

When practising telemedicine directly with the patient, the doctor assumes responsibility for the case in question.

The doctor performing medical interventions via telemedical techniques is responsible for those interventions.

Quality, security and safety in telemedicine

A doctor practising telemedicine is responsible for the appropriate quality of his/her services. He/she must not practise telemedicine without ensuring that the equipment necessary for the telemedical services rendered is of sufficiently high standard and adequately operational.

The doctor must carefully evaluate the data and other information he/she has received. Medical opinions and recommendations can only be given and medical decisions made if the quality and quantity of data or other information received is sufficient and relevant for the case in question.

When performing medical interventions over distance, the doctor must secure the presence of sufficient and adequately trained personnel assisting the patient and his/her continuing care.

Patient documents

All doctors practising telemedicine must keep adequate patient records and all cases have to be properly documented. The manner of patient identification shall be recorded, as well as the quantity and quality of data and other information received. Findings, recommendations and telemedical services delivered shall be adequately documented.

Medical ethics, patient consent and confidentiality

The principles of medical ethics which are binding upon the profession shall also be followed in the practice of telemedicine.

Normal rules of confidentiality and security also apply to telemedicine documentation. Storing or transmission methods may be used only where confidentiality and security can be guaranteed.

Patient data and other information may only be transmitted to a doctor or other health professional on the request or with the informed consent (permission) of the patient and to the extent approved by him/her. The data transmitted must be relevant to the problem in question.

2.17 Complementary Medicine: CP Motion on Lannoye's Report

Adopted in Athens, April 1997 (CP 97/041)

The Standing Committee of European Doctors acknowledges the release of Mr. Lannoye's report on "complementary medicines", presented to the European Parliament.

The Standing Committee of European Doctors un-

derlines that the medical act consists of a prior diagnosis before any therapy. Only the medical training, harmonised throughout Europe, gives the guarantee of the best possible adequacy between the patient's request and the doctor's response.

Now that the medical profession adheres to a quality control processes, it seems unthinkable to promote practices which are not scientifically demonstrated and escaping from any evaluation.

The CP, in its meeting on April 12, 1997 cannot accept the proposals of this report.

2.18 Motion on Human Cloning

Adopted at Athens, November 1997
(CP 97/062 Final)

The Standing Committee

TAKES NOTE of the world-wide reverberations caused by the first case of cloning of a mammal and of the considerable emotive implications among public opinion in view of the theoretical possibility of transposing cloning techniques to human being;

TAKES NOTE of statements on the subject delivered authoritatively by the World Health Organisation and of the positions assumed by the European Parliament;

Rejects

on the grounds of deontological ethics, and in the present state of knowledge, the application of any form of reproductive cloning to whole human beings (as distinct from what are termed therapeutic forms of cloning);

Calls upon

every Member State of the European Union to adopt legislation which prohibits reproductive cloning of whole human beings;

Urges

that at European Level every appropriate step be taken to prohibit reproductive cloning of whole human beings.

2.19 Medical Confidentiality

between doctor and patient and information demanded by insurance Companies (CP 98/090) – adopted at Brussels. Document available on website or from CP Secretariat.