Surveys. How Many Online? 2002 September. URL: http://www.nua.com/surveys/how_many_online.htm (accessed February 2006).
\end{itemize}
Today in Europe for example, sites like Planet Medica (www.planetmedica.fr) offer some before and after medical consultation services. Patients receive advice from such services. Patients get informed without meeting a physician face to face due to the availability of medical information sites like www.notredocteur.com, www.33docavenue.com and www.medimania.com.

Furthermore, health education promotions and interventions have successfully been carried out online. A randomised controlled trial showed that through an e-mail group discussion the health status of some people with chronic back pain was positively impacted upon while there have been early reports and records of psychological interventions through the internet.

The aforementioned observations go far to saying how much healthcare is increasingly taken place on the web. But what could be the motivations of these consultation sites, pharmacy sites as well as information giving sites? The same question is applicable to the consumers of these sites? What ethical problems are generated by this sort of super high way medical and healthcare practise? What are the implications of this kind of medicine across distance for the physician -patient relationship in medical practise? Does this kind of practise have significant moral implications for the traditional –conventional doctor-patient relationship and medical and healthcare delivery in general?

It may not be that simple to say out rightly the motivations behind the creation of these medical and healthcare websites even though one could easily discover by their very designations that they purport to be devoted to health matters. This scepticism is consequent upon the reality of the merger of medicine and e-commerce these days.

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This reality is a situation where businessmen, computer scientists and health professionals co-operate to develop online websites for various reasons spurred basically by pecuniary interests. The justification of real health motivations of these websites will depend largely on the verifiability of their authenticity.

- **Medical Websites and E-Commerce Sites.**
Medical websites are however different from e-commerce sites devoted just for the advertising and sales of products and services. This difference comes out clear in the instance of the observation that most healthcare websites focus on the education of its visitors rather than just advertising and selling products and services.

The medical internet is predominantly devoted to interactions, transactions as well as research that take place on the internet with significant medical and healthcare importance. The typology of medical websites’ contents is markedly important as a differentiating factor from other core business-oriented websites like e-commerce sites. And this difference issues in the fact that information found on these medical sites more often than not are of very private nature which could transform life and could lead to decisions whose aftermath may be life-sustaining or death-bringing. Thus, the prime difference between medical websites and e-commerce sites is basically a matter of content and not structure.

- **Motivations towards the Medical Internet**
What does the existence of the medical and healthcare internet say about its visitors or consumers who could also be seen as patients or even clients? What are these visitors to medical websites doing there? And why are they online? This question cannot be satisfied in this introductory part of this essay neither do I think that the whole of this essay is going to give a conclusive answer to it. However, one can reasonably imagine and think of reasons based on previous studies why some patients, visitors, consumers
or clients to medical websites that offer “ask-the-doctor services”\textsuperscript{10} or seek out for what Goran Collste described as the “internet doctor”\textsuperscript{11} are into it.

One could think of a number of reasons why visitors, consumers, clients or patient to medical websites regard them as very important. It is generally believed that medication mediated by the internet opens up a well of knowledge about the health problems of these website visitors as well as the variety of drugs that could be helpful in taking proper curative measures. The interactive nature of this encounter as well as the near anonymity gives a kind of democratic decorum to know more and seek out more alternatives. The medical internet could function as a second opinion or surrogate doctor especially for patients whose relationship of confidence with their ordinary doctor has dwindled over time, or for patients who find themselves in desperate health situations and suddenly gets the information regarding a certain specialist that could solve their problems online.\textsuperscript{12}

- **Ethical Problems Connected to Medical Internet**

Albeit whatever motivations behind the setting up as well as the consultation of these medical and healthcare websites, it is germane to say that the medical internet poses a lot of ethical problems for the medical practise and healthcare delivery in general. The way these problems are approached will have lasting implications for public health and healthcare delivery as well as the rules of medical practise. That is why the emerging interdisciplinary field called Medical Internet Ethics is very important as it tries to take into consideration the implications of the medical knowledge appropriated via the web as well as gestures to proffer ethical guidelines under which participants will engage in online medicine and therapy, carry out online research, engage in medical e-commerce, and contribute to medical websites.\textsuperscript{13}


\textsuperscript{12} Collste, G., (ed) Ibid.p.121.

Ethical problems raised by medical internet could be identified. They vary from problems regarding how the privacy, security and confidentiality of medical websites’ visitors should be ensured as they engage in transactions on the internet. How the quality of information on these websites could be determined by these visitors is another issue. There are also ethical worries on how these websites designers, developers, managers and sponsors should go about their development and maintenance of medical and health websites. How online medical research as well as online medical and healthcare businesses should be conducted poses another ethical problem. The physician-patient, patient-provider, and therapist-client relationship in medical and healthcare internet poses serious ethical puzzles. How to understand and translate this relationship in an online therapy and medicine has serious implications for health delivery.

I am concerned with the ethical assessment of the physician –patient relationship in medical internet in this essay. And I hope to establish why such a discourse is important and relevant for medicine, society and healthcare delivery in the next section.

1.1. Why the Discussion on Doctor-Patient Interaction on the Web?

There are many different ethical problems raised regarding the medical internet as I have already mentioned. But the question of physician-patient relationship or interaction on the internet has generated serious moral questions regarding how medicine is practised which has implications for healthcare delivery, medical practise and the society.

This kind of interaction classified as action in virtual reality or cyberspace has led to the question of its moral status and moral definition as well as the comparison between such interactions and traditional or ordinary doctor-patient relationship in “real life”.

The relationship between physician and patient which is fundamental in medical treatment and the basis of the medical profession is modified when it takes place
online. At this point we cannot close eyes towards envisaging the consequences such interactions can have on personal relationships and on medicine in general. Without proper attention to the nature of some of these interactions, they may erode the values of ordinary physician-patient relationship and may likely keep such traditional encounters at risks of being weakened.

Medical practice gets a new dimension when physician-patient interaction takes place online. There are different stages and levels of these interactions online. It ranges from ordinary consultations for medical information to serious diagnoses and therapies through web-servers. Consultations take place online in the absence of pre-existing patient-doctor relationship.

When viewing ethical issues related to the doctor-patient relations, they are traditionally founded on the assumption that the two individuals-physician and doctor are within the same space-time dimension. They encounter each other directly and have a face to face physical contact such that matters relating to confidentiality, consent, paternalism, all decision-making issues and responsibility are considered from the aperture of interpersonal relationship.

Some methods of treatment and physical examination that are part and parcel of the physician-patient relation within the hospital room cannot take place via the internet. Does it mean then that there must be bodily presence, physical examination and treatment to have a patient-doctor relationship? This is a question of definition. The medical internet and other types of digital medical applications permit of a kind of interaction where the traditional interpersonal and unmediated encounter between the patient-and doctor is altered. These new forms of interactions create new ethical problems and require ethical assessment to ascertain the moral status of medical internet.

Medicine in a digital environment raises new issues and creates new problems despite its huge potentials. Today the medical internet is revolutionalising the knowledge balance between healthcare professionals and the public. Patients are more and more
empowered with knowledge such that they are more involved in healthcare decision-making and contributing to some sort of deprofessionalization of medicine.\textsuperscript{14}

In this situation the concept of responsibility changes as it would assume a different moral weight than when relationships take place within the same wall of a hospital consulting room. Responsibility will vary when medicine is practised online. Granting consent within the walls of a hospital examination room differs from when it takes place via the web. These and more problems regarding physician-patient relationship in medical internet raises serious questions on the moral status of such interactions and their implications for medicine and healthcare delivery.

Just like it is asked regarding all virtual actions, does the intangible nature of physician-patient relationship via the web affect their moral status. Is treatment and suffering in medical internet or in cyberspace possess the same moral equivalence as it is in space-time dimension? Are we in need of new moral languages to cope with the implications of these virtual medical interactions?

These questions and more make this discussion relevant as we have to ascertain what makes such an interaction unique and make an ethical analysis of such interactions (especially in the absence of pre-existing doctor-patient relationship in traditional therapy) and the responsibility problem raised by them.

1.2. Research Questions

In this research I am going to examine three inter-related general questions: \textit{Is the physician-patient relationship in Medical Internet a unique, new and problematic kind of interaction in medical practise? If so, how do we analyse it ethically in relation to the demands of the ideals of medical practice? What implications does such encounter hold for responsibility?}

To be able to investigate this moral question requires other important analytical questions. Such questions will include:

- What is Medical Internet?

- What constitutes a physician-patient relationship in traditional medical practice?

- What is the nature of physician-patient, physician-provider, consumer-provider, and therapist-client relationship in Medical Internet?

- Do these relationships satisfy the ethical ideals of and standards of medicine?

- What are the ethical implications of physician-patient relationship in Medical Internet?

- What are the possible motivations and arguments for Physician-patient relationship in Medical Internet? Do these differ between “physicians” and “patient”?

- What are the implications of physician-patient relationship in Medical Internet for medical outcomes, health delivery and society?

- What is the way forward for Medical practise and healthcare vis-a-vis physician-patient relationship in Medical Internet?

I am going to do an extensive analysis of the physician-patient relationship in Medical Internet which will enable to answer the core more moral questions of this research and then make suggestions on what I think may help research and understanding in this issue.
1.3. The Aim of the Research
I intend through this research and with the aforementioned analytical questions as my research guide to review the implications of physician-patient relationship in medical internet for medical practise, medical outcomes and healthcare delivery in general from the moral perspective.

By investigating the problems and risks inherent in physician-patient relationship in Medical Internet, I intend to identify the impact the introduction of medicine and healthcare on the web has on healthcare delivery, on the rules and practise of the medical profession and on health professionals (doctors-consultants) themselves. This research is an invitation for more research regarding ethical issues concerning online medical interactions.

By pointing out some of the problems and issues associated with these encounters, it will guide me in offering some suggestions regarding what research in Medical Internet ethics can do further to in resolving problematic ethical issues bothering on physician-patient relationship in Medical Internet.

1.4. The Structure of the Thesis
This work is structured in five chapters. Chapter one focuses on general introduction and background to this research. It is sub-divided into the following sub-headings; Medicine and Healthcare on the internet, why the discussion on physician-patient relationship in Medical Internet, the research questions, the aim of the research, the structure of the research, clarification of concepts with reference to the meaning of Medical Internet and physician-patient, patient-provider, consumer-provider and therapist-client relationship, models of doctor-patient encounter and where online patient-doctor encounter fits in and why it is a new kind of relationship. It also examines what constitutes medical practise on the internet as it tries to assert that physician-patient relationship can really take place on the internet and is part of medical practise. Chapter two is mainly descriptive of the nature of physician-patient relationship on the internet. By this description insights of the risks of such
encounters are given through references to studies done in this area. The chapter also suggests probable reasons for preferences of online diagnoses and consultations by patients.

Chapter three is an analysis with moral principles vis-à-vis physician-patient relationship in Medical Internet. The four principle approach of Beauchamp and Childress is used in this analysis. This choice is made for easier analysis and identification of the issues I want to address than moral principles, frameworks and theories I judge more complicated.

Chapter four discusses the issues of responsibility par rapport physician-patient relationship on the internet.

Chapter five evaluates and concludes the work with some suggestions and recommendations.

1.5. Conceptual Clarifications

1.5.1. The Medical Internet

The simplest way to describe the medical internet is by calling it the practise of medicine on the internet. But one would wonder whether all kinds of medical practise could take place on the internet. That is why a precise description of what medical internet is all about is important at least for the purpose of this research.

Though the term “medical” or medicine” sometimes are used interchangeably with “health”or “healthcare”¹⁵, I do not intend to use both strictly in the same sense here. The medical profession as well as medical practise is an aspect of healthcare and healthcare delivery and not all of it.

The medical internet to my own mind is not exactly the same as cyber medicine if we look at cyber medicine in the expansive definition of it. But it could be classified under cyber medicine as that aspect or form of medicine across distance restricted to the use of computers, the World Wide Web or the Internet. One expansive definition of cyber medicine is that according Keith Bauer which runs thus:

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Cyber medicine in simple terms is the practise of medicine within cyberspace…cyber medicine can also be defined more expansively to include other forms of distance medicine (telemedicine) that are not limited to the use of computers and internet. In particular, cyber medicine can go beyond electronic patient record system to information management and communication technologies (telephone) to mediate physician-patient communication.¹⁶

From Bauer’s definition, one could infer that cyber medicine could be expansively defined and does not just limit itself to medical practise or its integration on the internet or web.

For the purpose of this research, my reference to the medical internet means the internet mediated medical practise which allows communication and interaction between physicians, medical professionals or consultants to medical websites and patients, consumers, visitors, clients or visitors to these websites. It comprises all receptions of medications through the internet or from medical websites through the consultation of medical doctors or consultants online.

1.5.2. Physician-Patient, Patient-Provider, Consumer-Provider, Therapist-Client Relationship

The doctor-patient relationship refers to the normal interaction and relation between a doctor and a patient in medical and healthcare practise. It is the basis of the medical profession and necessary in medical treatment. It is not going to be used differently in this research.

The conceptualisations: patient-provider, consumer-provider, therapist-client have come much more into use since the merger of medicine and e-commerce. They refer to a lot of interactions between consultants on health and medical websites and visitors, patients or consumers of these websites. When the are used in this essay, they refer also to physician-patient relationship on the internet.

1.5.3. Models of Physician-Patient relationship or Clinical Encounters

Goran Collste has outlined the clinical interaction between a doctor and patient in four different models or metaphors where each emphasises the particular traits of the encounter. According to him, the models in question reflect different perspectives of human beings as well as different norms.\(^{17}\) And these models include: the engineering model, dialogical model, trust and fidelity model and contract model. I share his perspective of the metaphoric models of physician-patient encounter to make my analysis on the new physician-patient encounter on the internet to see how it fits in here.

In the engineering model, just like a broken vehicle for reparation, the patient is seen as an object for treatment. Thus, in a clinical encounter like this one, the doctor only needs to gather information such as the ones regarding the patient’s blood pressure and then make a diagnosis and therapeutic decision.\(^{18}\)

In the dialogical model, the interaction between a doctor and a patient is seen from the perspective of dialogue. The purpose of the encounter here is mutual understanding between the two parties. It is doubtful whether the relation between a doctor and a patient is ever symmetrical as it is usually asymmetrical. Some phenomenologists in the philosophy of medicine like Kay Toombs would argue that doctors and patients live in their own worlds of the attention on treatment and the experience of the disease respectively. However, it suffices to say that this model focuses on mutual understanding and dialogue as this would help in the existential balance of the patient since disease in many cases is not just a threat to health but can tilt one’s existential balance.\(^{19}\)

The trust and fidelity model of clinical encounter emphasises competence and solicitude. The trust reposed on the doctor by the patient is underpinned by the strong conviction that he is competent and can offer maximum care. Caring here points up the moral aspects the clinical encounter. Knowing that the encounter between a doctor

\(^{17}\) Collste, G. Op cit. p.120.
\(^{18}\) Collste, G. Ibid. p.121.
\(^{19}\) Collste, G. Ibid.
and patient remains largely asymmetrical, this model more or less is fashioned
towards a kind of relation between friends. The fourth model looks at the relation between a doctor and a patient from the
perspective of contract. It emphasises the rights and duties of the patient and the
doctor.
While these models may in one way or the other roughly capture how an exact and
real life doctor-patient looks like, physician-patient encounter on the internet adds up
a new problem of how to fix it in these rough models since it is web mediated
interaction.

1.5.4. Where in the Models is the Physician-Patient relationship on the

Internet?
Which of these models can aptly describe the physician-patient relationship on the
internet? Which model serves the purpose of description in this new form of
interaction? Here medical consultation and interaction takes place in a virtual
environment. It is no longer a physical consultation. Medical encounter in this
instance can no longer be viewed from the perspective of ordinary physician-patient
relation. In other words, we have two kinds of relationships established.

Which of the models captures online physician-patient relationship? It is really
difficult to fix the internet encounter into one of the models. While one can assume it
resembles the engineering model, the same argument could go for the dialogue model
if the encounter is facilitated by some sort of interactive media communication. But
because there is lack of physical presence and physical examination, it is doubtful
how both models would be adequately represented. In the engineering model
information on blood pressure and temperature is required for treatment. Yet there is
no physical examination from the doctor. And in the dialogue model in-person verbal
clues and gestures are missing and may never be adequately made up for even with
the best media interactive technologies than in the natural person to person encounter.
Does the trust model fit well in this new encounter? Probably yes, according to Goran
Collste, if it is the case that “trust is based on competence more than emotions” and
if the web doctor is highly competent. To determine web doctors’ identities in what

20 Collste, G. Ibid.
takes place nowadays in the form of online encounters makes one slow with the trust instinct no matter how competent one thinks they may be. This means the context of this new interaction that lacks physical presence could affect how trust could be established not just the competence-trust motivated criterion.

Online physician-patient encounter would affect the idea of contract and would even make it problematic to define a contractual relationship mediated by the web. How to establish the duties and rights of online doctors and patients in different instances and stages of online encounters is not quite easy. It could be easy in instances when the online encounter takes place when there is pre-existing relationship. But what of when there is no pre-existing doctor-patient relationship before the web encounter? So it is difficult to fix this new interaction in any of the models.

1.5.5. Is the Physician-Patient relationship in Medical Internet a New Form of Relationship?

I think the physician-patient relationship in medical internet is new. It does not bear the characteristics of traditional doctor-patient clinical encounters within the hospital walls. Though it has its advantages, its context and form makes it different as well as difficult to match with the rough models of clinical encounters explored above fashioned by observing ordinary doctor-patient encounters. It is much more complicated in its nature and has old problems with new faces as well as bearing in some way the old faces of a normal clinical encounter( as it could involve real doctors and patients) but now with new problems created by the mediation of these encounters via the internet. Communication is mediated here, physical presence is lacking, physical examination is missing, identities may not be certified, and it is doubtful then whether the individuals involved in certain instances are assignable.

1.5.6. Defining Medical Practice on the Internet

An important consideration has to be given to the argument proffered regarding the status of these web encounters and online interactions taking place between

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21 Collste, G. Ibid. p. 122.
physicians and patients. The argument is that it is not to be presumed that online interactions between cyber doctors and patients or medical websites visitor constitute physician-patient relationship. That would imply a big question on how we can define medical practice and whether it is possible on the internet. Further to that is whether physician-patient relationship can really be established online.

Legal definitions with regard to what it means to practise medicine seem to exclude certain forms of the practice that is part and parcel of the present day healthcare delivery. Medical practise today I am sure as it seen done cannot just be restricted to diagnosis and treatment. I think it makes sense to say that medical practise today more than just focusing on treatment and diagnosis also involves the provision of health information, the offering of emotional support and care co-ordination.

These I think are part and parcel of the daily practise of medicine even though legislation has tried to narrow the definition of medical practise by paying much more attention on treatment and diagnosis. If the purpose of medical practise is to provide health and care and health itself can not just be narrowly defined as the absence of disease and infirmity but is the totality of the state of one’s physical, emotional and social well-being then medical practise must not be so narrowly defined. Though there are reasons for such definitions and many grey areas in defining the practise of medicine so broad, I think practising medicine today involves one or two more aspects beyond diagnosis and prognosis.

One of such definitions that focus on the treatment and diagnosis criteria is that by the US department of New Hampshire. Its definition of the practise of medicine runs thus:
Any person shall be regarded as practising medicine under the meaning of this chapter who shall diagnose, operate on, treat, perform surgery, or prescribe for or otherwise treat any disease or human ailment, whether physical or mental. “Surgery” means any procedure, including but not limited to laser, in which human tissue is cut, shaped, burned, vaporized, or otherwise structurally altered, except that this section shall not apply to any person to whom authority is given by any other statute to perform acts which might otherwise be deemed the practise of medicine.\(^{22}\)

Definitions such as the one above are supported by the reasons that there could be much confusion if the concepts of diagnosis and treatment do not form their basis. Lawyers stick to as well as justify definitions on medical practise focusing on diagnosis and treatment because different kinds of people assuming various professions could offer health advice, provide emotional support and even medical and health information without being neither doctors or even possessing medical licence. Such people include librarians, webmasters of health websites, journalists etcetera. Though this is really a possibility that health information could be offered via the internet by other people that are not medical professionals or licensed as physicians, it stands to reason that some the online encounters between web doctors and patients involve prescriptions that lead to treatment of various health conditions.

Another point in this argument is the difficulty of defining what really counts as treatment. It seems to me that the definition of what counts as a “treatment” is not quite clear. If a patient consults a physician online regarding her health condition and she is offered a medical or health advice does that count as part of treatment. If the answer is yes then what is the difference between a health advice offered by a webmaster who is not a physician but probably a librarian or journalist? Would face-to-face encounter explain the difference? How could we rely on an unmediated in-person communication and interaction as an only criterion for the definition of medical practise in an age where the internet dominates most aspects of life including medicine? Everything we do in this era is almost mediated in some way.

A possible distinguishing point between the interaction between a doctor and physician online in terms of offering medical or health advice and that between a mere journalist on the other hand could be seen from the point of view of receiving a feedback. That is to say a physician normally pays attention to a particular health problem and gives a specific and suiting response or advice towards it solution with the expectation that the patient take appropriate actions based on that. This is the normal physician-patient interaction and it is presumed in this sense in online interaction otherwise it makes no meaning at all. In contradistinction to this a journalist will normally give ear to the general voice of a target group as well as offer a more generalized advice or information which is left to whoever that might act upon them which he is not aware of. So in this case the feedback is missing.

In this case Eysenbach Gunther argues that the feedback aspect of this encounter could be a guiding principle to defining medical practise. He argues thus:

….the feedback loop of listening to an individual and reacting to an individual and reacting specifically to his needs could be a guiding principle to define medical practice. The more health information is personalized and tailored to the individual, and the more the more it encourages the receiver to act upon the advice, the more we are moving within the continuum from giving general health advice towards attempting to treat, and therefore practising medicine. This would also imply that the expert systems and dynamic web pages providing tailored information on the basis of feedback forms filled in by users may well be considered as practising medicine.

This argument not withstanding, there still exists some debris along the line with the use of the information personalization criterion on which the receiver acts upon directly as a criterion for defining medical practise. One can make an allusion to the British NHSDirect, a telephone advice service where health professionals can advise patients on whether their condition merit visiting a physician. In this instance, the information provided is certainly personalized and the person to whom they are directed will act on them directly but that is not to say such a service defines or

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constitutes medical practise. So one can say there are a number of grey areas in this regard. Albeit these controversies and grey areas, I think in many cases what happen online between physicians and patients can well be seen as medical practise.

However it is important to not that there could be different standards for measuring different kinds of medical or health advice that take place on the web or online. More so, offering general health information or advice, personalized heath information or advice, treatment and diagnosis could have different bents of meaning from the thought-perspective of various persons. It suffices to say as I have tried to argue that what transpire online among physicians and patients in most cases as in unsolicited emails, consultation sites, newsgroups and chat rooms could well fit into medical practice irrespective of many huge grey areas.

If we accept that in some of these instances of encounters one can see medical practise in action then physician-patient relationship can really be established online. So many medical websites that parade themselves as providing expert services of medical and health information delivery publish disclaimers aimed at the amelioration of the risks of misunderstanding the nature of such advice. Even the legal implications of such disclaimers are still unclear. “Statements claiming that medical advice or second opinions rendered via the internet do not constitute the practise of medicine have yet to be tested for legal effect, though such disclaimers rarely insulate practitioners from prevailing standards of care.”

Even though disclaimers could serve as a caveat to patients regarding the limitations of some of these online services, a doctor who assumes a role online is in for responsibility questions for making that choice as well as unlikely to be liberated from some claims of liability.

A physician-patient relationship can be established in simple exchange of emails and interactive web text-based communications and on the consultation sites depending on the kind of medical advice given. In fact if medical decision making, advice and judgement that have implications for health whether positive or negative take place on the internet there is a physician-patient relationship and medical practice.

Summary of the Chapter

I have tried in this first chapter to give a general outline of what I intend and how to go about it. It could be seen as the bird’s eye view of what I intend to achieve in this research. I gave an introduction and general background to my research work, the purpose of the research, my research question guides, the aim and structure of my thesis as well as explanation of basic concepts in my research and the definition of my focus in the affirmation that physician-patient relationship in medical internet is new and unique.
CHAPTER TWO

The Web Doctor and the Web Patient

2.0. Introduction of the Chapter

The focus of this chapter is to make an in-depth analysis of the nature of doctor-patient relationship in Medical Internet. It tries to decipher what kind of physician-patient interactions taking place online. It is an attempt to figure out what patients and physicians are doing online. It will refer to a number of research studies and findings with regard to the nature of these interactions. The chapter also considers the possible motivations and pro-arguments for such online interactions. I am pointing out that this kind of interaction lead to some new problems with ethical implications. In sum the chapter can simply be seen as the discussion on the problems of the existence of web doctors and their interactions with patients in the absence of pre-existing doctor-patient relation(between them) in ordinary-conventional space-time dimension clinical encounters.

2.1. The Web Doctor, the Web Patient and Web Encounters

A lot of remote consultations and interactions take place today on the internet between physicians and health consumers online who can also be regarded as patients. This provision of Medical practice online tries to initiate new medical encounters online and raises moral questions regarding this new kind of interactions in the absence of pre-existing doctor-patient relationship. It is really important to look at the nature of these encounters.

It is a standing fact that though telemedical services as well as telephonical physician services have been in existence for several decades, the advent of the internet and its overwhelming popularity and acceptance has facilitated patients’ access to doctors as well as an almost limitless communication between healthcare professionals and
patients in the absence of pre-existing doctor patient relationships. And this kind of communication is entirely new in form and context. It is quite a virtual interaction in most cases text-based. Today there are many medical websites created and set up by some medical consultants who run these websites and publish their e-mail address on them who in turn get unsolicited mails from patients they never knew or encountered seeking medical advice and remote diagnosis. Gunther Eysenbach identifies these interactions in the following lines:

Patients use email to as medical questions to physicians unknown and sometimes even describe their symptoms and expect a remote diagnosis.

Health portal sites are created where there are services responded to this consumer demand for “virtual interaction” with physicians, and have “expert” services and “cyberdoctor” services, which offer such advice free or for charge.¹

This indication goes to say what use is made of the internet nowadays with regard to medical interactions and encounters that are quite different in form and context from the usual face-to-face doctor-patient encounter within the walls of a hospital. These encounters are less well-defined and are different from the traditional clinical-hospital and telemedical encounters. This is so because there is no prior physician-patient relationship, the web doctor or consultant does not know the web patient’s medical history or records. Even if the patient is quite new to the practise as it is usually the case in the aforementioned classical encounters, the doctor or the professional would at least have access to the patient’s electronic records or be able to consult with the physician that refers the patient to him.

These interactions or relationship between doctors and patient on the internet could be categorized under such interactions involving a patient sending unsolicited mails to a physician on the web, the instance where expert consultants on the web provide medical services and expert answers where consumers are invited to ask medical questions regarding their health problems. It also involves a patient demanding

medical assistance from a doctor by posting public request for a news group which the
physician responds to\textsuperscript{2}. Web psychotherapeutic interventions are included in such
interactions.

These interactions are not one and the same thing. There are different levels of actions
which count for the levels of responsibility. In the instance of the unsolicited email
from a patient to a web doctor, the action was primarily that of the patient. It was not
on the physician’s demand though he had his email address put on the website. In the
second category the doctor is just a part of the team of expert medical consultants that
on their own volition clearly offered to give answers to the patients’ questions and in
the third case it is the physician who replies to the patient’s demands or requests.

What marks out this web doctor-patient relationship is the lack of in-person
relationship. There is no face-to-face encounter and everything is mediated by the
web. Physician-patient relationship in medical internet is usually interactive text-
based communications.

The internet I am quite aware provides different communication systems. Some of
these communication systems have the likelihood of in-person communication. An
example of this could be found in video technology. Some also resemble the
traditional print media like web pages; others are a hybrid of interactive in-person
communication as well as traditional written-word communication like email and chat
while some are peculiar to the internet medium like MOOS and MUDS.\textsuperscript{3}

The two-way video technology though it has a possibility of a wide availability
someday another doubt is sustained regarding the level of acceptance it will gain as a
common means of communication on the internet. There is uncertainty regarding the
possibility of wild spread acceptance of this two-way video technology. And this is
clearly expressed by Craig Childress as follows:

\textsuperscript{2} Eysenbach, G. Ibid.
Two-way video technology has long been available for telephones, but people have not rushed out to buy video telephones. It is also questionable whether people will feel comfortable having video cameras in their homes. Cameras attached to personal computers may be viewed as an unwelcome intrusion into personal privacy. While interactive real-time video communications holds potential in a variety of health related interventions, the technology may remain limited to large organizational and hospital uses, without widespread dissemination into personal use.\(^4\)

To be sure: most online people use for example web cams, but just use them at special occasions, like when they want to show some object to others. As it stands now the two-way video technology is yet be accepted widely as well as made available everywhere like the internet itself. May be if it could be entrenched into online interactions, relationships and interventions that take place among doctors and patients such in a sense will constitute a form of face-to-face interaction and the ethical issues there in will be more or less the same as those involved in in-person interaction and therapies.

However this is not the case in the present moment. Text-based interactive communication through electronic mail that permits “private” exchange messages, newsgroups that allows “public discussions” as well as chat rooms that involve direct written communication through the key board\(^5\) that remains the bedrock of such online interactive encounters between physicians and patients. In these forms of internet enabled interactions and encounters between physicians and patients or expert medical consultants on medical websites and consumers of these sites lay the source of its potential strengths and biggest limitations as well as the ethical problems.

These encounters can really be problematic. They could possibly “disturb delicate balances in patient-physician relationship, widen social disparities in health outcomes

and create barriers to access”

With regard to newsgroups that issues in interactive communication and information list servers where in patients ask and expert answers from medical expert consultants on these websites such a system could be seen as bypassing existing patient-physician relationship since it does not really facilitate the communication within them.

I think what is markedly different from these encounters that involve physicians and patients on the internet as described already is that communication on the web bears a mark of some anonymity and thus to a degree impersonal. Such online communications are global. Any person from any part of the world provided he or she is hooked onto the internet could be part of it. The informality of such a communication is also major difference. Nothing is formalized or based on official appointments in the usual traditional sense. Another important difference here is that access to these physicians or experts online is comparably easier and faster than in spatio-temporal context or real world. These characteristics make these kinds of interactions unique and unprecedented in the history of medicine. People rush to be part of these encounters now because it is easier to get into and there is no perceived difficulty in terms of barriers between the providers and the patients. Once you are doctor and you set up a medical website and post your email address on the web page, sooner or later you will be inundated by unsolicited e-mails from patients seeking medical advice and information.

A survey was conducted of 23 internet health information providers. Most of them were doctors acting also as webmasters. The participants were confronted with the question: “How many unsolicited patient emails do you get per week”? The numbers provided were between the neighbourhood of 0 and 50 emails, with a mean value of 4.4(STD 9.47) and a median of 1 email each week.62 % of the information available

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in the same survey through providers indicate that “unsolicited emails from patients represents a significant unresolved problem on the internet”.

I think it is really important to refer to some findings on what actually take place in these online communications, interactions and encounters between web-doctors and patients. This will help in no mean way to know what actually take place in these online encounters on the side of the web doctors as well as the patients or web visitors.

### 2.2. Patients on the Web: What for?

Widman and Tong provide an analysis of what some patients seek on the internet. According to studies by Widman & Tong, 70 unsolicited emails sent by patients over a period of 12 months were analysed. These inquiries predominantly on cardiac arrhythmias which were forwarded to a medical website that claimed to be focused and specialized on this topic were basically questions about diagnosis (15), therapy (48), prognosis (1), and patient education (6).

We can infer from this study that different things are sought for by patients online from cyber doctors. It is not just limited to general information regarding a particular health condition or disease. Patients go to these sites as shown by this study to ask questions and involve in encounters that could lead to medical decision making. Some patients demand for diagnosis, prognosis and treatment from these online experts in the absence of pre-existing patient-doctor relationship, physical presence and examination. Some seek second opinion about diagnosis and treatment having had such before with an ordinary doctor. The inability of some patients to distinguish between questions that could be addressed via the electronic mail or online and those impossible to be addressed by that means could be learned from these inquiries. Such encounters facilitated by the internet of which demands of diagnosis, therapy and

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prognosis are made from online doctors in the absence of pre-existing relationships and physical examination is quite new.

2.3. What are Online Physicians Doing?
The knowledge of what medical experts, consultants and physicians are doing online or on medical websites which they themselves are the webmasters is important to ascertain the kind of encounters that transpire between them and their website visitors, clients, consumers and/or patients. I will rely on some scientific empirical investigations regarding these interactions to make my inference and analysis on the nature of what web doctors are up to.

Eysenbach and Diepgen\textsuperscript{10} made an important study in this regard. In December 1997 and January 1998 they sent unsolicited electronic mail from a fictitious patient trying to describe a health condition of an acute dermatology problem to a total number of 58 physicians and webmasters to determine the response rate as well as the nature of responses par rapport the amount of information offered. Only 50\% of these webmasters and online doctors responded to these fictitious patients request. From these responses it was discovered that only 59\% clearly mentioned the correct “diagnosis”, 17\% offered an elaborate treatment advice and 37\% bluntly refused to offer any advice without the presence of the lesion. From the study ninety-nine percent recommended visiting a physician by the patients. According to Eysenbach Gunther, two different arguments were initiated at the background of these replies: the impossibility of carrying a diagnosis through e-mail in the absence of physical examination “(the diagnosis is unclear because we cannot look at your exanthema”), and/or lack of resources and/or mandate to “reply to all the enquiries of this kind this kind that we receive”\textsuperscript{11} These are supposedly considered standard replies.

In the same vein a similar fictitious patients’ email were sent to some other online doctors who offered explicit medical advice on the internet.\textsuperscript{12} Seven charging web doctors and 10 fee-free online doctors were contacted and only ten out of the

\textsuperscript{11} Eysenbach, G. Op Cit.
\textsuperscript{12} Eysenbach, G., Diepgen, T.L. Evaluation of cyberdocs.Lancet 1998 Nov.7; 352(9139):1526
seventeen responded. Out of the responding ten, three refused giving any medical advice for reasons of expertise. They declined because dermatology was not their area of specialization. The advice offered by five online doctors were considered accurate as the exact diagnosis zoster was mentioned. The advice coming from the other two cases were dubious as one of the cyber doctors recommended a homeopathic medicine and the other strange prescriptions such as drinking rain water and eating red clover and dandelion.\textsuperscript{13}

These studies reveal at least that some physicians go online to render medical services such as giving answers and information regarding certain health conditions. It also shows that some do not stop just at giving general advice but go further than that to make diagnosis and give therapeutic insights even without seeing the patients physically. This is a new experience.

2.4. Illustrating With an Example of Online Physician-Patient Encounter

An instance of this kind of situation was presented by Goran Collste\textsuperscript{14} in his illumining article-\textit{The Internet-Doctor}. He offered a real life example of an online medical encounter that resulted in a typical medical judgement that precipitated a particular health condition. According to his story, a patient reeling under the pain of an unusual eye inflammation had received treatment with cortisone and cytotoxin. Still under this treatment dosage routine she happened to link up with a famous American Specialist; an online medical practitioner and consultant. She receives a medical advice regarding treatment, nature of medication as well as the dosage from the internet medical consultant. She acts upon this medical recommendations, took the medication and her condition got severed. In the event of this ugly situation, she was advised by the online doctor to go to his clinic in Washington. PCR-tests later showed after she was admitted to an intensive care unit in a teaching hospital in Sweden that the severity of her condition was as a result of the online recommendations.

\textsuperscript{13} Eysenbach G., Op. Cit.

\textsuperscript{14} Collste, G. (ed) Ethics in the Age of Information Technology, 2000, pp.119-120.
This is an online medical encounter between a physician and patient that resulted in medical judgement and treatment leading to a particular health condition. This is medical practise and physician-patient relationship in action but this time on the internet. It shows what takes place online between doctors and patients.

Though there is need to make a clear cut distinction between a more general health information and real clinical issues, it is my contention that based on some these findings concerning what takes place online between web doctors and patients, medical practise take place online and a physician-patient relations take place in some new ways.

2.4. The Medical Web Pilgrimage: Motivations and Pro-Arguments

The online physician-patient relationship and encounters under discussion are not without reasons and motivations. Patients who decide to leave their personal doctors to frequent the medical websites as well as consultation sites to seek opinion or medical advice from web doctors must have been prompted by one or two reasons. I do not intend to say for certainty what motivations behind these online surges for medical attention. However, I would like to present and analyse the arguments proffered for which different patients could see online physician-patient encounters as an option.

2.4.1. The Flexibility of Alternative Cure Argument

Visitors to the medical consultation sites it is argued find solace in such visits as an alternative avenue to look for cure in moments they find not quite promising or effectual a particular treatment being received or even unsatisfactory a particular diagnosis and prognosis from their ordinary doctors. They seem to value such encounters as a second opinion and an added advantage to whatever they get from the clinics and hospitals. In fact the case here could best be described as a situation where the slogan “the nearer and more flexibility with an alternative cure the less desperation with one specialist who sometimes seem disappointing and ineffectual”.

The thesis here is that there is not just a change of an era where conventional medicine remains the wherewithal for solutions to health conditions and problems.
Rather than just a change of an era, there is an era of change where in a highly technologized contemporary society has to look for a super highway medicine especially in those circumstances when individual patients do not feel satisfied with the delivery of conventional medicine and healthcare. Thus, if there is a specialist doctor online that can offer solutions to my problems beyond the limitations and unsatisfactory offer of my personal doctor why not if I can benefit health wise from that. Goran Collste tries to describe this situation when tries to argue in the following lines:

Consultation via the internet is way for those with sufficient economic resources to obtain a second opinion, yes, even a second doctor. There can be many reasons for this demand; the patient may have lost confidence in her ordinary doctor, she has heard of some specialist in the particular disease she is suffering from, she finds herself in a desperate situation etc.\(^\text{15}\)

Motivations like this as described by Goran Collste could form the mainline reasons for the preference of alternatives in medical care via the internet. A typical scenario of what these online consultations at the medical consultation websites could look like in some cases is described by David Mills as follows:

Usually the prescribing based sites will provide an online doctor visit either through a medical questionnaire or a simultaneous video conference between the doctor and patient. For this consultation a fee is charged that can be ranging from $30-$150. After the patient enters the information and the doctor reviews it, a prescription may be issued which is then processed at an online pharmacy. Some prescribing sites are comprised exclusively of physicians who, upon issuing a prescription, contract with an online pharmacy to actually dispense the medicine. In many cases, the doctor, pharmacy, and patient are located in different states\(^\text{16}\).

In these descriptions we find a prevalent motivation these days given the huge potentials of the medical internet which is not only positive but also negative. What comes to mind now is what influence such flights to the cyber doctors will have on

\(^{15}\) Collste, G. Ibid. p.121

existing relationships between doctors and patients. Patients’ curiosity nowadays because of the huge availability and transportation of knowledge through the internet has grown tremendously.

2.4.2. The Convenience Argument

Another argument offered for the online interactions between physicians and doctors is that of convenience. Instead of seeing it just as a means for alternative cure, it is perceived as more convenient in most cases than the orthodox medical practise. In this sense it is seen by these medical internet seekers as a solution to the limitations of the ‘normal’ physician-doctor physician relationship in convention medical practise.

Patients who find their geographical locations so remote from their physicians often consider the stress of making lengthy journeys to visit their doctors in moments of need regarding not too serious medical problems consider consultation via the web of a specialist as more convenient and time-saving. If they would easily get answers and medical advice via consultation online within the walls and bricks of their household then it saves them a lot of time while providing the required medical responses sought for.

Direct communication with a cyber doctor through exchange of e-mails, chat rooms and news groups which can take place at anytime of the day provided one is hooked onto the World Wide Web is considered much more convenient. The uncertainty surrounding the availability of ordinary doctors who at one time or the other may be responding to medical emergencies make some patients think it is convenient to consult an online specialist if they can get what they want therein and fast.

Sometimes, in cases of the lengthy hours spent at hospitals in waiting for one’s turn to see a doctor especially in developing countries where most visits to medical professionals have no prior appointments, online consultations in minor medical problems could be considered an alternative where possible. If patients who go online for some sort of therapy and medical advice get what they want one is not likely to make mistakes if he argues that such care and attention gotten from medical consultation sites are in tune with the principle of trust and care. Morestill, very
convenient since it fills in the limitations of direct in-person encounter with a personal doctor at a space-time bound hospital, clinic or healthcare centre. This is indeed one of the arguments and motivations behind physician-patient interaction online.

2.4.3. Healthcare and the Delimitation Argument

With the availability of the internet it is argued that online interaction and communication with physicians and doctors is an empowerment to the healthcare delivery in general and to people in the poor and underdeveloped enclaves of the globe in particular in terms of bridging the gap in healthcare.

This argument contends that a lot more people in the world especially those in the developing and poor regions get to access consultation sites, medical information giving sites where there are internet expert medical consultants and get to learn a lot about their various health conditions. Access to web doctors it is argued delimits the access of poor patients to knowledge regarding their diseases and sicknesses. It is seen as a source of medical assistance to the poor and many people in areas where medical and healthcare facilities are scarce.

With the internet a patient from Umuzor Obeama Nguru Mbaise, Imo State Nigeria could easily enter a cyber café and log on to a consultation website, join a medical news group as well as chat rooms where there is a medical expert who could hail from any part of the world and relate her health problems and get answers, advise and encouragement in that regard. Even though in most of these areas the access to the internet is not as common as it is the developed countries of the world, day in day out the awareness of this possibility spur many patients on to seek out knowledge and help health wise via the web. In this way of reaching out for a medical expert online from any part of the world for specific health reasons, it is thought that the healthcare gap is being bridged. Since healthcare facilities in these areas are found substandard and patients do not get adequate healthcare subsequent to that, access to online physicians and online interaction between these patients and web doctors justifies online physician –patient relationship in a sense. It is argued as a force behind such encounters and in tune with the principle of justice whose putative applicability within
the ambiance will justify equal access to adequate healthcare. In this case if some people lack adequate healthcare facilities and the internet via online consultations and information giving sites can make up for that lack why not make appropriate use of it?

2.4.4. Scaffolding Autonomy via Information Access Online
Online physician-patient interaction has been defended for reasons of autonomy. Patients who establish online relationship with web medical experts on consultation site, or through unsolicited electronic mails, chat rooms and information giving sites think their autonomy is encourage and empowered. By acquiring new knowledge and becoming more and more enlightened about their health conditions, they are better enabled to share in medical decision pertaining them when they meet their ordinary doctors in the hospital.

Many patients think they are able to acquire more information and gain enriched knowledge of their sicknesses and diseases faster, and easier through online encounters. Thus, online consultations is a brilliant avenue of scaffolding patients autonomy. Many patients want to be much more involved in decision-making process pertaining to their health.

Though various health centres could make information regarding health conditions available to these patients, the access to internet and online consultants is considered faster and more advanced. The sophistication associated with the internet is valued in faster medical information, more enriched encounters with online medical experts and less tasking since the encounter is a few clicks away in this regard. There are reasons why the principle of respect for autonomy is highly regarded. Usually reference is made to the consequences of one causing his own actions in terms of the welfare. It is generally believed that people are happier if they are able to be involved in decisions that affect their lives.

Many patients think that they would want to know more about their diseases and get more involved in clinical decisions pertaining to them. Thus, they value online
consultations and encounters. Though many patients it can be argued who visit medical websites and medical experts online and engage in online encounters do that for knowledge sake, it can be argued that some if not many would really want to be more equipped with knowledge about their health conditions so as to really utilize them to be part of their own medical decisions when they meet face to face with their personal physicians. Thus, physician-patient relationship online is a platform for more autonomy for the patients when they encounter their personal doctors the argument suggests.

2.4.5. The Confidentiality Thesis

The strongest argument for the justification of the confidentiality in medical practice I think perhaps is in relation the fact that it produces better medical outcomes. This argument in some sense is put forward for the internet physician-doctor patient relationships. Many AIDS patients find online consultation as well as chat rooms a huge resource of relief from the fear of being stigmatised such that the near anonymity of the internet interaction and consultation is welcome advantage. Some of these patients in developing countries with some terminal diseases like AIDS are so ashamed and laid back to approach their conventional doctors for treatment reception. The shame of discussing their health problems in their state with conventional doctors drive them to the medical internet where they think possibly their privacy is assured. Thus, they prefer cyber doctors because the interaction is text-based and electronic. Thus, they feel much more comfortable that their identity is not marked.

2.5. Problems Unresolved

The physician-patient relationship in Medical Internet in the various forms it takes raises a lot of moral problems for medical practice. Ordinary physician-patient relationships are affected by these new ones since they just begin one free choice in the absence of pre-existing relationship. Not only are those, many doctors not even aware that their own patients frequent online doctors. Some come to be aware of this only there has been problems regarding their patients health conditions worsened due
to these encounters. A lot of uncertainties are involved in these encounters such that many lives hang in the balance depending on the nature of their involvement in these interactions and on whom they encounter and consult. These online relationships are problematic because some moral rules seem to be violated and some ethical values threatened. It also poses a moral dilemma especially in relation to core moral concepts like responsibility, harm, and beneficence.

Even the arguments and motivations behind these relationships bring up moral problems. There is need to review this kind of patient-physician relationship vis-a-vis moral principles and relevant moral frameworks so as to see how these new forms of relationship fit in the ethical ideals and standards of medicine. This will be the subject matter of the next chapter.

**Summary of the Chapter**

In this chapter I have tried to give a bird’s eye view of what physician-patient relationship on the internet looks like. I tried to argue that what really go on online between cyber-doctors and patients can be seen as medical practise given their nature, the kind of medical judgements and advice involved and outcomes. I point out that such interactions could well be seen as physician-patient relationships however new. I have tried to offer a clue on possible motivations and arguments for these online interactions. I have identified this new form of relationship as morally problematic and demanding proper examination in the light of moral principles and relevant moral frameworks.
CHAPTER THREE

Physician-Patient Relationship in Medical Internet vis-à-vis relevant Moral Principles

3.0. Introduction of the Chapter
In the preceding chapter titled *The Web Doctor and The Web Patient*, I have tried to figure out the nature of physician-patient relationships in Medical Internet. I have tried to characterize these encounters as taking place in a context and form quite different and new. These encounters are disembodied because there is no face-to-face in-person communication which is just indicative of virtual reality. Intuitively, one could say that there is something really problematic with this sort of web-based text-driven interaction between patients and physicians because it is new and creates new questions and problems with regard to what used to be in conventional or space-time dimensional in-person encounter between physicians and patients. What these characterizations of this new form of relationship mean for ethics is the subject-matter of this chapter. This chapter examines physician-patient relationship in the light relevant moral principles and moral rules.

3.1. The Relevance of Moral Principles in General
The relevance of moral principles cannot be underestimated in ethical investigation. Moral principles are not accidental rhetorical frameworks or fragments that found their way into the history of ethics.

The relevance of moral principles in ethics could be explained by asking the question of what constitutes the goal of the whole of ethical research. The core question of
ethics could be seen as that concerning the perfection of lives or the good life and with our obligations towards others.

While the former focuses on the question of what kind of persons we want to be, the latter points up the question on whether or to what extent we are obligated to put people’s interests into consideration. Distinguishing between these two goals seems very important for a proper comprehension of the whole project of ethical investigation.

The question of the good life is quite old but it is actually modern ethics that asks the question of whether we have moral obligations.

I am much more concerned with the second question of ethics in my reference to moral principles as it is important in the assessment and evaluation of these special relations between physicians and patients online. There is need for a moral perspective with which to evaluate this encounter.

It is true that moral duties are there to guide our actions. But the relationship between our interest and that of others is of paramount importance. Ethics in the modern era injects some kind of independent moral purview, an ambience of moral assessment within in its own realm. Within this moral perspective agents involved in certain actions are faced with moral demands to be conscious of the limits of the scope of their actions in respect to others. This applies to all relationships with moral value just like the physician-patient relationship in Medical Internet.

The introduction of the whole idea of moral principles in ethics indicates the basic presupposition of morality as a genuine evaluative standard. This genuine evaluative standard makes moral principles very essential in biomedical ethics, modern ethics and also in Medical Internet ethics. Each moral perspective has its own evaluative focus that cannot be narrowed down to self-serving interests and just to one’s personal perspective of happiness. In moral principles we can find some moral criterion for the evaluations of various actions as good or bad.
The denial of the idea of moral demands implicates the futility of any discussion on the need of moral principles. But once we assent to the presupposition of the idea of really binding moral obligations, we cannot reasonably deny the idea of moral principles because the recognition of these moral obligations cannot take place in the absence of moral principles.

3.2. Beauchamp and Childress and the Principlist Approach

For the evaluation of the physician-patient relationship in Medical internet, I will make use primarily of relevant moral principles in the principlist approach of Beauchamp and Childress and some other relevant moral rules and principles.

The status of the four principles of Beauchamp and Childress, their method of applications as well as justificatory impact is quite different from other moral principles in the category of one moral principle like Kantian or Humean.

The four principle approach of Beauchamp and Childress could be said to be relatively concrete vis-a-vis single principle approaches. These are moral principles not ordered as such hierarchically but could be weighed against each other. In this sense they are prima facie principles and one cannot override others but could be seen as relatively important. These principles include: the principle of non-maleficence which is a norm for the avoidance of harm causation, beneficence which is a group of norms providing benefits and balancing risks and costs, justice which is a group of norms for the fair distribution of costs, benefits and risks and then principle of respect for autonomy which is a norm of respecting the decision making capacities of autonomous persons.¹

3.2. The Virtuality of Physician-Patient relationship in Medical Internet as the Basic Characterization for Ethical Analysis

The physician-patient relationship in Medical Internet does not take place in “real time”. It takes place in virtual reality. In relation to the physician-patient relationship that takes place in within the hospital walls and between two individuals that see each other face-to-face, the online encounters have a new face with new problems requiring moral considerations.

Cyberspace based communication that characterize physician-patient relationship online whether through voice chat, unsolicited e-mails, solicited e-mails, news groups or chat rooms in the absence of pre-existing doctor-patient relationship involves the total disappearance of the non-verbal social clues and personal cues. These non-verbal cues in cases of psychotherapeutic interventions for example could prove very invaluable in the provision of contextual information in conversational encounters and can really impact on the interpretation of meaning in communication. Even when web cams are used they cannot replace the characteristics of in-person encounters.

The danger of miscommunication is quite rife in this kind of physician-patient relationship. In interactive e-mail communication, chat rooms, news groups and even when questionnaires are made available miscommunication is most likely to take place because of the value in-person cues in person to person interaction. The danger of miscommunication is always presented or increased in asynchronous interactions and other forms of online encounters lacking physical presence. And that would not really lead to any possible positive medical outcome when it does occur. Miscommunication can take place in ordinary encounters but the risk is increased in online encounters.

That in physician-patient relationship online in the absence of pre-existing doctor-patient relationship there is no medical history of the client held by the online doctor is morally problematic. That means all that could take place between the two will be dependent on the immediate online interaction which I think may not lead to substantial medical health assessment and advice without known medical records, facts files and history. In this case since there is no pre-existing relationship and the
patient who comes online once a while and meet different expert consultants on the web, one can say such interaction instead of facilitating any doctor-patient relationship it rather bypasses existing ones.

How to be sure of the identity of the clients online by expert consultants online as well that of expert consultants in most times is very difficult. Even particular facts about online visiting patients are very important for these consultants for example to know and be sure of their age brackets for specific medical and health advice. The physical absence makes some of these encounters incomplete in some way because physical examination in very important for certain diagnosis and prognosis though it does not only in itself constitute the whole of medical practise as I have tried to argue in the preceding chapter.

Thus, the near anonymity and impersonal nature of these encounters, the informality of such interactions and the globality of such communication mark it out as likely to pose some new problems. These new interactions because of their medium pose new ethical problems. The physician-patient interaction that issues in interactive text-based communication raises unique ethical questions that were not previously addressed within the realm of the in-person doctor-patient therapeutic relationship.

Physicians and patients that may have met in person may of course communicate over the internet net. That is a very different and less problematic scenario. But offering medical advice, diagnosis and therapy solely via the internet in the absence of pre-existing physician-patient relationship and not in association with some sort of in-person person-physician-patient relationship raises the most problematic ethical issues. And it is these issues I am going to analyse subsequently in the light of ethical principles.
3.3. The Principles of Beneficence and Non-Maleficence and the Physician-Patient relation in Medical Internet

Physician-patient relationships on the internet need to be evaluated from the perspective of the principles of beneficence and of non-maleficence. The purpose of medical encounters between doctors and patients is basically to produce and maximize health benefits. The assessment however of the potential harms that go with any treatment intervention, medical advice, and decision-making in this instance need to be viewed par rapport the possible benefits that could also issue from such encounters. It is by looking at the two sides that is on the potential risks and the possible benefits that we can appropriately make an objective evaluation of these encounters.

In an attempt to evaluate the risks inherent in physician-patient relationships on the internet it serves good also to mention that face-to-face or in-person physician-patient relation in ordinary traditional medical-clinical encounters are not devoid of risks. In ordinary encounters for example there could be risks of sexual abuse. It is possible that on both sides one of the parties in these medical encounters could be attracted sexually to the other. This is a possible risk in in-person encounter that may be found in during consultations and even physical examination may not very likely take place online because of the remoteness of the encounter. An example is the risk associated with medical interventions like surgery.

In the face to face encounters there could be also miscommunication. Some thinkers with some phenomenological cast of mind has have described it may be difficult for patient and physician to understand each other in a clinical encounter. This is because they live two different life-worlds: the doctor’s is one of disease and the patient’s one of lived illness. Federick Svenaeus (1999) in his book *Hermeneutics of Medicine and the Phenomenology of Health: Steps toward a Philosophy of Medical Practise* gave some detail explanations on phenomenological perspectives on clinical encounters. Kay Toombs (1990) in her book *The meaning of Illness: A Phenomenological Account of the Different Perspectives of Physician and Patient* has described clinical encounters between doctors and patients as that of parties of different worlds such that miscommunication is possible.
The patient could also deceive or mislead the doctor for example in psychotherapeutic sessions. Risks of loss of confidential records and the possibility of their exposures to persons unauthorized to see them are rife in situations where these records are kept in a locked cabinet files and rooms that could be broken into (usually in digital format now in many places). Even instances of incompetence could be discovered in classical encounters between physicians and patients.

However what makes the risks of online physician-patient relationship unique or special is an important question. I think the issues with this physician-patient relationship on the internet are how far these new encounters that are driven by text-based communication and other internet enabled services enhance the already existing and unresolved risks in traditional encounters, the possibility of evolution of new types of dangers yet to be found in ordinary physician-patient relationship and the extent the potential merits can justify these risks. Let us look at the issue of confidentiality with regard to physician-patient relationship online.

3.4. Confidentiality and Privacy Par rapport Beneficence and Non-Maleficence

The medico-moral obligation of confidentiality which is a means to privacy is an important commitment connected to the idea of beneficence and non-maleficence in medical practise and interaction between physicians and patients. Confidentiality could be referred to as one of the oldest moral commitments codified in healthcare and this obligation is explicitly required in the Hippocratic Oath and its successors in the modern era like the World Medical Association’s International Code of Medical Ethics. The requirement of the Hippocratic Oath in this regard on the side of doctors is to swear that ‘Whatever, in connection with professional practise, or not in connection with it, I see or hear, in life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret’ (British

Medical Association, 1993).\(^3\) And even a kind of the contemporary version of the Hippocratic Oat by the International Code of Medical Ethics requires that ‘A physician shall preserve absolute confidentiality on all he knows about his patient, even after the patient has died.’\(^4\) Both the French and Belgian law defend absolute confidentiality and if it is not adhered to, then it is seen as a criminal offence.\(^5\)

But I am not concerned much about the nature and the limitation of this medico-moral obligation. There are differences in the application of this medical requirement and in some instances in medical encounters between the physician and patient this commitment could be overridden by competing moral obligations. What I am pointing towards is that in ordinary physician-patient relationship this is highly required and there are reasons for that. And the basic moral justification for this is that keeping this obligation yields positive medical outcomes. It is aimed at the provision of medical benefits to patients. And to achieve this there should be some kind of trust established between the physician and patient.

In face-to-face encounter where the doctor and patient know each other over time and are like friends confidentiality is most likely to be assured. For the fact that both parties know each other and see each other as friends and their identities are known confidentiality will be taken more seriously as any break from this could be seen as violation of professional practise. And the individual involved is known. Some people could argue that HIV/AIDS patients for example, may find online encounter with a doctor more likely of assuring her confidentiality though.

I am arguing that in Medical Internet the risks known and unknown connected to confidentiality is much more than in ordinary physician-patient relationship. And these risks are associated with harms that could affect online patients in their encounters with cyber doctors whom they do not have pre-existing physician-patient

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\(^5\) Gillon, R. ibid.
relationship with and whom their identity they are not quite sure of. And patients on their own side can hide their own identities also.

Physician-patient relationship on the internet that involve interactions via e-mail and even chat by which some medical interventions are offered bring up many areas of risks for these online consumers or patients. There more risks of breaches of confidentiality in online medical encounters between physicians and patients than in traditional encounters. In fact clients and consumers of online medical and healthcare services can be at greater risks for breaches of confidentiality.⁶

This great risk to confidentiality with regard to online medical encounters between physicians and patients occur on both sides. It occurs at the client’s end and at the provider’s side, in the information transmission, on the security of websites and computers regarding external intrusions. External intrusions could be said to be true of a hospital’s online records though. Some online physicians most times put disclaimers on the website to avoid legal actions and even practise what they claim they do not do. And many patients go to the sites for medical advice. It is doubtful how serious online doctors will feel committed to the medico-moral obligation of confidentiality because of the near anonymity of the encounters and their impersonal nature. Consequently, the harms such attitudes could inflict on some uniformed patients who get deceived to seek out these experts does not really help medical outcomes. In this instance then one can say that this obligation could easily be neglected or being mocked in such encounters.

With regard to privacy of which commitment to the principle of confidentiality makes it assured, online encounters could pose problems in this regard. Confidentiality is a means to ensure privacy.

According to Anita Allen four forms of privacy that concerns limited access to person could be identified. And they include informational privacy emphasised most often by

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biomedical ethics, physical privacy, decisional privacy and proprietary privacy. The principle of privacy in this regard refers to respect for one’s personal information and even that of a group. It demands that such information should not be intruded on without proper permission of access to them.

It is the obligation of doctors or medical professionals to maintain these principles in their encounter with patients. But the new physician-patient relationships which take place on the internet poses more risks and problems in terms of the potential violation of this principle. The right of privacy of patients can be affected by online consultations and encounters with cyber doctors. Professional secrecy is an obligation of medical doctor to the patient. That should guarantee the privacy of patients’ information and data shared. This is the paradigm situation. But online encounters between doctors and patients seem not to guarantee this because of their nature. The problem of identity of the parties associated with it, the medium of the communication and the dangers associated with it marks it out. The privacy of patients communicating with online medical doctors could be violated by some intrusions of high-tech invasions by hackers who could download the files of from the cyber doctor’s computer. Low-intrusions can occur by the unwarranted availability of the online patient’s email address and messages to the online expert’s office staff or even family members.

Patients share a lot of private health conversations on the web with cyber doctors. They reveal a lot of information on their personal health problems and conditions on the internet. On consultation sites for example there are questionnaires in some cases to fill and request for medical advice. On the internet the risks of informational privacy violation is huge because of the nature and medium of the encounter. And the important moral question here focuses on the amount of information patients online can reveal to these cyber doctors, which conditions guide such disclosure and how safe they can be. What safeguards and how the privacy is guaranteed is a huge problem in Medical Internet.

Online medical experts whom we cannot guarantee their identities and expertise are unsafe as we are not of them guaranteeing that medical data gathered online from medical website visitors and consulters are properly used. In the case of assignable individuals, we could say that there is some kind of contract binding the patient and the physician. As it is the case in in-person encounters, who the doctor is and where he stays and works, his competence and expertise is ascertained. When anything goes wrong, who could be looked for and questioned accordingly. Whether there is any serious contract binding an online consultant and a website visitor is a big problem in itself. The oath of secrecy should be binding online consultants if they are truly assignable individuals and medical professionals. That is why the risks of patient-physician relationship on the web are very high. It makes already known problems in medical encounters more problematic. Even if we are sure that some sort of contract exists among physicians and patients in medical internet, practical experiences of hacking and the invasion of privacy show that a lot of information can be distorted on the internet.

3.5 Competence, Trust and Caring Online in relation to Beneficence and Non-Maleficence

The issue of competence, trust and caring with regard to physician-patient relationship on the internet is important as to know whether these encounters actually benefit the patients or have greater potential harms to patients. Many patients who frequent medical consultation sites think that online doctors are experts and can assure them of adequate medical attention. How true this is remains doubtful.

In the first place physician-patient relationship on the internet is new and takes a different form in the interaction that go on between the two parties. On the issue of competence, interactive web mediated communication between patients and doctors are entirely new and significantly different from the normal conventional person to person clinical encounters. Some online doctors may have only bare experience and training on how to practise online and interact with patients in such a way that they maximize the medical outcomes and avoid risks known and unknown that could go with this encounter. If an online doctor has no special competence on how to cope
with the risks of such interactions then physician-patient relationship on the web poses serious questions of risk management and responsibility. This is an important issue as there is no guarantee in many cases of the identity and reliability of these cyber doctors.

The issue of reliability implicates the principle of trust. Once I hear that some one is an expert in an area it is possible that I believe it or not. But it is all the more tenable when I verify the person’s fact files and contributions in that area. A medical professional is one not because he poses on the website as one. It is important that I rely in him if he is my doctor and trust him based on the medical services and benefits my encounter with him brings. That means I really need to know him and experience him to be sure of him and what he has to offer. If I know that you are an authentic medical doctor then you can be reliable. And you have to show that with your certificate, the medical associations you belong to and other practical evidences I as a patient can see. Could this be done online?

The absence of physical encounter is a huge obstacle to rendering proper care and maintaining trust between on line physicians and patients. There may be too many patients asking and looking for different answers to their health problems from the same online consultant who takes little or not time to address them carefully. Generalisations are more likely here. There are some medical problems whose diagnosis can not be judged sufficient in the absence of physical examination. What care would mean in the instance of such demands that really require physical examination and the online doctor knows but relies just on what the patient says indicates how much the principle of care could be respected in medical internet. I had indicated in the preceding chapter certain studies that indicate what takes place in these encounters. Some online physicians do really make prognosis on the web in some instances that would necessarily require physical examination.

This reflects the issue of abuses and neglect that can take place on the internet in these encounters. If the principle of care and trust is slimly assured on the web, then it is a big a problem. The issue of who guarantees the accuracy of information offered on
the web, the standards, norms and the accreditation agencies for web interactions, the
security issues and even the integrity of the claims made by online doctors places
doubt on the level of care that can be obtained from these encounters. It makes
reliability and trust on cyber doctors of the type described difficult. And this indicates
how risky these near anonymous physician-patient encounters on the web are. This
kind of problem does not easily arise in traditional physician–patient relationship
though there have been charlatans also (alternative medicine for example).

3.7. Informed Consent in Physician-Patient Encounter in Medical Internet in
relation to Beneficence and Non-Maleficence

The physician-patient relationship on the internet raises the problem of risks
associated with informed consent and treatment of minors for example online. The
absence of physical presence in physician-patient relationship on the web poses
problems pertaining identity. How to verify the identity of those consulting online for
medical advice and prognosis beyond what the information they give of themselves is
morally problematic in the instance of web text based interactive communication.

If an online doctor has been communicating with a minor and did not know it or is not
sure about that, how to find out and verify the identity of persons interacting with her
in terms of age with regard to the treatment of minors without parental consent is
really problematic in these encounters. Many online physicians cannot verify the age
and identity of patients and give medical advice and treatment with minors in the
absence of the parental knowledge and consent.

Many patients online do not really know the risks they are taking and may not
understand certain things discussed with online doctors. Even in the expression of
their problems via chatting they may not possibly do it well as they would have done
with some gestures in in-person encounters. If this is the case it implies so many
patients online may not be competent enough for such interactions online. Even in
conventional doctor-patient encounter, it sometimes takes time to explain out issues to
a patient so as to understand properly in order to participate in the medical decision
making. Miscommunication and incompetence can affect autonomy and informed
consent in physician-patient relationship on the web. The distance and the anxiety of
patients sometimes online may make them readily accept whatever advice given online without even thinking hard on that. All these problems raise one significant question. And it is the question of moral responsibility in physician-patient relationship on the web.

3.8. The Principle of Autonomy and Online Physician-Patient Encounter

The principle of autonomy is invaluable in modern health care. In medical practice today it is very important that individual patients participate fully in decisions affecting their health. To realize this principle in a medical decision making situation, the patient has to be competent which presupposes her ability to understand, appropriate relevant and reliable information to arrive at an informed decision. There has to be alternatives to choose from also in the decision making situation and she has to have access to relevant information.

It seems right to argue that despite the dangers associated with online consultations and interaction between cyber doctors and patients, many patients get access to medical information that can build their autonomy. Through consultation of online doctors they can have a repertoire of medical information sources. And by this means they have enhanced autonomy and become more competent with information to influence decision-making regarding their health when they encounter their ordinary doctors. However, the confirmation of the competence and quality of online doctors consulted by patients remains in most cases a problem. The same goes also for the reliability of most medical websites posing as medical information sources.

3.9. The Principle of Justice

Justice as a concept is quite complicated in its interpretation. From the perspective of fair distribution and access to health benefits, it could be argued that an online consultation is a way of bridging the gap of healthcare. In some places where not everybody can have access to the healthcare due the healthcare system and lack of the means, online consultations for medical advice could be judged a just means of to access healthcare. Since, one can get access to some web doctors without paying
much or paying at all which may be impossible for them in their own healthcare system. Logging on to website of an online consultant irrespective of the location and getting the medical advice and information sought for may be seen as a just way of bridging the healthcare gap in societies that cannot take care of health needy fellows.

This could be an ethical argument but how justified it is will depend on how actually such consultations will benefit these people.

**Summary of the Chapter**

I have tried to analyse physician-patient encounters on the internet primarily in the light of Beauchamp and Childress four principles. Other principles and moral rules (confidentiality, privacy, competence, trust, caring and informed consent in cases of minors online) that came after the principles of beneficence and non-maleficence were analysed in relation and in support of the argument offered for the former. This explains why the principle of autonomy and justice came later.

This chapter summarises the physician-patient relationship on the internet as enhancing some of the risks and problems that already existing in traditional clinical encounters. The principle of non-maleficence which implies beneficence as the basic requirement of medical encounters was much more emphasised in the analysis of these encounters.

Due to the impersonal nature and difficulty in identity assurance of the parties involved in the encounter, there are lot risks associated with it known and unknown. And this means that the moral principle of non-maleficence and beneficence stands to be violated and mocked in most of these encounters. And the identity problems make clear of the fact that these principles are most likely to be violated than in face to face physician-patient relationship. Confidentiality, privacy, competence, trust and caring are principles connected to non-maleficence and beneficence that these online encounters by there nature seem to endanger despite the possibility of patients autonomy being enhanced by them and the sense of justice in terms of access to healthcare as possible allusion.
Not being able to know the medical records and history of online consulters by online consultants due to lack of pre-existing relationships and proper identifications endanger the lives of uniformed patients seeking medical advice online. It is doubtful how adequate medical benefits could be realized and much harm avoided in these instances. The absence of physical presence and loss of in-person cues makes miscommunication prevalent and more harm possible through miscommunications and actions that follow them. Insecurity associated with these encounters makes the principle of non-maleficence more likely to be violated than in ordinary physician-patient relationship.

These encounters online between physicians and patients in the light of their nature and possible harms associated with them makes the question of responsibility more problematic. The problem of responsibility in this regard due to the dangers and risks associated with such encounters forms the crux of the discussion of the next chapter.

Thus, chapter three in the light these moral principles find physician-patient relationship in medical internet morally problematic. Physician-patient relationship in medical internet because of its nature enhances the risks already existent in traditional ones and seem to mock some medico-moral obligations which implicates the question of moral and professional responsibility.
CHAPTER FOUR

Physician-Patient Relationship in Medical Internet and Moral Responsibility

4. Introduction of the Chapter

Every doctor has a duty of responsibility to a patient in any medical encounter. She offers medical treatment and advice to the patient. Much more responsibility is reposed on the shoulders of the physician because of the nature of physician-patient relationship is usually seen as asymmetrical. The doctor is always seen as more knowledgeable and powerful here though she respects the patient’s values. The patient has got the right to care. The physician-patient relationship in medical internet seems to be revolutionalizing traditional perspectives on the clinical encounter and makes the issue of responsibility much more problematic.

The physician-patient relationship in medical internet is a unique one. Ordinarily once a physician agrees to be part of the solution of a patient’s problem, he has a responsibility for that choice. Responsibility here seems to be the logical demand of any aftermath of his freedom of action. He is morally bound to offer maximal medical benefits and minimize harms to the patient. And legally he is into a contractual relationship.

In traditional encounters, a patient makes treatment contracts with her doctor which in most cases takes place orally. And this defines the form of her responsibility (physician). It is clear here that consent to the treatment is based on clear-cut, well understood and intelligible information offered in face to face consultation or even at the patient’s bedside. When medical encounters take place online between physicians and doctors without prior relationships, a unique kind of relationship is ushered in. The basic intuition would be that it is just normal contractual encounter.

In what happens on the web, a lot grey areas spur up. The issue of moral responsibility becomes all the more problematic in virtual encounters. It would not just be a question of normal contract as the law usually defines. That definition is
limited and blocked in cases of such encounters where the individuals involved are unassignable. You cannot identify them and verify the professional status of many online doctors. Second, how do we tackle the problem of professional responsibility in these instances? How is it to be looked at? From the perspective of the cyber doctors and also that of patients online. This problem of responsibility seems to be the most problematic issue that marks out physician-patient encounter in Medical Internet from conventional doctor-patient relationship. Physician-patient relationship on the internet brings new problems on how to deal with the issue of moral and professional responsibility and even legal due to its nature and context. Though the three senses of responsibility (moral, professional and legal) are somehow connected, it is moral responsibility that forms the basic focus of this chapter though with some analytical allusions to the other two.

I have tried to analyse in the light of moral principles (using Beauchamp and Childress quartet- principle approach) in the preceding chapter the physician-patient relationship on the internet to see how it conforms to the ideals and moral standards of medical practise.

In my analysis I made a point that given the nature and context of these encounters the principles of non-maleficence and of beneficence are more at risk than in conventional encounters. And that makes it difficult to believe that maximal medical outcomes will be assured in such encounters if the principle of do no harm which implies beneficence is most at risk. I pointed out that these encounters are morally problematic because they enhance already existing risks in ordinary medical encounters and open up the possibility of unknown new ones because of their nature. The doubtful competence of online practise points to that as I mentioned in the chapter.

What all these points mean is that the issue of responsibility morally and professionally will be problematic. Even legally because we can hold responsible for actions carried out by only assignable individuals. Even when the individuals involved are assignable, it can also be difficult to accept responsibility on the side of doctors in such encounters that are less well-defined. I am going to point out how the
issue of responsibility forms the bedrock of the most problematic issues in this encounter. I do not intend to solve the problem concerned with responsibility in these online encounters but to point out how more problematic issues of responsibility can be when physician-patient relationships take place on the internet.

4.1. A Picture of Responsibility Issues in Physician-Patient Relationship in Medical Internet

From the beginning of my essay, I have focused on physician-patient relationship on the internet in the absence of pre-existing patient relationship. That means both are new to each other and that the patient could have an ordinary medical doctor somewhere. This means that neither the two parties know each other very well. The medical journals and records of the patient are not with the online doctor and he would only rely on the discussion between him and the patient online or on the questionnaire the patient fills out as it is with some cases. This also implies that the patient in this instance in most cases seeks second opinion from the supposed online experts. In situations that touch newsgroups, chat rooms and unsolicited patient e-mails some peculiar issues touching responsibility sprout up.

I mention the specific kind of online encounters I discuss so as to make it clear as there could be important differences in the online encounters where there have been existing relationships between the doctor and patient. That would be a different case because the parties know each other before and could use e-mail for example to facilitate such relationships. But with regard to the issue under discussion, some of these online encounters rather than facilitate these relationships destabilize already existing ones in conventional encounters.

How do speak of responsibility if anything goes wrong in these circumstances? Putting down rules does not really solve much problem with regard to web-doctors and patients. In conventional physician-patient relationship it is clear who is to be blamed and who is responsible for what in online encounters. Even addressing issues of responsibility legally in conventional patient-physician relationship is less complicated than in online encounters. The identity of the parties involved is not really a problem and which laws to be invoked are usually unproblematic. But online
encounters are global, impersonal and any person from any part of the world can enter into relationship with an expert elsewhere. In the event of problems legally, legal geographic issues crop up that makes it more complicated.

When a physician leaves his e-mail on the website to be consulted and consequently receives unsolicited e-mails for medical advice is it really the same when he actually asks for them? In a newsgroup and chat rooms, responses from the different online consultants do they carry the same weight in cases of problems with that of person to person e-mail medical communication between an online physician and patient? These encounters are less defined than ordinary physician-patient relationships and that makes it more problematic with regard to responsibility.

If a patient receives a treatment from his doctor and is not satisfied with it, and goes ahead to seek medical advice online on the same health condition, if there are complications in the event of a second diagnosis how do we deal with the issue of responsibility?. One thing is certain in these encounters. And it is that choices are made on both parties in the decision to seek online consultation and to offer online medical assistance. And that means there is a moral and professional involvement. And how to define them in these unique circumstances remains the big problem. Perhaps the patient the patient has more responsibility online? It is important to make some conceptual clarifications on the issue of responsibility to keep on track the discussion.

4.2. Responsibility as a Concept

There are various definitions and theories of the concept of responsibility. And most of these definitions, classifications and theories of responsibility focus on the criteria and condition of being responsible. Responsibility as term is a moral as well as legal term.

According Goran Collste (2000), the term responsibility, has three usages. It is used as a moral and legal language while it also refers to profession in terms of
professional responsibility. While the main distinguishing factor between moral and legal responsibility reposes on the criteria for the evaluation and sanctions following a blameworthy action, professional responsibility is seen as midway between moral and legal responsibility and a combination of both; and is a kind of moral concept explicated in moral codes with implications akin to legal responsibility. Legally the criteria for assessing responsibility is formalized and legally institutionalized while morality focuses on informal ethos with sanctions not institutionalised like blame.¹

When we talk of responsibility in the legal and moral sense, certain criteria or conditions are implicated. In general one can say that there are some factors spoken of or seen as the “criteria” of responsibility. And they could be seen as including the following: (a) Mental or psychological conditions (indicative of the state of mind one carrying an actions and his/her intentions) (b) causal and other forms of connection between an act and harm: and (c) personal relationships rendering one man liable to be punished or to pay for the acts of another.²

With regard to legal responsibility here then, we can say that one is legally responsible for an action or harm caused if his relation with the act or harm can be judged sufficient according to the law of liability. That is to say he is liable to be punished for it because he is legally responsible.³ On the hand, one is seen as morally responsible for an action if he connection with the act or harm caused makes him blameworthy morally and morally obliged to make amends or pay compensation.⁴ Thus both in the moral and legal situation, the criteria seem to be tied to the elements deemed psychological that are involved in the control of conduct, the causal relations between acts and harms, and the connections with the actual doer of misdeeds.⁵

³ Petersson, I. Ibid.
⁴ Petersson, I. Ibid. p.95.
⁵ Petersson, I. Ibid.
As already mentioned above moral responsibility and legal responsibility can be distinguished by the criteria for which actions are evaluated and sanctions that follow blameworthy actions. Moral responsibility has no connection with legal sanctions but rather with moral sanctions defined in terms of disapproval, repulsion, social pressure and blame. It is moral disapproval or approval that will always follow such actions or harms. Any norms dependent on moral responsibility are dependent on moral principles and never on legal norms.

As it is with legal norms, moral principles may differ in different settings or communities such that what is morally right in one may morally wrong in the other. However, the norms related to legal responsibility are usually directed to one having a kind of relation of a judge to the one seen as responsible while moral principles akin to moral responsibility could be directed to some persons vested with the position of authority by the moral system like a priest, parent, doctor etc...But these moral principles may also be directed to all, as in most cases many of the moral sanctions apply to or are administered to all in the community as in social pressure for example.\(^6\)

What I am trying to explain in this distinction is that while moral responsibility has as its source a moral system, legal responsibility on the other hand takes a cue from the legal system. And it seems true that moral system is less complicated than the legal system in the sense that a moral system may not be restricted to a particular country. It may be widely accepted or include at least several countries or seen as acceptable by some groups in a small town in different places.

With reference to the issue of physician-patient relationship in medical internet, it may be very difficult to get a legal system at the present that guides these interactions worldwide that is exactly the same for all countries. But the moral principles that apply to the physician-patient relationship for example autonomy, confidentiality, beneficence etc in one country applies to other countries though there could be some nuances in the applications .But the moral principles remain the same. If an online

\(^6\) Petersson, I. Op cit. p.82.
doctor staying in Canada is consulted by a patient in South Africa and the outcome of the interaction demands some legal liability on the side of the physician, it will be difficult to know what kind of legal system to apply in the process and where to do it since the location of the two parties involved are quite disparate. On the other hand, we already know which moral principles violated in the medical encounter and how to analyse and evaluate the situation in the light of moral principles.

4.2.1. Hart and Types of Responsibility

Some authors like Hart distinguished between different types of responsibilities. But it could be seen in this distinction that responsibility as a concept remains a legal and moral term. According to Hart in his essay on responsibility “Postscript: Responsibility and Retribution”, there are four types of responsibility: role-responsibility, Causal-responsibility, Liability responsibility and Capacity-responsibility. These types of responsibility are explained in terms of their criteria. I am not here to analyse Hart in details but just to pin-point the basic ideas he proffers on these distinctions.

For Hart, Role-responsibility is defined in terms of duty. For him role responsibility is the same as duty. Though he did not explain the concept of duty in this particular essay on this discussion on role responsibility, it is presumed this duty applies to legal duty, moral duty or even a duty that could be either moral or legal or even both.

Hart’s analysis of causal responsibility is with the reference to the criteria of causality. According to him “X was responsible for Y” could be seen as the expression “X caused Y” (Hart 214). That is to say, responsibility in this sense is defined in relation to the causation of action or harm. Once one is causally connected to an act or harm, he could be held responsible morally or legally.

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With regard to liability responsibility, it is analysed in terms of criteria by Hart. If the criteria c) and d) are brought before us, then Obinna who is a person O is liability-responsible for an act P. And if Obinna (O) is liability responsible for P and P is a type of action explicated in the law, then Obinna (O) is liable to be punished for the act P. My interpretation of Hart in this way is sponsored by the fact that in this article he continually speaks of the criteria of responsibility with reference to legal liability – responsibility (Hart 214) and both legal and moral liability-responsibility (Hart 226).  

With regard to Capacity-responsibility, Hart describes the sense of being responsible here as when one is described as being responsible for his actions. Reference is made here to the criterion of capacity. According to Hart, the capacity required of one to possess to be “responsible” in this sense is “the most important criteria of moral liability – responsibility”. He outlines the following: “understanding, reasoning, and control of conduct: the ability to understand what conduct legal rules or morality to require, to deliberate and reach decisions concerning those requirements, and to conform to decisions when made.”(Hart 227). Hart makes it clear here that responsible used in this sense is not limited to legal contexts. (Hart 228). I think capacity responsibility is necessary for other types.

Hart’s analysis of the senses of responsibility as we have seen is also a criterion based definition of responsibility that applies to both moral and legal usage.

In my own opinion I think to be responsible for something is to be simply rightly made accountable for that legally, morally or professionally. A defender in a football pitch is professionally responsible if he left an attacker unmarked due to carelessness or neglect in bad positioning when a goal is scored that could have been prevented. I am not talking of a special case where an exceptional player dribbled a defender who tried to prevent him. I am referring to in stances when cheap goals are allowed.

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4.2.2. The Concept of Moral Responsibility on the Internet

What would moral responsibility mean on the internet is an important question for special encounters that take place on the internet like physician-patient relationship on the internet.

The Internet environment is a unique one. The context and form of the internet environment seem to foster a kind of tendency where by people would like to run away from their responsibilities because of its relative impersonal, anonymous, and fluid, tangle joint causation, unfamiliar and emergent properties.

Some authors try not to honour conceptions of responsibility viewed as very traditional, backward looking and blame-oriented by way of criticism (Ladd, 1998). It is their contention that such conceptions do not provide the adequate room to allot responsibilities to all the individuals involved in a particular action. Rather they are agent-relative focused as well as conceptions of responsibility with a consequentialist bent. They rather prefer forward looking conceptions of responsibility which are not exclusive where the responsibility of one person cancels the possibility that others may be held responsible for the same outcome. Thus against the sense of responsibility in terms of duty that construe specific actions of persons as their objects, responsibilities are rather seen as outcome, forward-looking and result-oriented.

Van Den Hoven has distinguished between three kinds of responsibility vis-à-vis the internet.

He talks of responsibility for doing, responsibility for knowing and responsibility for expressing.

a. Responsibility for Doing

Under responsibility for doing he talks of tasks responsibilities, negative tasks responsibility, supervisory responsibility, self monitoring responsibility and meta-task responsibility. He explains what he means by task responsibility as follows:

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The fact that A has a task responsibility for X implies that A ought to see to it that X is brought about. If A has for an example a task responsibility to subscribe or to send an attachment, he has the obligation to see to it that it is done.\textsuperscript{12}

Furthermore attached to each task responsibility is a negative task responsibility pertaining X. And this negative responsibility concerning X “is an obligation to see to it that no harm is done in seeing to it that X is brought about.”\textsuperscript{13}

He speaks of supervisory responsibilities, self-monitoring responsibilities and meta-task responsibility that accompany task responsibility. All he wants to explain here if I got him right is that on the internet each person involved in the actions online (both the creators of the networks and participants online surfing the web for various purposes) have various responsibilities for their actions on the web in relation to others. That is to say whatever one does online carries with it an onus of responsibility such that others are respected and not harmed.

b. Responsibility for Knowing

Van den Hoven summarises this idea of responsibility when he says “We thus also have responsibilities for knowing on the Net”\textsuperscript{14} He asks also the question: “Is it responsible enough to take full responsibility if something goes terribly wrong when people act upon the information thus acquired?”\textsuperscript{15}

By this he is trying to say that both those who place information on the net and those who consume them as finished products in one way or the other are responsible for such knowledge and what they make of it and what it makes of them.

c. Responsibility for Expressing

Van den Hoven tries to point out kind of moral responsibility in relation to what is uttered on the internet. He speaks of moral responsibility with respect to the duty of

\textsuperscript{13} Van den Hoven, J. Ibid
\textsuperscript{14} Van den Hoven, J. Ibid. p.150
\textsuperscript{15} Van den Hoven, J. Ibid. p.151
not harming others with what is expressed on the internet which could come in form of hate speech, racist utterances and pornography. The responsibility of guiding against such utterances that could cause harms directly or indirectly is what he hints on here.

4.2.3. Relating these Conceptual Analyses to the Discussion

The complex situation of physician-patient relationship on the internet makes the issue of responsibility open too many grey areas. How do we apply these analyses of the meaning of responsibility to the problem of responsibility in physician-patient relationship in medical Internet?

With the example given by Goran Collste of an online encounter as mentioned in chapter two, how can we solve the problem of responsibility? Using Hart’s analysis of role responsibility, causal responsibility, liability responsibility and capacity-responsibility, how do we look at this issue? Does every online doctor see his role online as being accompanied with some kind of moral duty to patients they interact with even when there has not been pre-existing physician-patient relationship and they barely know each other? Is the online doctor only causally responsible for what goes wrong online between him and a patient as in the classic case already referred to. He offers the medical advice and prognosis not knowing that the patient was receiving a prior treatment from an ordinary doctor. The patient sought the online expert for help and he obliged for good intentions of beneficence without knowing of the patient’s running treatment with an ordinary doctor.

Should not the online expert have asked more questions to know what was going on already before taking action? What if he did and the patient lied? How could he have verified if not from what he was told? Is he not still part of the complication for the treatment he offered since he knew had had no physical contact with and examination of the patient? Would it be so easy to talk of responsibility and liability here? Would the online expert readily accept the whole of responsibility in this case? Which laws will play a role in this matter? Which professional codes could be applied here: Swedish or American?
How are we sure that all online doctors qualify for the capacity-responsibility criteria since it is something taking place across distance. With regard to my analysis in chapter three on competence, given the context of these interactions can they really control their conduct in the global and virtual internet environment? Capacity-responsibility is necessary for other types of responsibilities outlined by Hart.

Morally, once one makes a choice freely it should be accompanied by some sense of responsibility because it was a free choice. Once a medical doctor, she is obliged by the principle of beneficence. Are online doctors who are at a distance with their patients and in most cases have no pre-existing relationships with these patients conscientious and deliberative enough to fit in the senses of responsibility described above?

It is clear that the nature of the physician-patient relationship on the internet advances already existing problems in ordinary encounters. When encounters are mediated by the internet between persons unknown to each other, responsibility issues can be more problematic. It becomes most problematic when these individuals are unassignable and their identities difficult to be verified. How would the responsibility for knowing, expressing and doing as mentioned by Van den Hoven is understood in these encounters. The whole phenomenon of physician-patient relationship on the internet is complex that it even creates a problem on how to understand the concept of responsibility in this sense.

4.2.3. Does the Virtuality of Physician-Patient Encounter Online Mean Anything New for the Moral Status and Responsibility?

I think the internet environment where we find online patients and doctors gives a new face to the moral status of these actions as well as the sense of responsibility. With the internet environment we encounter new problems of how to apply our existing rules (moral and legal) to some internet-specific, determined, dependent and related problems such as the online medical encounters. How even to apply existing concepts in moral life world is a bit complicated on the internet. The idea of individuation on the internet that can help to assign responsibility is complicated and
difficult because the issue of causal context on the internet is seldom transparent. If this is the case it is then difficult to assign responsibility and even talk of responsibility is such complicated instances of physician-patient online encounters in the absence of pre-existing relationships (webmasters as legally responsible domain owners).

When actions are not characterized by the physical reality of physical space and time, the intangible nature of such encounters such as the one under discussion seem to me as affecting or influencing the moral status. Human relationships are based on real presences. I am not saying that relationships online are inhuman because they are mediated. But I am saying that physical meetings and face-to face encounters define relationships more tangibly and make it less complicated in terms of moral considerations like responsibility than when it is mediated. Online encounters are much more problematic because of their nature in the sense discussed here.

Responsibility issues become more complicated. These online encounters which create problems related to corporeal identities, specific geographical and spatial locations while thinking of responsibility in the moral and legal sense due to its mediated telepresence is a big problem. The aftermath of distancing and near-anonymity leads to some kind of depersonalisation. And actions carried out in these contexts seem to attenuate the sense of responsibility. That is why it may difficult for online doctors to readily accept responsibility and even difficult for us to talk of responsibility issues online. The sense of contract and relationships seems to change online when responsibility issues come up because of the web mediation and difficulty to make causal claims and affirm identities, the problem of individuation and even moral ontology is problematic on the internet.

In sum, physician-patient encounter on the internet is problematic when we try to fix the issues of responsibility there-in morally, professionally and legally because of the context and form.

Some professional and ethical codes put in place by some medical associations in Europe to curb the problems that could arise from giving medical advice via
telecommunication gives an insight on how online medical encounters without pre-established relationships could be perceived as it stands now. Some of these codes show that the kind of interactions I describe in this essay would not be welcomed. It seems to be so because when problems arise there in, they will be difficult to tackle. And one of such is the problem of responsibility.

For example, the Standing Committee of European Doctors adopted some ethical guidelines for Telemedicine. And these guidelines in some part demand as follows:

Where a direct telemedicine consultation is sought by the patient, it should normally take place when the doctor has an existing professional relationship with the patient, or has adequate knowledge of the presenting problem. (…)

Preferably, all patients seeking medical advice should see a doctor in a face to face. And telemedicine should be restricted to situations in which a doctor cannot be physically present within acceptable time.16

In the kind of interaction I criticise in my essay there is neither existing professional physician-patient interaction nor are the remoteness and some physical disabilities the main reasons for online medical expert consultations. It shows how problematic those situations would be when things go wrong.

In Germany for example, any medical doctor that tries to give individual medical advice to a patient by e-mail for example will be liable for violating their professional codes. It is clearly stated there that:

“…..no physician may give individual medical treatment, including medical advice, neither exclusively by mail …nor exclusively over communication media or computer communication networks”. (B.11. S.7, Par.3; German Model Regulations for the Professional Code).
The above mentioned professional codes show how some instances of distant medical encounters as in telemedicine are abhorred. But it is a fact as I showed in my description in Chapter two that web doctors give medical advice and make prognosis online. The problems associated with these interactions are much more problematic. When responsibility issues are discussed it is difficult to put a finger on them because of the nature of such interactions.

**Summary of the Chapter**
Online interactions between patients and doctors create difficult responsibility problems because of the nature. Moral, professional and legal responsibility though relevant in these interactions are difficult to be defined and resolved because these situations are usually less well defined than in ordinary physician-patient relationships. An encounter with a web doctor and a patient in the absence of pre-existing professional relationship no matter which form it takes can be very problematic to fix if something goes wrong and responsibility issues arise. The difficult to verify identity in these situations and that lack of person to person encounter is a big vacuum that remains a problem. It remains a precarious ground for the assessment of responsibilities. I have tried to point responsibility issues in online interactions through my analyses of the concept of responsibility vis-à-vis physician-patient relationship on the internet.
CHAPTER FIVE

5. General Evaluation and Conclusion

The internet undoubtedly has greatly benefited medical practise and healthcare delivery. And the medical world can still gain more from the integration of the internet in medical practise. But this is not without proper understanding and assessment of the risks innate with current online practises like physician-patient encounters.

The internet has been very helpful in some medical services: in the provision of increased patient self-support, provision of some direct patient services which would range from e-mail communications between doctors and their known patients, to some other formal services and conveniences like the purchasing of prescription drugs online, storing of medical records online and treatment plans formatting. There have been medical websites and consultation sites for medical information.

There have been innumerable online forums for support groups that give patients opportunity to be part of some form of global exchanges of discussions on medical topics which could be clinical or non-clinical. Through these means, many patients get all the more acquainted with a focus on the preventive measures of some health problems as well as on health information and promotion.

Through the internet we have seen new interactions between physicians and patients. A kind of online physician-patient encounter has been established. And these online interactions as I have pointed out in this work take different forms and could be in different stages. One is the provision on medical websites by doctors of medical information as it would be found in any journal for the consumption of the general public. There is also the stage of unsolicited e-mails from patients seeking personalised medical advice from an online medical practitioner or doctor in the absence of pre-existing relationships. There are chat groups and forums where online
doctors have medical interactions with patients which is usually not so much personalised. Beyond the distribution of medical information and opinion, there have been online interactions with medical diagnoses and prognosis in the absence of physical examinations and prior knowledge of the patients involved. In these instances it seems forms and questionnaires on the internet replace physical examinations.

I have tried to analyse in my work that these new developments though in part can be profitable in medical practise like enhancing patient’s autonomy through medical information (via medical consultation and information sites), also pose serious moral problems as well as make the issue responsibility very problematic. I emphasised physician-patient encounters without pre-existing relationships as the most problematic since such encounters rather than facilitate existing ones, destabilise them.

These new capacities as I discussed because of their nature and the way it is at the moment can compromise the quality of medical care as well as the stability required of physician-patient relationship. Some patients get addicted to these interactions even when they do not gain anything from them. They keep faith with what does not work most of the times and yet they have ordinary doctors. This affects the stability of existing relationships. I have discussed the difficulties and dangers associated with these online encounters. I have mentioned how the principles of beneficence and non-maleficence, privacy and confidentiality, trust, care and competence are under the high risk of being undermined in these encounters than in traditional physician-patient relationships.

The problem of identity and how to certify the professional status of so many web hosts (online doctors) remains a lingering problem in online interactions despite efforts to ensure that. And that points up the idea of how problematic it would be to talk responsibility legally or even professionally when complications issue from such encounters. The principle of responsibility in online encounters becomes a subject of review as it would not be looked at from one side when a patient fails to keep to his doctor or consults serial online experts behind his ordinary doctors and these lead to
complications. And in cases when there is no pre-existing relationship between a
cyber doctor and a patient, a situation that can be described as one-off relationship,
the online doctor may not feel the professional and moral obligation to care as much
as he would if prior relationship existed. We would have a much more uncertain
situation if his identity cannot be verified.

At this point further study of the merits and demerits of physician-patient encounter
on the web should be done for better assessments and more meaningful development
in online medical encounters. Online encounters that are not well-defined and when it
is most difficult to identify and certify the parties involved should be avoided.
Physician-patient relationships taking place online in the absence of pre-existing
relationships are dangerous as they do not facilitate real medical encounters but
destabilize existing ones. Physical examinations cannot be replaced by questionnaires
and forms on the web. Those aspects of online encounters leading to prognoses
without proper physical examination when they are required are risky. Online
encounters may be a way of getting many patients fed with health information. But
the sources and forums for such information gathering and sharing online have to be
certified standard and professional as well as accountable. It is important however, to
seek a redefinition of the role of the physician and patient in medical internet (par
rapport online health care and medical services) to ascertain their respective moral
responsibilities.

Physician-patient relationship on the internet may be more beneficial if it is done in
alliance with the ordinary doctor. And that could be done when certain aspects of the
internet technology are improved. Advancements in the internet leading to faster
operation speeds, developments incorporating the senses-sight, touch, sound, to allow
for video conferencing with online doctors and providing solutions to security
problems may be more helpful in this regard. One can imagine a situation where an
online doctor is being consulted by a patient while there is another physician in the
presence of the patient acting as an intermediary. This time not just one physician
online and a patient mediated by the internet. With such a step diagnosis or medical
treatment could profit more in quality and competence from second opinion on
medical problems. Such an approach would not replace the existing physician-patient relationship since the ordinary doctor will be in the presence of his patient when this goes on either in the hospital or at home acting as a guide to this new technique of health care provision. Improvements in internet technology can help in this regard. The issues of responsibility here would not be problematic as the interactions would be clearly defined and followed up. As it stands now more caution is demanded in online encounters involving treatment advice and prognosis. Above all, physical examination may never be replaced by whatever high-tech internet medical technology.

While medical services are fast to take to the trappings of the web power, attention must be paid to its appropriation such that it can be used more beneficially, accurately and effectively. There is needed to make some distinction by way of authorization between fake online doctors and professional ones. I know some laws are on ground in certain places regarding some online medical services. In the United States for example with regard to pharmaceutical sites, there are some laws and associations set up to guide such services. There is the Internet Pharmacy Consumer Protection Act of 1999 in the States which mandates the disclosure of sites the sell drugs par rapport the location of business, the particulars of doctors working for the site, and proof of the states in which such doctors held licenses. Also, the National Association of Boards of Pharmacy in the United States has certification system called Verified Internet Pharmacy Practise Sites (VIPPS).

Some bans are in place regarding online encounters and offering of medical advice online and through e-mail in some countries. These bans, codes and laws regarding medical services and interactions cannot be enough. There is need for increased patient education to enlighten patients on the dangers of online interactions so that they will be aware of what they are entering into. All medical services on the World Wide Web that lead to depersonalisation and decline in the personal medical relationships and the role of the individual doctor should be avoided.
The physician-patient relationship is fundamental in medical practise and should not be compromised in any way. This relationship has serious implications for medicine as a legitimate institution for the service of the society. While technology through the internet has helped many aspects of healthcare delivery, a little more caution is needed in less well-defined online encounters between doctors and patients involving medical decision making and advise whose consequences may lead to life or death. The inherent risks associated with such encounters should be identified while standardizations, legal and technological developments in the future may reduce some of these risks.

We are in an era of transition in the medical world when we need to take special notes of the complications symptomatic of advancements. And this time around it is on online medical encounters between patients and doctors. Taking special cognisance of the innate risks that touch on identity and accuracy with the internet, I make bold to say that it will never come to be that physician-patient interaction on the internet will be perfect or other medical online activities. The new need of addressing the dangers and problems of physician-patient interactions on the internet has arisen. It has to be addressed all the more.
APPENDIX: GLOSSARY OF ABBREVIATIONS AND ACRONYMS

Ann Intern Med, Annals of Internal Medicine
Arch Dermatol, Archives of Dermatology
JAMA, Journal of American Medical Association
J Med Res, Journal of Medical Internet Research
Sociol Health Illness, Sociology of Health Illness.

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