Ethical considerations for providing telehealth healthcare services

Note to readers: text document only. Formatting will occur when content finalised post-consultation.

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Acknowledgement

We acknowledge and deeply thank the many organisations and representatives, individuals and RACP members who were part of our wide engagement and consultation stages. This has been invaluable to developing a document that highlights in a thoughtful and practical way the many ethical considerations that might be part of the next telehealth service a physician provides. Government and non-government organisations, academics and insightful people have generously discussed helpful issues. We have especially gained from the contributions of individuals and organisations supporting the health care of specific population groups.

Scope and definition of terms

In practical terms, **telehealth** enables a real-time consultation with a healthcare provider through phone or video call.[1] The use and application of telehealth is part of the evolving development of the Virtual Care landscape.[2] For a more detailed discussion see the World Health Organisation Telehealth Quality of Care tool. [3]The terms **telehealth and telemedicine** were distinguished more rigorously earlier on in the adoption phases of these technology-enabled healthcare service delivery methods; however, these descriptors have come to be used interchangeably. Among field specific descriptors, telehealth is the more general healthcare service term, however, and telemedicine is for professional services provided by a medical practitioner. Telemedicine can be distinguished as referring to the practice of medicine via remote means, for example, a consultant physician providing an interpretation of test results to a hospital remotely.[4]

*A note on **asynchronous telehealth***. This is an emerging practice where telehealth healthcare service-based interactions between patients and clinicians do not involve simultaneous or 'real-time' communications.[5] There are a range of complex considerations involving this practice and as this document does not cover this we recommend referring to the Medical Board of Australia advice.

****Important information**

- This guidance document confines discussion to the provision of a healthcare service by a physician to a patient via a phone call or a videoconference call.[6] This guidance document does not cover the pragmatics or ethics of operationalising a medical telehealth healthcare service.
- As this guidance focuses on ethical issues, it is important to consider it in conjunction with key material covering other requirements and considerations for telehealth, such as the Medical Board of Australia Guidelines – Telehealth consultations with patients and the Te Kaunihera Rata o Aotearoa / Medical Council of New Zealand Statement on Telehealth, Medicare billing obligations and Te Whatu Ora / Health New Zealand telehealth standards / policies
- This guidance document does not provide advice on any regulatory or medicolegal aspects associated with telehealth healthcare service delivery, for which qualified advice should be sought elsewhere, such as from a medical defence organisation / professional indemnity insurer or appropriately experienced lawyer.
- The RACP recommends physicians should be aware of how telehealth healthcare service delivery is addressed by their professional indemnity insurance provider, particularly if there are any additional requirements or limitations on insurance coverage.

[1] Telehealth | Australian Digital Health Agency
[2] PwC 2022 The rise of virtual health: The future of hybrid healthcare in Australia URL: https://www.pwc.com.au/health/virtual-health/future-of-hybrid-healthcare-in-australia.html
[33] World Health Organisation 2024 Telehealth quality of care tool. Copenhagen: WHO Regional Office for Europe; 2024. Licence: CC BY-NC-SA 3.0 IGO. WHO-EURO-2024-9475-49247-73556-eng.pdf
[4] World Health Organization 2022 Consolidated telemedicine implementation guide. Geneva. Licence: CC BY-NCSA 3.0 IGO.
[5] Culmer N, Smith TB, Stager C, Wright A, Fickel A, Tan J, Clark CT, Meyer H, Grimm K. Asynchronous Telemedicine: A Systematic Literature Review. Telemed Rep. 2023 Dec 21;4(1):366-386. doi: 10.1089/tmr.2023.0052. PMID: 38143795; PMCID: PMC10739789.
[6] Telehealth | Australian Government Department of Health and Aged Care (accessed 14/06/2023)

Introduction

Ethics is a fundamental part of the healthcare sector, both at the clinical interface and in the design and delivery of healthcare services.[7] As the models for healthcare service delivery become more varied, we need to explicitly consider the inherent ethical issues. This is a guidance for RACP members on the ethical issues associated with their consultations using telehealth.

Telehealth has become an accepted and common form of healthcare service delivery, most markedly since healthcare services worldwide adapted to the constraints imposed by the COVID-19 pandemic.[8] The RACP position is that specialist telehealth consultations (both telephone and videoconference calls) together with in-person patient consultations enable increased and more equitable access to timely specialist health care.[9]

Overcoming disparity. The RACP advocates that the wide availability of phone and video-based specialist consultations is valuable and can help address the significant issue of disparity in access to health care. It does this by expanding the reach of specialist care and including a wide range of specialist services, particularly in rural and remote areas and for priority populations. At present there are patients more likely to be excluded from health care access if they are older, Indigenous, living in a rural or remote area, have a disability, and/or are from a lower socio-economic group.[10] For some socially isolated patients, for example those in smaller population groups, telehealth can be an important mode to access health care. The RACP has concluded, based on evidence, that both phone and video modalities, enable a range of clinical consultations and activities and deliver good patient outcomes when used in a clinically appropriate way.[11]

Ethical considerations. These arise throughout medical practice, whether it be in an in-person service delivery or a telehealth service. Despite expanded uptake, the ethical aspects of providing telehealth services are under-addressed. There are no National Ethical Standards related to the practice of telehealth services,[12] and only limited resources on the specific ethical (micro) issues faced by healthcare practitioners, and some that focus on broader (macro) issues.[13] The differences between telehealth and a face to face consultation must be considered in this light, for example, in telehealth there is no physical contact, there is a different requirement for information collection, and the patient-doctor relationship dynamic is changed.

This guidance document describes a range of ethical considerations at all stages of the telehealth consultation, from preparation to follow-up. These include:

- seeking protecting patient privacy
- achieving the best possible outcomes for patients and providers
- sustaining an effective therapeutic relationship including for different population groups
- maintaining a strong patient/client-physician/caregiver/relationship, and
- promoting equity in access and treatment.[14]

[7] RACP 2020 Clinical Ethics Position Statement [racp-clinical-ethics-position-statement-2020.pdf]
[8] Kaplan B. Ethics, guidelines, standards, and policy: Telemedicine, COVID-19, and broadening the ethical scope. Cambridge Quarterly of Healthcare Ethics. 2022 Jan;31(1):105-18.
[9] RACP Submission to the MRAC Post Implementation Review of MBS Telehealth items 2023
[10] From data in Department of Health and Aged Care 2024 Aged Care Data and Digital Strategy 2024–2029 https://www.health.gov.au/resources/publications/aged-care-data-and-digital-strategy-2024-2029?language=en [accessed 11 July 2024]
[11] RACP Submission to the MRAC Post Implementation Review of MBS Telehealth items 2023
[12] Solimini R, Busardò FP, Gibelli F, Sirignano A, Ricci G. Ethical and Legal Challenges of Telemedicine in the Era of the COVID-19 Pandemic. Medicina. 2021 Nov 30;57(12):1314.
[13] Kuziemsky CE, Hunter I, Gogia SB, Kulatunga G, Rajput V, Subbian V, John O, Kleber A, Mandirola HF, Florez-Arango J, Al-Shorbaji N. Ethics in telehealth: Comparison between guidelines and practice-based experience-the case for learning health systems. Yearbook of Medical Informatics. 2020 Aug;29(01):044-50.
[14] Kuziemsky CE, Hunter I, Gogia SB, Kulatunga G, Rajput V, Subbian V, John O, Kleber A, Mandirola HF, Florez-Arango J, Al-Shorbaji N. Ethics in telehealth: Comparison between guidelines and practice-based experience-the case for learning health systems. Yearbook of Medical Informatics. 2020 Aug;29(01):044-50.

This guidance document brings together the ethical considerations that apply to a telehealth service to inform physician decisions and the bases on which physicians conduct a telehealth service.

Principles to guide ethical telehealth practice

Telehealth service options improve the timeliness of and accessibility to health care for many people. They are also an important mode for people with mobility difficulties or support worker/carer availability.

Principles to promote ethical telehealth service practice include:

- Patients receive the same quality of health care regardless of whether the consultation is delivered face-to-face or via telehealth. As a different medium for service delivery, it behoves physicians to be competent in using the technology to reduce communication and confidence barriers with patients.
- Telehealth does not replace the option of/preference by a patient for face-to-face health care, and that the use of telehealth should be judicious and not be used because it is convenient, or skews patient loads to the less complex.
- The physician must disclose to patients if they are engaging with a chatbot or non-human in a telehealth consultation and comply with Australian Health Practitioner Regulation Agency telehealth guidelines on the use of technology.
- The physician has a professional responsibility to respond ethically to patients, adapting to changed capacity arising out of the virtual service mode.
- Person-centred care remains a cornerstone of service provision and upholding the rights of patients. Refer to the 2024 RACP Framework for improving person-centred care and consumer engagement.
- Neither cost-cutting nor generating additional income are used as primary reasons for physicians to conduct telehealth services.[15]
- As a method of providing a medical service, the principle of **do no harm** is paramount, including the risk of trauma or re-traumatising a patient.
- Clinical decisions are made without the influence of commercial interests.
- Patient autonomy is upheld, ie. capacity to make informed decisions.
- An equity approach to the use of telehealth is applied: equity in relation to clinical outcomes, process outcomes (care continuity, care coordination, and care quality) and patient and provider satisfaction with the service.[16]
- An individual's identity, culture and diversity is recognised in the context of health care giving.[17]
- The Australian Medical Association Code of Ethics clause 2.2.5 is applied: *Provide a telehealth service only when it is clinically appropriate, safe to do so and with the patient's consent, ensuring the patient understands and is able to balance the inherent risks or limitations associated with telehealth including risks to the privacy and security of their personal information with their preferences and needs*.
- The Medical Council of New Zealand 2023 Statement on telehealth principles are followed.
- Telehealth services should also be constructed so they align with the Australian Charter of Healthcare Rights, (which describes the rights that healthcare consumers, or someone they care for, can expect when receiving health care, including digital services); and the Medical Council of New Zealand Code of Health and Disability Services Consumers' Rights (Code of Rights) .

[15] WMA Statement on the Ethics of Telemedicine – WMA – The World Medical Association

[16] Agency for Healthcare Research and Quality (AHRQ) A Practical Guide for Implementing the Digital Healthcare Equity Framework URL: https://digital.ahrq.gov/health-it-tools-and-resources/digital-healthcare-equity/digital-healthcare-equity-framework-and-guide [accessed 6 May 2024]

[17] Department of Health and Aged Care 2024 Aged Care Data and Digital Strategy 2024–2029 https://www.health.gov.au/resources/publications/aged-care-data-and-digital-strategy-2024-2029?language=en [accessed 11 July 2024]

Ethical considerations for physicians providing telehealth healthcare services

Deciding if telehealth service is appropriate

There are various reasons why telehealth has become an important service delivery medium, as opposed to in-person or face-to-face consultations, and continuing research is comparing telehealth and face-to-face services in different settings.[18] [19]

From an ethical perspective, high quality care must be maintained, and services should not be determined solely based on expediency. For example, over-using telehealth such that there is an inappropriate imbalance of telehealth over in-person services without due professional consideration. There is published research on physician bias in determining suitable patient candidates for telehealth. Biases have the potential to embed existing inequities.

The ethical considerations below will help guide physicians to decide if telehealth is the right mode of service for patient circumstances.

Situations when a telehealth consultation may not be ethical to proceed with

A range of situations are described here which pose ethical considerations, and several are not unique to telehealth but apply to other doctor-patient interactions.[20] [21] Before these are listed, it is noted that physicians should have regard for when a telehealth service might be ineffective, or identify situations in which the consultation may need to be repeated via an in-person consultation anyway.

Situations to consider:

- When the patient/caregiver has not consented to telehealth or is not comfortable with using the technology.
- When the patient is in an emergency or a life-threatening situation and face-to-face care is available in a timely way.
- If a physician is not registered or authorised to practice in the jurisdiction of the patient location.
- If the physician cannot ensure the requisite privacy, confidentiality, and/or security of the telehealth consultation.
- When convenience has been prioritised over best-practice care.
- When communication difficulties are a barrier (relating to language or cultural factors, sensory deficits or when reliance on others to help with the technology may remove opportunities for privacy).
- If the patient/caregiver is under the influence of alcohol and/or drugs or has impaired cognitive capacity.
- When the patient does not have decision-making ability for the relevant healthcare issue and is without a suitable guardian or carer to accompany them.
- If a physical examination or a procedure that cannot be done remotely is necessary.
- When the physician does not have sufficient information about the patient's medical history, current condition, medications, allergies, or other relevant factors to determine if a telehealth consultation is appropriate.
- Where the physician does not have access to the patient's regular healthcare provider or records or cannot refer the patient to appropriate services if needed.

[18] Ford J, Reuber M. Comparisons of communication in medical face-to-face and teleconsultations: A systematic review and narrative synthesis. Health Communication. 2024 Apr 15;39(5):1012-26.

[19] Caffery LJ, Catapan SD, Taylor ML, Kelly JT, Haydon HM, Smith AC, Snoswell CL. Telephone versus video consultations: A systematic review of comparative effectiveness studies and guidance for choosing the most appropriate modality. Journal of Telemedicine and Telecare. 2024 Feb 29:1357633X241232464.

[20] Telehealth | Australian Government Department of Health and Aged Care URL: https://www.health.gov.au/topics/health-technologies-and-digital-health/about/telehealth [accessed 30/11/2023]

[21] AHPRA 2023 Telehealth guidance for practitioners URL: https://www.ahpra.gov.au/sitecore/content/Medical/News/2023-09-01-Revised-telehealth-guidelines-now-in-effect.aspx [accessed 30/11/2023]*

- In circumstances where the physician is unable to provide a written report, prescription, certificate, or referral to the patient or their regular healthcare provider where necessary after the telehealth consultation.
- If a patient is currently experiencing violence, abuse or neglect. Services are preferably (but not always) face-to-face, rather than through telehealth, where it is known a patient is currently experiencing violence, abuse or neglect or a clinician has identified concerns related to these issues. There are several considerations such as whether a patient is living with the perpetrator or is receiving support on this matter, and other factors. For more specific information see specialised websites such Violence, abuse and neglect and telehealth.
- When the physician feels unsafe in the situation (for example, when a patient or caregivers are not fully dressed).

Patient preparedness for telehealth

- Consider the options available to the patient and the suitability of telehealth (see sections 2.2 and 2.3 that follow). For example, Aboriginal and Torres Strait Islander people have expressed certain concerns about telehealth and being able to establish trusting therapeutic relationships with their healthcare provider.[22]

The use of telehealth should be a judicious decision

- Providing a telehealth medical service to a patient must be balanced against the chances of the service being below par or less than optimal when compared to the needs of a patient and their circumstances and those of the physician. For example, there may be economic pressures to reduce healthcare system travel costs for rural and remote patients versus the risk of not being able to achieve key examination findings through virtual care.
- While some patients may find it a hardship to travel to an in-person consultation, there may also be people who are less proficient with telehealth tools or have less internet coverage, possibly compromising the usefulness of a telehealth consultation.
- Physicians must consider their own wellbeing and patient safety and be mindful of any risk of burnout related to increased screen time at the expense of face-to-face time.[23] Or there may be increased fatigue shifting between face-to-face and telehealth service delivery, and additional work required to support telehealth consultations.
- Use of telehealth should be considered together with cultural safety. On the one hand, telehealth may be a means to access a culturally safe healthcare practitioner. On the other, physicians providing a telehealth service from another locality may not be familiar with culturally safe services in the patient's area to which referrals might be made, or the cultural context in which a patient lives.
- Keep in mind that refugees, people seeking asylum and those who have been incarcerated previously may not be comfortable with videoconferencing if they have experience with camera or other surveillance.
- Preparedness can involve developing cultural competencies. For example, using relevant and inclusive language.
- If others are likely to be present, then understanding what is appropriate to discuss for different cultural groups can be helpful.
- The need to foster a supportive and affirming healthcare environment may impact decisions about the use of telehealth, for example, with certain topics for discussion or with some population groups.
- Beware of over-use of telehealth. An imbalance of telehealth over in-person services without due professional consideration may not be appropriate.

Patient choice on telehealth and consultation options

[22] Snoswell C, Bullen J, Caffery L. Telehealth has much to offer First Nations people. But technical glitches and a lack of rapport can get in the way. https://medicine.uq.edu.au/article/2023/03/telehealth-has-much-offer-first-nations-people-technical-glitches-and-lack-rapport-can-get-%C2%A0way

[23] Linzer M, Poplau S, Babbott S, Collins T, Guzman-Corrales L, Menk J, et al. Worklife and Wellness in Academic General Internal Medicine: Results from a National Survey. *J Gen Intern Med*. 2016. Sep;31(9):1004–10. 10.1007/s11606-016-3720-4 [also in hull]

While patients have the right to make their own health care choices, physicians should recognise that for some, the choice is restricted, for example, locations where there is no specialty outreach or the next outreach service is scheduled months away. Here telehealth may be the only practical choice. Ethical responsibilities for physicians include:

- Informing patients as to the purpose of the consultation and consultation options and ensuring that the telehealth consultation is not used for other more covert reasons without prior consent. Examples are for monitoring the home environment where there are child protection concerns or where there are elderly self-care ability concerns). The limitations of telehealth consultations should be made clear, together with any likelihood of needing a supplementary or additional in-person consultation.
- Exploring if patients are basing their choices on factors such as out of pocket costs for different consultation options or ability to travel, and consider additional ways to meet patient health care needs.
- Supporting continuity of care by offering telehealth consultations where patients may be in domestic and family violence situations and the only access to a healthcare practitioner may be through telehealth but openness may be difficult.[24] However, recommending against telehealth may not be helpful for the patient. (See Section 3 for more information on the issues involved here for a telehealth service).
- Individual mandatory reporting requirements (e.g. suspected child abuse) remain present in telehealth consultations.

***Voluntary assisted dying (VAD)**. A special note is included here to say that VAD comes under varying state and territory telehealth restrictions. Refer to your jurisdiction's health department and seek out relevant local guidance, including any advice from your medical defence organisation / professional indemnity insurer or appropriate lawyer.

Ethical guidance regarding patient population groups

In telehealth consultations, physicians should appreciate ethical issues relating to some patient population groups. These are described here. This section does not include all population groups.

Patient-preferred descriptive terms.

Consider using these terms for priority populations as a guide, ensuring the patient is comfortable. Examples:

- "Aboriginal and Torres Strait Islander peoples" is preferred to First Nations, as it specifically includes both population groups (specific advice given to the RACP from Aboriginal and Torres Strait Islander organisations and individuals).
- "Māori and Pacific peoples" can be used as a descriptor or just Māori or just Pasifika. A person who identifies as Māori or Pasifika should not be grouped as "other" when it comes to categories.
- In Australia, People with Disability Australia uses the social model of disability to talk about disability, and people with disability. (see their guide to language about disability and specific disabilities).
- In Aotearoa New Zealand, the preferred term for a person with a disability is disabled person or disabled people, rather than "person with a disability" or "people with disabilities". The term tāngata whaikaha Māori is used specifically for disabled Māori people.
- For people with a sight impairment/disability, there are a range of levels described as blind, deafblind or having low vision.
- "Sexuality and gender diverse" is preferred for people who identify with the LGBTQI+ community
- "People who have experienced trauma" is preferred by people with lived experience of violence, abuse and neglect.
- "A person with a mental health condition" is preferred to a person who has been diagnosed with [mental health condition].
- "Autistic person" over a person with autism because this uses identity-first language, which emphasizes autism as an inherent part of a person's identity rather than a characteristic they possess.

[24] Simon MA. Responding to intimate partner violence during telehealth clinical encounters. JAMA. 2021 Jun 8;325(22):2307-8.

    - "People from cross-cultural backgrounds" is the preferred term for people from multicultural communities or who might be considered from a culturally and linguistically diverse (CALD) background.
- It may be helpful for the physician to seek out more learning and advice on how to effectively interact with various priority population groups (links from respected sources are provided in the Resources section).

Patients experiencing domestic, family violence and other forms of violence, abuse and neglect

- Reassess the suitability of telehealth services following the disclosures or identification of warning signs/indicators of violence, abuse and neglect.
- While full address of service delivery approaches is not in scope here, physicians should be prepared to provide relevant and safe patient support and review available resources. It is worth noting that where telehealth is concerned, the context of domestic violence identification and supportive care approaches using telehealth needs further development. [25]For example, incorporating use of a safe word, [26] employing a validated patient questionnaire, developing a trusted provider relationship, [27] becoming familiar with the signs of domestic violence, [28]giving information about services or counselling available and ascertaining a means of safely transmitting these, [29] becoming familiar with accessible resources and services, for Indigenous people of both Australia and Aotearoa New Zealand, ensuring resources provided are culturally safe, [30] asking to see/speak with everyone present or within earshot (to acknowledge or meet others and confirm if the patient is alone). (Refer to *Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook*. Geneva: World Health Organization. Available: https://apps.who.int/iris/bitstream/handle/10665/136101/WHO_RHR_14.26_eng.pdf?sequence=1 (accessed 2020 Apr. 22).

Children and young people

- Assess the suitability of a telehealth consultation for a child/minor in care.
- Informed consent is important. Children/minors have the right to participate in decisions about their health care. Physicians should obtain the proper informed consents from the parent or guardian beforehand. Noting also that under common law, patients under the age of 18 who are determined to be 'Gillick competent' or a 'mature minor' can consent to their own medical treatment.
- The benefits, risks, and alternatives of telehealth should be explained and establish that the child/minor and their parent or guardian understand and agree to the telehealth process.[31]
- Telehealth should not be used if it compromises the quality of care.
- The best interests of the child/minor need to be at the forefront, together with consideration of their physical, emotional, social, and cultural needs.
- Keep in mind that depending on the child's age and the health issue involved, they may have decision making ability themselves without need for a parent or carer.
- Children/minors also have a right to privacy, and autonomy in decision making (depending on their age and developmental level).

[25] Simon MA. Responding to intimate partner violence during telehealth clinical encounters. JAMA. 2021 Jun 8;325(22):2307-8.
[26] Bradley NL, DiPasquale AM, Dillabough K, Schneider PS. Health care practitioners' responsibility to address intimate partner violence related to the COVID-19 pandemic. Cmaj. 2020 Jun 1;192(22):E609-10.
[27] Hudson LC, Lowenstein EJ, Hoenig LJ. Domestic violence in the coronavirus disease 2019 era: Insights from a survivor. Clinics in dermatology. 2020 Nov 1;38(6):737-43.
[28] Grewal M, Elzibak S, Bidaisee S. Recognition of intimate partner violence using telemedicine during COVID-19 pandemic. International Public Health Journal. 2024 Apr 1;16(2).
[29] Jack SM, Munro-Kramer ML, Williams JR, Schminkey D, Tomlinson E, Jennings Mayo-Wilson L, Bradbury-Jones C, Campbell JC. Recognising and responding to intimate partner violence using telehealth: Practical guidance for nurses and midwives. Journal of clinical nursing. 2021 Feb;30(3-4):588-602.
[30] Fiolet R, Tarzia L, Owen R, Eccles C, Nicholson K, Owen M, Fry S, Knox J, Hegarty K. Indigenous perspectives on using technology as a supportive resource when experiencing family violence. Journal of technology in human services. 2020 Jul 2;38(3):203-25.
[31] Telehealth: children & teens | Raising Children Network [accessed 30/11/2023] URL: https://raisingchildren.net.au/toddlers/family-life/family-health/telehealth-children-teenagers

- It is ethical that appropriate support and guidance be provided.[32]

Patients dealing with impairments

As for any healthcare services provided to patients in a particular environment, be cognisant of impairments and that these may impact the consultation experience.

- Take steps to reduce the impacts of certain impairments where telehealth is concerned, for example where sensory impairments is involved. This might mean providing easy to read formatted documentation.
- Address with patients with an impairment the possibility that they may feel their best option is a telehealth consultation because of ease of accessibility (compared to using wheelchair accessible taxis or securing a sensory-safe appointment environment) and offer recommendations as to what is recommended as best practice for their needs.
- Note it may not always be clear if a person has the capacity to consent. Further, it may be unclear whether a person who has a psychosocial disability, or who is medicated, and who has no nominated support or assistance, understands their health issues or treatments.
- A person with an impairment participating in a telehealth appointment at home may not have privacy or may be subject to coercion/abuse by a carer or family member.
- Parents or guardians may have different views regarding treatment to a person with an impairment or disability.
- A person with disability may raise safety concerns about a parent or guardian (such as the withholding of care, or nutrition). For concerns about abuse, coercion or a poor understanding physicians should contact the National Disability Abuse and Neglect Hotline on 1800 880 052 (Australia) and make a report. In Aotearoa New Zealand there is no single hotline but rather emergency and support services listed in the resources section of this handbook.
- Telehealth prevents a full examination of the person whereby signs and symptoms of abuse or disease might be detected.
- Conversely, a parent or guardian may raise safety concerns about a person with disability, either that the person presents a hazard to themselves, or another family member, or to the wider community. For concerns about a threat to a child, child protection reporting responsibilities should be followed.

Cultural considerations and Aboriginal and Torres Strait islander peoples and Māori and Pasifika peoples

All telehealth interactions should be conducted with appropriate respect and sensitivity.

- Telehealth consultations should be person-centred, and this means having regard for patient safety and recognising the important role of cultural practices which may vary between different people.[33]
- Using clear, jargon-free language is helpful.
- Cultural considerations are inclusive of the physician, the patient and carer/s. For a more detailed understanding of what cultural safety means in the health care context refer to the Ahpra definition and description. For Aboriginal and Torres Strait Islander peoples, cultural safety refers to an environment that is spiritually, socially, culturally and emotionally safe where there is no challenge to their identity or needs.
- Be aware of the history, legacy and particular culture that may have formed within the health care profession and services, including various 'taken for granted' social practices. This 'situated or embedded' knowledge can be fundamental to interactions among the various professionals involved in the health care delivery process.[34] It is important to be mindful that lack of familiarity may place others involved in a health care service interaction at a disadvantage.
- Be aware of privacy issues, for example, families may be using one email address.

[32] Telehealth: children & teens | Raising Children Network [accessed 30/11/2023] URL: https://raisingchildren.net.au/toddlers/family-life/family-health/telehealth-children-teenagers

[33] Goldin D, Maltseva T, Scaccianoce M, Brenes F. Cultural and Practical Implications for Psychiatric Telehealth Services: A Response to COVID-19. *Journal of Transcultural Nursing*. 2021;32(2):186-190. doi:10.1177/1043659620973069

[34] Botrugno C. Towards an ethics for telehealth. Nursing ethics. 2019 Mar;26(2):357-67.

- Māori and Pasifika patients may stipulate whānau be present during a consultation even for personal or sensitive discussions. The whānau model is important, whether by blood or otherwise; it is up to patients how many people are present. This may require some clarification and discussion with the physician.
- Similarly, Aboriginal and Torres Strait Islander patients may be accompanied by community Elders/Aunties, rather than blood family members or local Aboriginal community health workers.[35] It is up to patients as to who is present. This may require some clarification and discussion with the physician.
- The trauma experienced by Aboriginal and Torres Strait Islander, Maori and Pasifika peoples should be noted and respected.
- Culturally safe care may be more difficult to provide if the physician is not familiar with geographical area of the patient especially if recommendations to support services are to be made.

Aboriginal &/or Torres Strait Islander peoples

- Be aware that physicians may not know if a patient identifies as Aboriginal and/or Torres Strait Islander as this may not have been declared/disclosed.
- Carers should be treated as if they are also the patient.

Setting up for conducting telehealth consultations

Privacy, security and consent

Before initiating, agreeing to, or participating in a telehealth service, physicians should ensure that attention has been given to:

- **Privacy.** Appropriate privacy standards at all sites involved in the telehealth service should be met. For example, physicians and patients should use a quiet and private space and minimise disturbances during the telehealth consultation. Awareness of others in the physical space or in earshot is necessary.
    - Refer to the **Privacy Checklist for Telehealth Services** (Australian Department of Health and Aged Care).
    - **For some populations** privacy and confidentiality may have special importance and value. For example, sexuality and gender diverse persons may wish to keep certain information strictly private. Similarly for people with certain conditions.
- **Data security**. Security and recording methods, including any data storage methods and platforms, including third party data storage relating to patient records, should meet local and national policy and legislative requirements and have high-level security to protect patient privacy. Useful references may be given by state and territory health departments, for example NSW virtual care principles.
- **Consent.** Consent protocols with all parties need to be clearly established and recorded. Consider certain population groups:
    - **For a person with a disability** a telehealth appointment may not be as easy to participate in and provide informed consent.
    - **For people who are blind, deafblind or have low vision,** to be able to give consent, they need to have access to all information in their preferred formats (e.g. large print, Braille physical, digital Braille document, text to speech etc). Usually this means receiving information via email and making sure documents are accessible, preferably in a Word document. (Guidance on how to ensure documents are accessible is in the resources section).
    - **For Indigenous peoples,** ensure that the consent process is culturally safe, using language and explanations that are clear and understandable.
    - **For people from cross-cultural backgrounds**. It is advised that physicians ask these patient ask what can be discussed in front of others that may be present and what should not. This consideration includes Aboriginal, Torres Strait Islander, Māori and Pasifika peoples.

Special notes on consent:

[35] Terrill K, Woodall H, Evans R, Sen Gupta T, Ward R, Brumpton K. Cultural safety in telehealth consultations with Indigenous people: A scoping review of global literature. Journal of Telemedicine and Telecare. 2023 Oct 18:1357633X231203874.

- Note the health privacy and information security requirements under privacy law relating to confidentiality, patient consent and security of patient information and medical records, are the same for telehealth consultations as they are for face-to-face consultations.[36]
- **Patients who lack capacity (due to cognitive impairment or intellectual disability) to consent** need to provide assent to telehealth consultation.
- **Data disclosure**. Clearly communicate disclosure policies; inform patients about the circumstances under which their information might need to be disclosed (e.g. other health professionals involved in care, billing or legal requirements, serious risks of harm) and obtain their consent where possible.
- **Co-operating platforms**. Where there is interface between platforms involved, the security and encryption levels may need practical appreciation, for example whether the location of either party is disclosed (especially if a physician is working from home).

- **Providing information about privacy and confidentiality practices**
  - In addition to having the required systems and practices in place before a telehealth consultation commences, a method of providing information on privacy and confidentiality practices to patients must be determined for telehealth applications. This overcomes the fact that any communications usually available at an in-person reception area will not be accessible to patients during telehealth services. Alternative practices must be built into telehealth services.
  - Physicians may not be able to see people off screen or determine if people are recording the consultation, which breaches confidentiality. Having methods of addressing this before, during and after consultations should be considered.
- **Recordings and transcripts.** Telehealth creates the potential for audiovisual documentation of clinical interactions, including recordings. Physicians will need to:
  - Obtain informed consent for clinician-led recordings.
  - Be aware of potential patient-generated recordings (both declared and undeclared).
  - Transcripts of virtual meetings. Zoom or other platforms have this capacity, for example, if a physician has hearing difficulties. These are records and should be considered part of consent arrangements.
  - Meet legal, privacy and storage requirements associated with health care information that comes through a virtual consultation.[37]

Digital equity[38]

Patient digital equity as an ethical factor is determined by **access to technology, IT skill level, internet coverage**, health practitioner regulatory requirements and healthcare service funding provisions (for example, what Medicare activity is funded and under what circumstances). As digital equity is still an emergent concern and its dimensions not fully appreciated as telehealth continues to be developed in the healthcare service landscape, physicians need to be alert to this factor.[39] Unfortunately, there is no measure of telehealth competency or capacity for quality telehealth engagement. [40] Further, physicians should be alert to their ethical obligation not to unreasonably exclude those patients who cannot access telehealth because they lack the knowledge or skills. [41] The influencing factors are described below.

[36] In Australia a source for guidance is Office of the Australian Information Commissioner, Guide to health privacy. Applicability will vary to the context of each organisation. - https://www.oaic.gov.au/privacy/privacy-guidance-for-organisations-and-government-agencies/health-service-providers/guide-to-health-privacy [accessed 10 February 2025]. In Aotearoa New Zealand refer to the Health Information Privacy Code, Office of the Privacy Commissioner | Health Information Privacy Code 2020 [accessed 14 May 2025] noting the HIPC applies to both in-person and telehealth services. There is no distinction in the Code between in-person and remote consultation.

[37] Farmer CC, Pang SC, Kevat D, Dean J, Panaccio D, Mahar PD. Medico-legal implications of audiovisual recordings of telehealth encounters. Medical Journal of Australia. 2021 May;214(8):357-9.

[38] Lyles CR, Wachter RM, Sarkar U. Focusing on digital health equity. JAMA. 2021 Nov 9;326(18):1795-6.

[39] Badr J, Motulsky A, Denis JL. Digital Health Technologies and Inequalities: A Scoping Review of Potential Impacts and Policy Recommendations. Health Policy. 2024 Jul 2:105122.

[40] Gillie M, Ali D, Vadlamuri D, Carstarphen KJ. Telehealth literacy as a social determinant of health: a novel screening tool to support vulnerable patient equity. Journal of Alzheimer's disease reports. 2022 Feb 22;6(1):67-72.

[41] Gillie M, Ali D, Vadlamuri D, Carstarphen KJ. Telehealth literacy as a social determinant of health: a novel screening tool to support vulnerable patient equity. Journal of Alzheimer's disease reports. 2022 Feb 22;6(1):67-72.

- **Patient skill level and facilitating compensatory measures**. Those people most in need may not have either technological access or skills, and these can be found across various population groups. High-tech and low-tech digital options can be considered,[42] along with the value of live captioning where possible, for example for hearing impaired patients.
- **Systems standard to support equity**. Digital systems enhance accessibility, especially for different population groups such as people with low vision. The World Wide Web Consortium (W3C) develops standards and guidelines to help everyone build a web based on the principles of accessibility, internationalisation, privacy and security. The RACP urges physicians to meet the most recent version of web accessibility guidelines. For example, in Aotearoa New Zealand see Access Advisors provides review and practical advice.
- Possible disparities for Indigenous and **culturally and linguistically diverse communities**.
- Variations among **providers using different technology devices and platforms**. For some providers, organisational healthcare platforms are used that patients are less familiar with compared to Zoom or Whatsapp. Where non-health care or non-organisational platforms are employed, appropriate levels of security, privacy and confidentiality must be in place.
- **Locations with limited internet coverage**. Although telehealth may offset long or difficult trips to health care locations, limited internet coverage may mean a telehealth consultation is of limited benefit.

Patient equity

- **Efforts to be inclusive** may be warranted for people who have economic limitations, limitations imposed by medical conditions, or are geographically distanced. Such people may also be culturally and linguistically diverse people, neurodivergent individuals, First Nations people or others from other priority population groups, such as LGBTIQ+.
- **Social barriers**. For some priority population groups telehealth can be a useful to reduce perceived social barriers to health care, for example, those who identify as sexuality and gender diverse.

Recognising the limitations of technology

- Beforehand, the physician should recognise the limitations of any technology involved in the telehealth service and the limitations this imposes on caring for an individual patient.[43] This will allow for prior preparation, conduct and expected outcomes.
- Awareness will also assist physicians in predetermining the optimum modality of care for patients for their needs, and when to change from telehealth to in-person care.[44]
- Anticipate any liability risks (eg. breaches of duty of care or professional responsibilities), for example, if there is an error in diagnosis due to equipment or technology.
- Limitations of the particular technology being used by the patient can add risk.

Ensuring standards of high quality, safe health care

Refer to:

- Medical Board of Australia - Good medical practice: a code of conduct for doctors in Australia and Guidelines - Telehealth consultations with patients
- Te Kaunihera Rata o Aotearoa / Medical Council of New Zealand Good Medical Practice Code and Telehealth statement
- Australian Commission on Safety and Quality in Healthcare, Australian Safety and Quality Framework for Health Care
- Kupu Taurangi Hauroa o Aotearoa / Health Quality & Safety Commission New Zealand, Position paper on the transparency of information related to health care interventions

[42] The King's Fund 2023 Moving from exclusion to inclusion in digital health and care URL: https://www.kingsfund.org.uk/insight-and-analysis/long-reads/exclusion-inclusion-digital-health-care [accessed 1/03/2024]
[43] Chaet D, Clearfield R, Sabin JE, Skimming K, Council on Ethical and Judicial Affairs American Medical Association. Ethical practice in telehealth and telemedicine. Journal of general internal medicine. 2017 Oct;32:1136-40.
[44] Chaet D, Clearfield R, Sabin JE, Skimming K, Council on Ethical and Judicial Affairs American Medical Association. Ethical practice in telehealth and telemedicine. Journal of general internal medicine. 2017 Oct;32:1136-40.

- RACP, Integrated Care: Physicians supporting better patient outcomes

During telehealth consultations

Verifying attendees

- Ethical practice requires verifying the consultation is with the intended person, and authenticate any other persons involved, including interpreters. It is important to have robust patient identification and carer (including parents and legal guardians) procedures. For a carer not appointed through a legal process, consent from both parties (patient and carer) is important.

Professional responsibilities

- To maintain relevant professional and ethical standards that would normally apply to medical services.
- To establish and maintain a therapeutic relationship and rapport through efforts to deliver a portion of in-person consultations, including physical examinations.
- To be prepared to meet the different circumstances that telehealth presents and address the responsibility to protect patient safety (for example, where a vulnerable patient may have difficulty if they are also struggling with the equipment at the same time) and ensure nonmaleficence (preventing harm).[45]
- To ensure competence in delivering relevant online interventions and contingency planning in the event of an emergency (prior establishment of the patient's physical location)[46]
- To preserve professional ethical boundaries, such as between the use of personal and work-related equipment, or use of online platforms.
- To provide the highest quality of care through the best means available and avoid any risk of substandard care via telehealth when there are no real barriers to in-person consultation, if that is warranted.
- To ensure, where there are other providers/ clinicians who are part of a telehealth service, that there is role clarification and this is made clear to the patient.[47]
- To acknowledge and consider any new responsibilities placed on carers in telehealth consultations.
- To adopt a trauma informed approach to virtual care services such as telehealth, particularly for priority population groups who may have a heightened risk of having experienced trauma. This might include persons of a cross-cultural background, refugees, First Nations peoples. It is important to reduce the risk of re-traumatisation of children and young people. By way of example refer page 36 of the NSW Health Integrated Trauma-Informed Care Framework.

***Special note on trauma**: physicians should keep in mind that some presenting "symptoms" can actually be responses to trauma.

Patient-provider relationship

For a physician, the ethical responsibilities are to:

- To establish a foundation of trust in the professional relationship, albeit in a distance-based forum.[48] For some patients, physicians will already have established a professional relationship prior to a telehealth consultation. For others, the first consultation may be via telehealth and developing trust can be more challenging but no less important. Complementing the developed relationship, telehealth can also be used to ensure continuity of care with the same provider.
- To be sensitive to the different nature of the relationship in a virtual space, such as absence of touch, body language etc.[49]

[45] Keenan AJ, Tsourtos G, Tieman J. The Value of Applying Ethical Principles in Telehealth Practices: Systematic Review. J Med Internet Res 2021;23(3):e25698

[46] Liem A, Sit HF, Arjadi R, Patel AR, Elhai JD, Hall BJ. Ethical standards for telemental health must be maintained during the COVID-19 pandemic. Asian J Psychiatr. 2020 Oct;53:102218. doi: 10.1016/j.ajp.2020.102218. Epub 2020 Jun 12. PMID: 32563105; PMCID: PMC7291973

[47] Osman S, Churruca K, Ellis LA, Luo D, Braithwaite J. The Unintended Consequences of Telehealth in Australia: Critical Interpretive Synthesis. Journal of medical Internet research. 2024 Aug 27;26:e57848.

[48] Keenan AJ, Tsourtos G, Tieman J The Value of Applying Ethical Principles in Telehealth Practices: Systematic Review J Med Internet Res 2021;23(3):e25698

[49] Keenan AJ, Tsourtos G, Tieman J The Value of Applying Ethical Principles in Telehealth Practices: Systematic Review J Med Internet Res 2021;23(3):e25698

- To keep in mind that patients may be part of several priority populations and such groups are heterogeneous (for example, be from a culturally and linguistically diverse population and have a disability, ie. vision impairment).
- To ensure interpreters engaged are accredited. If a patient uses an interpreter or other assistive communication device, physicians may need to be assured of the accuracy of translations between all parties. Note it can be difficult for interpreters to pick up visual cues when on telehealth services not using video.
- To support health literacy, for example by including virtual healthcare interpreters and providing easy-read instructions and translations in other languages.
- To consider the possibility that carers may gatekeep patient access to services or not give sufficient patient agency, including patients from priority population groups.
- To provide patients known to have experienced trauma with the option of an interpreter who has received relevant training in this area, where possible. This may be critical to the initial contact with a healthcare service. Physicians should be aware also of the impact of such consultations on the interpreters.

Sensitive information that may need to be given during a telehealth service

- Some information may be inappropriate to convey or is less easily conveyed in the telehealth situation, such as where a patient has a terminal condition, or has several medications, or is to have several referrals, or when information is likely to have a substantial impact on a patient, such a significant new diagnosis.
- Foster patient confidence by sharing relevant information with discretion, such as the physician sharing that they may work with other sexuality and gender diverse patients (see helpful glossary of explanatory descriptive terms in the Resources section).
- Telehealth services should involve other kinds of sensitivity, for example avoiding unnecessary invasive questions or procedures. For such inter-sex persons, the physician should be aware of the specific medical needs and possible past trauma related to medical treatments an inter-sex patient may have experienced.

Concluding a telehealth consultation

- Conclude a telehealth service with a means of confirming the patient understands the information discussed and any recommendations provided. This is an ethical approach to completing the telehealth service, together with necessary secure documentation.
- At the end of a telehealth consultation, the physician has a responsibility to encourage a patient to subsequently seek an in-person consultation, if they believe that is warranted.[50]
- Make suitable provisions for the collection of patient reported measures and feedback on experiences, which includes mode of healthcare service delivery.
- A summary of the consultation, which sets out next steps, may be useful.

Technology

Artificial intelligence and telehealth

As this is a new and emerging aspect of health care, vigilance is necessary regarding artificial intelligence (AI) already being used. More in-depth discussion of AI in this context is beyond this paper.

- Artificial Intelligence (AI) in telehealth is an evolving area which will need to be monitored, eg. use of AI assistants, use of AI in collecting patient data, use of AI to sift through large amounts of data, AI monitoring or AI diagnosis.[51]

[50] Chaet D, Clearfield R, Sabin JE, Skimming K, Council on Ethical and Judicial Affairs American Medical Association. Ethical practice in telehealth and telemedicine. Journal of general internal medicine. 2017 Oct;32:1136-40.

[51] Kuziemsky C, Maeder AJ, John O, Gogia SB, Basu A, Meher S, Ito M. Role of artificial intelligence within the telehealth domain. Yearbook of medical informatics. 2019 Aug;28(01):035-40.

- Telehealth may incorporate AI-based algorithms which raises ethical challenges, such as how such algorithms affect the fiduciary relationship between the patient and the provider.[52]
- Ethical considerations also relate to data storage, privacy and confidentiality, understanding of the algorithms and any limitations that might be used if AI decision-making is incorporated, including propensity for error.[53]

Online telehealth: virtual reality, augmented reality, intelligent wearable devices, and AI applications
In addition to diagnostic support, AI-powered telehealth solutions have impacted remote monitoring and chronic disease management. AI algorithm equipped wearable devices can continuously collect and analyse biometric data which allows for the remote monitoring of patient's health status.

Ethical considerations include:

- The preservation of and changing dynamic of the patient-provider relationship. Care may be depersonalised.[54]
- The need to provide transparent and accessible information regarding data practices and the involvement of AI to patients. For example, information about the types of data being collected, the purposes for which it is being utilised and the specific roles AI algorithms play in informing clinical decision-making.[55]
- Refer also to the *Principles to guide telehealth section* of this document where physicians are reminded that patients must be informed if, during telehealth, they are engaging with a practitioner or a chatbot.

For more information, see Ahpra's guidance on meeting your professional obligations when using AI in healthcare.

[52] Kuziemsky CE, Hunter I, Gogia SB, Kulatunga G, Rajput V, Subbian V, John O, Kleber A, Mandirola HF, Florez-Arango J, Al-Shorbaji N. Ethics in telehealth: Comparison between guidelines and practice-based experience-the case for learning health systems. Yearbook of Medical Informatics. 2020 Aug;29(01):044-50.
[53] Amjad A, Kordel P, Fernandes G. A Review on Innovation in Healthcare Sector (Telehealth) through Artificial Intelligence. Sustainability. 2023 Apr 14;15(8):6655.
[54] Saputra A, Aminah S. Telehealth and AI: An Ethical Examination of Remote Healthcare Services and the Implications for Patient Care and Privacy. Quarterly Journal of Computational Technologies for Healthcare. 2024 Jan 6;9(1):1-0.
[55] Saputra A, Aminah S. Telehealth and AI: An Ethical Examination of Remote Healthcare Services and the Implications for Patient Care and Privacy. Quarterly Journal of Computational Technologies for Healthcare. 2024 Jan 6;9(1):1-0.

APPENDIX: Useful resources

GENERAL ON TELEHEALTH

RACP publications

- RACP Framework for improving person-centred care and consumer engagement

Medical and healthcare organisation publications

- The Australian Medical Association Code of Ethics and 10 Minimum Standards for Telemedicine
- AHPRA and Medical Board of Australia
  - Guidelines: Telehealth consultations with patients
  - Code of conduct for doctors in Australia
  - Meeting your professional obligations when using AI in healthcare
- Medical Council of New Zealand: Statement on telehealth
- Agency for Healthcare Research and Quality (AHRQ) Digital Healthcare Equity [United States]
- A Practical Guide for Implementing the Digital Healthcare Equity Framework URL: https://digital.ahrq.gov/health-it-tools-and-resources/digital-healthcare-equity/digital-healthcare-equity-framework-and-guide [accessed 6 May 2024]
- World Health Organization 2022 Consolidated telemedicine implementation guide. Geneva. Licence: CC BY-NCSA 3.0 IGO.
- RANZCP: Professional practice guidelines for telepsychiatry
- The ACRRM Framework and Guidelines for Telehealth Services guidelines
- ACCRM Quality of care when providing remote consultations
- RACGP Telehealth guides
- RNZCGP Specialist GP telehealth consultations position statement | RNZCGP (provides alignment with Māori risks and service principles)
- A clinical resource site in Aotearoa New Zealand NZ Telehealth Resource Centre - Telehealth
- American Medical Association Ethical practice in telemedicine

Government publications

- Collected Australian guidelines for telehealth services
- Australian Government Department of Health privacy checklist for telehealth services
- Australian Commission on Safety and Quality in Health Care National Model Clinical Governance Framework
- Digital Health Telehealth Hub
  This website collates and indexes a wide range of resources that have been shared and recommended by members of Australia's health community, in order to support their colleagues, professionals, and consumers to use telehealth effectively.
- DigitalHealth.gov.au for operational resources such as New guide on using online conferencing technologies securely for healthcare (digitalhealth.gov.au) (2020)
- Victorian Government Virtual Care website, including Telehealth.
- NSW Agency for Clinical Innovation virtual care resources and guides. See https://aci.health.nsw.gov.au/statewide-programs/virtual-care
- New Zealand government Inclusive language guide (digital government New Zealand)
- Standards Australia AS ISO 13131:2022 Health informatics - Telehealth services - Quality planning guidelines. These guidelines cover management of telehealth quality processes, including information management and security, and processes for planning and providing human resources, infrastructure, facilities, and technology.

Accessible digital systems

The World Wide Web Consortium (W3C) develops standards and guidelines to help everyone build a web based on the principles of accessibility, internationalization, privacy and security and aim to meet the most recent version of web accessibility guidelines.
In New Zealand see Access Advisors provides review and practical advice .

PRIORITY POPULATIONS AND SPECIFIC PATIENT CARE ISSUES

- New Zealand government Inclusive language guide (digital government New Zealand)

Aboriginal and Torres Strait Islander people

- Aboriginal Health and Medical Research Council (AH&MRC) Digital health resources
- RACGP Telehealth – considerations for an effective Aboriginal and Torres Strait Islander health check

- Māori and Pasifika
  Te Reo Hāpai. A Māori language glossary for use in the mental health, addiction and disability sectors. It is about enriching language, including 'words of great power' in te reo from a strengths base and a mana enhancing Māori worldview for the benefit of tāngata whai ora.

- Rainbow community
  Glossary of descriptors for people identifying with the Rainbow community
  LGBTQI+ services (Australia)
  Training: professional development for health and community organisations to increase their knowledge of people with diverse genders and sexualities, their health priorities, and considerations for care is available, for example, through ACON Pride training .

- People with Disability
  WHO Implementation toolkit for accessible telehealth services (who.int)
  The toolkit is the result of a collaboration between the World Health Organization and the International Telecommunication Union, and was developed in response to the growing challenges that persons with disabilities and other marginalized populations experience when accessing and using telehealth platforms around the world.

  Intellectual Disability Health Capability Framework. The Framework aims to equip future health professionals with the required core capabilities to provide quality health care to people with intellectual disability.

  People with Disability Australia. A language guide https://pwd.org.au/wp-content/uploads/2021/12/PWDA-Language-Guide-v2-2021.pdf
  New Zealand government Inclusive language guide (digital government New Zealand)

  Blind and low vision (BLV) resources: preparing Accessible Document Guidelines. Other accessibility guidance is available to download from the Blind Low Vision NZ (BLVNZ) website (https://blindlowvision.org.nz/resources/accessibility-guidelines/)
  Prioritise Enabling Good Lives Principles .
  Understand the importance of Code of Health and Disability Services Consumers' Rights
  Blind Citizens Australia https://www.bca.org.au/
  Deafblind Australia https://www.deafblind.org.au/

  Council for Intellectual Disabilities Health training Resources https://cid.org.au/resource-category/health/
  Guide Dogs NSW & Act https://nsw.guidedogs.com.au/
  First People's Disability Network https://fpdn.org.au/
  National Ethnic Disability Alliance https://neda.org.au/

  To raise safety concerns about a parent or guardian (such as abuse, coercion or other related concerns) physicians in Australia should contact the National Disability Abuse and Neglect Hotline on 1800 880 052 or in Aotearoa New Zealand refer to this website with various emergency, support services and contact numbers: the Ministry for disabled people. [https://www.whaikaha.govt.nz/support-and-services/help-and-support-for-violence-abuse-or-neglect].

- Refugees and asylum seekers
  Refugee and Asylum Seeker Health and Wellbeing Position Statement | Australian Medical Association
  Key elements of regional refugee healthcare | Delivering healthcare to refugee communities in regional NSW

- Trauma-informed care
  Trauma-informed care and practice in mental health services | Agency for Clinical Innovation (nsw.gov.au)
  What is trauma-informed care? - Principles for effective support (nsw.gov.au)

  Violence, abuse and neglect and telehealth - COVID-19 (Coronavirus) (nsw.gov.au) and telehealth

  Recovery-Oriented-Language-Guide-Mental-Health-Coordinating-Council-2022.pdf (mhcc.org.au)

- People from cross-cultural backgrounds
  Aotearoa New Zealand: Cross Cultural Resources | eCALD. Note all physicians and trainees in Aotearoa may enrol in Health New Zealand courses free of charge by creating a user account through Home | eCALD LMS.

Asian Health Line (AHL) 0800 88 88 30

- Free information on the New Zealand health & disability system and service for non-English speaking ethnic patients and their families.
- Assistance with GP enrolment, national screening services, Immunisation, and smoke-free and CADS information etc.
- Asian/ethnic cultural advice for health professionals in NZ
- The AHL information is available in English, Chinese, Korean, Hindi, Japanese, Tagalog, Thai, Vietnamese, and Indonesian.

Asian and Ethnic Health Services (Health NZ) flyer

- Asian Health Line
- Asian Patient Support Service
- Asian Mental Health Service
- WATIS Interpreting service (24/7)
- Health New Zealand Brochures & Publications

Telehealth – A quick guide in multiple languages

- English, Simplified Chinese, 한국어, Hindi, Japanese, Tagalog, Arabic, Farsi, Spanish, and Samoan.

Domestic Violence

- World Health Organization 2013 Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook. Geneva
  [https://apps.who.int/iris/bitstream/handle/10665/136101/WHO_RHR_14.26_eng.pdf?sequence=1]
  - Specialised websites such Violence, abuse and neglect and telehealth.

References of interest on telehealth

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