

TELEMEDICINE: IMPACT ON THE DOCTOR- PATIENT RELATIONSHIP WITH REGARD TO PATHOPHYSIOLOGY, HUMANIZATION AND ETHICS

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Abstract: Medicine, as a health profession, is a science in constant development that has the role of treating the human being in its physical, mental and social aspects. In this context, telemedicine is a way to facilitate this access. Telemedicine is the modality of medical care in which information and communication technologies are used to promote remote care. In order to review its impact on the doctor-patient relationship, a literature review on the subject was carried out. Telemedicine, then, showed promise in increasing the coverage of health promotion, since it enables remote pathophysiological care, albeit limited, and the human reception of a conversation, more than between doctor and patient, but between human beings. Ethical issues still surround the practice. Because this type of care is considered innovative, bioethical discussions are generated, assisted by the World Medical Association, which values maintaining autonomy, non-maleficence, beneficence and justice in the practice of telemedicine, principles that govern the inherent ethics of the profession. Therefore, as an ethical exercise that is expressly authorized or not prohibited, telemedicine must be encouraged as a parallel path to traditional medicine.

Keywords: Telemedicine; Doctor-Patient Relationship; Humanization of Assistance; Code of ethics; pathophysiology

INTRODUCTION

Medicine is the science that treats the human being in its physical, social and emotional aspects. Due to the scope of the human personality, each patient has their own needs that go far beyond physical healing, requiring individualized care that meets their expectations. To this end, communication is essential in this service process (BATISTA; LESSA, 2019).

Telemedicine consists of the use of information and communication technologies to provide care at a distance, ensuring the safety and health of professionals and patients and providing information quickly and effectively, in addition to providing medical care to regions with a shortage of professionals (ARANTES et al., 2013). The modality of access to health in question complements, with challenges (DE VARGE MALDONADO; MARQUES; CRUZ, 2016), the doctor-patient relationship, which must be based on trust and the joint construction of good care (KOGA; KOGA, 2020).

Telemedicine is considered a fundamental resource, given its ability to reduce the movement of individuals in health facilities, reduce the risk of contamination of people and the spread of the disease, penetrate places that are difficult to access or with deficient structure and free up beds and hospital care vacancies in favor of infected patients. It also allows ensuring care for patients with preexisting diseases and comorbidities who, although not infected, cannot personally attend medical appointments in view of the guidelines for reducing social interaction (CAETANO et al., 2020).

The search for valuing the involvement between the doctor and the patient also brought to the surface the debate on the importance of humanization in medical practice. Above any attitude, the doctor needs to focus less on the disease, on tomography, on magnetic resonance and more on the patient, which is the reason for his professional existence. In these times of great economic and technological advancement, nothing replaces humanized treatment (LOPES, A., 2012).

Telemedicine as a tool for accessing health, raises bioethical discussions about its practice in the face of replacing face-to-face contact with virtual, confronting traditional

medical practice (GIL MEMBRADO et al., 2021).

Thus, this study aims to identify the positive and negative points of telemedicine in the promotion of objective and subjective health, contemplating the facilitation of the consultation, which addresses the disease and the welcoming conversation in the doctor-patient relationship. Naturally, ethical issues surround the practice and, too, must be analyzed. It is necessary to review the impact of telemedicine on the doctor-patient relationship.

METHODS

This is an integrative literature review, using a total of 18 bibliographic references used for the construction of this article. The inclusion criteria were: articles available in Portuguese or English, highlighting, partially or totally, telemedicine and the doctor-patient relationship in the fields of traditional and humanized care and ethics. In addition, more important information was sought to reach the objective of the article, covering these highlights at theoretical and practical levels. The exclusion criteria, in turn, were repeated information and information that was inconsistent with the objective of the article and its inclusion criteria. One of the platforms used in the searches was the PubMed-National Library of Medicine in the “Medline” and “Scielo” databases. The following Health Science Descriptors (DECS) were used: “Telemedicine”; “Doctor-Patient Relationship”, “Humanization of Care”; “Code of Ethics” and “Physiopathology”.

RESULTS

Seeing the patient as a person and not as a disease is the first step to establish a humanized doctor-patient relationship (KOGA; KOGA, 2020). This way, humanized care in telemedicine prioritizes, in addition

to accessibility, patient comfort and safety, which ranges from choosing a good platform to evaluating the individual.

Knorst GRS, et al. (2019) explained that, with the expansion of telemedicine, it has now become possible to carry out teleconsultations, teleconsultations, telediagnosis, telesurgeries and telemonitoring, guaranteeing the patient access to health in a practical and accessible way, since some regions in Brazil suffer from a shortage of medical professionals. Faced with this, Gonçalves AA, et al. (2019), explained that the implementation of telemedicine brings some positive points for both professionals and patients using the service, as it reduces costs in medicine and, together with that, increases accessibility to the health system, especially in the most vulnerable areas. remote and needy.

Telemedicine contributes to the provision of medical care to patients who are geographically distant, in addition to spreading health care to locations lacking these services. It is an emerging service that presented contributions facilitating the care process of better quality and obtaining a second medical opinion at affordable costs. One of the results of this type of proposal is the reduction of the displacement of patients to be attended, contributing to the decentralization and reduction of the demand for care in public hospitals in the capital (MACHADO et al., 2010).

According to the study conducted by the Telemedicine Unit of the Ministry of Health Public and Social Welfare (MSPBS) in collaboration with the Department of Biomedical Engineering and Images of the Scientific Research Institute (IICS-UNA) and the University of the Basque Country (UPV/EHU) served to assess the usefulness of a remote diagnostic system for universal public health coverage. For this purpose, the results were obtained by the

remote diagnosis system implemented in 56 Hospitals by the Ministerio de Salud Publica y Bienestar Social (MSPBS-Paraguay). There were 293,142 remote diagnoses performed between January 2014 and September 2017. Of the total, 37.29% (109,311) corresponded to tomography studies, 61.44% (180,108) to electrocardiography (ECG), 1.26% (3,704) to electroencephalography (EEG) and 0.01% (19) for ultrasound. No significant differences were observed between remote diagnosis and face-to-face diagnosis. With the remote diagnosis, a cost reduction was achieved, which represents a significant benefit for the citizens of the interior of the country. The results obtained show that telemedicine can significantly improve universal coverage of diagnostic services and health programs, maximizing professional time and productivity, increasing access and equity and reducing costs. However, before carrying out its systematic implementation, it is necessary to contextualize the regional epidemiological profile (DEMIRIS; SPEEDIE; HICKS, 2004). The results of this study show that telemedicine implemented in public hospitals can facilitate universal coverage of relatively inexpensive diagnostic services in rural and isolated communities in the country, where they are not available, as evidenced in other countries. This research analyzed the usefulness of telemedicine in four areas of diagnostic service, its profit and usefulness as an instrument for mapping prevalent pathologies in the country, which is important for decisions and development of action plans, especially for developing countries such as Paraguay (GALVÁN et al., 2017).

DISCUSSION

These technologies are essential to help clinicians focus more on the patient and less on collecting data and information that can be done by computers. Professionals

can get out of bureaucratic situations and dedicate themselves more to care with empathy, welcoming the patient, listening to their complaints and evaluating them globally (BATISTA, V., 2022). The doctor-patient relationship in telemedicine involves humanization, ethics and technology. The doctor must be able to attend, emotionally and technically helping the patient, by digital means, respecting him (ARANTES et al., 2013). Although there is no physical interaction, the consultation must prioritize the well-being and comfort of both as governed by medical ethics. The doctor-patient relationship is defended as the humanization of patient care, from diagnosis to therapy, comprising a relationship of trust and doctor-patient collaboration. Professionals must work with the patient, rather than “for him”, taking more time to listen to, absorb and value the cognitive, social and emotional needs of their patients (KOGA; KOGA, 2020). The technologies that make telemedicine possible, in some cases, imply changes in the typical doctor-patient relationship, and there must be a process of acceptance, by all, of the technological intermediation. In other words, the replacement of face-to-face contact with virtual contact is an additional challenge to the traditional view of the practice of medicine and to the expectations of health services, both for professionals and users. Overcoming institutional and professional cultural barriers is an important step in the process of disseminating and consolidating telemedicine (DE VARGE MALDONADO; MARQUES; CRUZ, 2016).

Telemedicine increases accessibility to consultations, using information and communication technologies (ICT) to exchange valid information for the diagnosis, prevention and treatment of diseases and the continuing education of health professionals,

as well as for research and evaluation purposes. In addition to being used for discussion of clinical cases and formative second opinion (LINS et al., 2019). Another important aspect concerns health care in cases where distance is a critical factor, helping populations that live with shortages and difficulties in accessing health services and various medical specialties (CAETANO et al., 2020). It avoids unnecessary displacement of patients to large cities and speeds up the performance of screening tests to be able to understand where a patient has to be referred (DA SILVEIRA, E., 2021).

The year 2020 was marked by the pandemic generated by the COVID-19 virus, which triggered a collapse of world health systems. Given this scenario, protection against the virus has become one of the main challenges, requiring the practice of strict protocols, among them, social distancing. Consequently, the movement of people in health facilities was limited, but it made it difficult to care for patients and monitor patients with comorbidities (CAETANO et al., 2020). In this context, telemedicine has become an important tool, as it allowed for more agile and efficient patient care, expanding distance care, reducing the movement of people in health centers (WEN, 2015). Telemedicine as a communication and information technology in the health area generates bioethical discussions regarding its approach. The “TEL AVIV DECLARATION ON RESPONSIBILITIES AND ETHICAL STANDARDS IN THE USE OF TELEMEDICINE”, established at the 51st General Assembly of the World Medical Association, clarifies an ethical guideline regarding the practice of medicine at a distance and its adoption is recommended by the World Medical Association. For telemedicine to be in line with ethical norms, it must not compromise bioethical principles – autonomy; non-maleficence; beneficence;

justice, which govern the medical profession, as in actions for the preservation of secrecy, patient consent, preservation of confidentiality and privacy.

Finally, resuming the study conducted by the Telemedicine Unit of the Ministry of Health Public and Social Welfare (MSPBS) in collaboration with the Department of Biomedical Engineering and Images of the Scientific Research Institute (IICS-UNA) and the University of the Basque Country (UPV / EHU), after analyzing its results, it is evident that telemedicine can contribute to significantly improve the coverage of universal health diagnosis services and programs, maximizing the professional's time and productivity, increasing access and equity and reducing costs. However, before carrying out its systematic implementation, contextualization with the regional epidemiological profile must be carried out and the costs for its implementation and sustainability must be determined according to current methodologies (GALVÁN et al., 2017).

CONCLUSION

Telemedicine uses information and communication technologies to provide accessibility to health care in conditions of distance. Thus, a good doctor-patient relationship is essential, involving humanization, ethics and technology, because despite the absence of physical interaction between the doctor and the patient, it is necessary to guarantee the best care, prioritizing the comfort of patients. both, as well as the confidentiality and security of those involved, as a way of ensuring medical ethics.

At the same time, this modality contributes in atypical scenarios, such as the Covid-19 pandemic, in which it is not possible or indicated to interact with the doctor and patient in person, in order to avoid possible

contamination or for other reasons. In this context, this modality adds ease and speed to the medical routine, as technology favors the exchange of information not only between doctor and patient, but also between professionals in the area, for discussion about the best diagnosis and treatment. Thus, it is necessary to overcome the sociocultural barriers that stigmatize telemedicine, as it is a new dynamic of doctor-patient contact.

It is concluded that, as long as it is expressly authorized or not prohibited, telemedicine must be encouraged as a parallel route to Traditional Medicine. After all, the impact of telemedicine on the doctor-patient relationship with regard to pathophysiology, humanization and ethics is generally positive.

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