



INDIAN JOURNAL OF
LEGAL REVIEW

VOLUME 5 AND ISSUE 14 OF 2025

INSTITUTE OF LEGAL EDUCATION



INDIAN JOURNAL OF LEGAL REVIEW

APIS – 3920 – 0001 | ISSN – 2583-2344

(Open Access Journal)

Journal's Home Page – <https://ijlr.iledu.in/>

Journal's Editorial Page – <https://ijlr.iledu.in/editorial-board/>

Volume 5 and Issue 14 of 2025 (Access Full Issue on – <https://ijlr.iledu.in/volume-5-and-issue-14-of-2025/>)

Publisher

Prasanna S,

Chairman of Institute of Legal Education

No. 08, Arul Nagar, Seera Thoppu,

Maudhanda Kurichi, Srirangam,

Tiruchirappalli – 620102

Phone : +91 73059 14348 – info@iledu.in / Chairman@iledu.in



© Institute of Legal Education

Copyright Disclaimer: All rights are reserve with Institute of Legal Education. No part of the material published on this website (Articles or Research Papers including those published in this journal) may be reproduced, distributed, or transmitted in any form or by any means, including photocopying, recording, or other electronic or mechanical methods, without the prior written permission of the publisher. For more details refer <https://ijlr.iledu.in/terms-and-condition/>

EMERGING LEGAL AND ETHICAL CHALLENGES IN TELEMEDICINE, EMERGENCY MEDICAL PRACTICE, AND PROFESSIONAL LIABILITY

AUTHOR – YAZHINI, LL.M STUDENT AT SCHOOL OF EXCELLENCE IN LAW (SOEL), THE TAMILNADU DR.
AMBEDKAR LAW UNIVERSITY

BEST CITATION – YAZHINI, EMERGING LEGAL AND ETHICAL CHALLENGES IN TELEMEDICINE, EMERGENCY MEDICAL PRACTICE, AND PROFESSIONAL LIABILITY, *INDIAN JOURNAL OF LEGAL REVIEW (IJLR)*, 5 (14) OF 2025, PG. 863–879, APIS – 3920 – 0001 & ISSN – 2583-2344.

CHAPTER I

1.1 INTRODUCTION:

In past few decades the healthcare sector has tremendously transformed due to a lot a technological advancements, increased awareness among patients, and evolved legal norms. Traditional methods of medical practice which includes of face to face consultation and treatment within the hospital are getting supplemented and in some cases it has been replaced by healthcare in digital mode and emergency based medical procedures. In this shifting world, problems of medical ethics and professional accountability have become increasingly important. The rise of telemedicine, the difficulties of emergency medical practice, and the increasing scrutiny of professional liability all provide significant legal and ethical challenges for medical practitioners.¹⁶⁸⁵

The history of medicine has been one in which medical ethics has always underpinned the moral basis of medical practice. Thus, the principles of autonomy, beneficence, nonmaleficence and justice guide decision-making by health care practitioners. However there are complexities in the application of these moral values especially when health care is provided virtually, or in an emergency setting where resources, time and patient consent may be lacking. The task of the law, in contrast, is to control medical practice through standards of treatment, identification of professional duties and attributions for negligent or wrongful conduct. The balance between ethics and law in contemporary medical care deserves scrutiny.

GRASP - EDUCATE - EVOLVE

¹⁶⁸⁵ World Health Organization, *Global Strategy on Digital Health 2020–2025* (WHO 2021).

Telemedicine is a game changer in healthcare delivery, especially in countries like India where proper medical facilities like clinics and hospitals are inadequate in rural areas and far-off regions. The shift towards telemedicine was accelerated fast during COVID-19 pandemic which results in creation of Telemedicine guidelines, 2020. Even though this shift made seeing a doctor easier, cheaper and more consistent for many, it also has serious concerns associated with it such as informed consent, confidentiality of information and data protection, accuracy of diagnosis and raise questions like who will be accountable in case of negligence.

The complete rely for medical care on technology without physical care leads to ethical dilemmas and legal uncertainties that challenge traditional practices of medical responsibility.

Emergency medical practice is a crucial area where ethical obligations and legal duties intersect. During emergency situations, medical professionals must act fast to protect life, sometimes without explicit consent from the patient or complete medical history of the patient. Ethical principles such as beneficence and non-maleficence are essential, while legal standards such as standard of care and how a reasonable medical practitioner would do in pressurized circumstances would apply. Court in India have repeatedly emphasized that obligation of doctors and hospitals to provide immediate first aid is an integral part of Right to life under Article 21 of the Constitution.¹⁶⁸⁶ Yet, despite this mandate, medical practitioners often encounters risk of legal action against them, negligence claims and professional penalties due to choices made during emergencies.

Professionals accountability in healthcare has expanded due to increase of patient awareness, strong consumer safeguards and judicial

activism. Medical negligence claims arises from acts or omission in both telemedicine and in emergency medical cases. Courts face difficulties is cases, where there must be balance the rights of patients and practical implications faced by medical professionals. The current legal framework face challenges like vicarious liability of the hospitals for the act of it employees, liability of digital healthcare platforms and applicability of traditional negligence principles to virtual consultations.

The aim of this paper is to analyze ethical dilemmas faced my medical professionals in Telemedicine and emergency medical care, to examine legal responsibilities tied to health care professionals and assess whether existing regulatory mechanisms are well enough to address real world implications. By addressing these issues, this article aims to provide a balancing progress of how innovative in healthcare area can be rooted with ethical principles and legal accountability.

1.2. STATEMENT OF PROBLEM:

Due to rapid technology developments, especially in the areas of telemedicine and emergency medical treatment, have significantly changed the healthcare sector in the past few years. Traditional healthcare delivery models have been transformed by digital healthcare platforms, virtual visits, and technology-assisted medical interventions. These advancements have increased medical services' accessibility, effectiveness, and affordability, but they have also created difficult moral and legal issues related to patient rights, professional accountability, and treatment quality.

In nations like India, where rural and distant populations who frequently with a lack of medical facilities and trained healthcare workers, telemedicine has become an essential tool for increasing access to healthcare. Due to restrictions on physical consultations, COVID-19 pandemic further encouraged the expansion of telemedicine. However, there are significant issues with informed consent, confidentiality of

¹⁶⁸⁶ Constitution of India, art. 21.

patient data, diagnosis accuracy, and standard of cure due to virtual aspect of telemedicine. Uncertainties about professional liability and accountability in cases of medical malpractice are brought about by the lack of a physical examination, reliance on digital communication, and usage of third-party platforms.

Another crucial area where ethical and legal obligations conflict each other is during emergency medical practice. Medical professionals have to make quick choices in emergency situations, sometimes even have to act without the patient's full medical history or express consent. Healthcare practitioners are subject to legal inquiry under negligence laws and consumer protection systems, even when ethical ideals like beneficence and non-maleficence encourage quick action to preserve lives. This presents a problem where medical decision-making during emergencies may be influenced by fear of legal consequences, which could have an impact while treating patients.

Thus, the fundamental issue is the discrepancy between the speed at which healthcare is delivered and at what extent moral standards, legal requirements, and regulatory monitoring that control medical practice is adequate. Examining whether the current legal and ethical frameworks adequately safeguard patient interests while guaranteeing justice and clarity for medical practitioners is crucial. Resolving these issues is crucial to preserve public confidence in healthcare system and ensuring that medical technology advancements are consistent with moral principles and legal responsibility.

1.3. OBJECTIVES OF THE STUDY:

- i) to investigate the applicability of the ethical precepts of telemedicine and emergency medical care, including autonomy, beneficence, non-maleficence, and justice.
- ii) to examine the Telemedicine Practice Guidelines, 2020, the legal framework governing telemedicine in India, and the function of

regulatory organizations such as State Medical Councils and the National Medical Commission.

- iii) to research the moral and legal issues that medical practitioners encounter when delivering telemedicine services, with a focus on informed consent, privacy, confidentiality, and care quality.

- iv) to assess professional liability and accountability in emergency medical practice, with an emphasis on Indian law's judicial interpretations, consent requirements, and standards of care.

- v) to evaluate how technological developments affect ethical communication, trust, and the doctor-patient interaction in digital healthcare settings.

- vi) to investigate judicial strategies and seminal case laws concerning professional misconduct, medical negligence, and changing liability standards in emergency treatment and telemedicine.

1.4. RESEARCH QUESTIONS:

1. What are the key ethical challenges faced by medical professionals in the practice of telemedicine, particularly with respect to informed consent, confidentiality, and patient autonomy?
2. How does the existing legal framework in India regulate telemedicine and emergency medical practice, and to what extent does it address issues of professional liability and accountability?
3. What ethical and legal dilemmas arise for medical practitioners during emergency medical care, especially in situations involving lack of consent and limited medical information?
4. How have Indian courts interpreted and applied principles of medical negligence and standard of care in cases involving telemedicine and emergency medical practice?
5. Are the current regulatory mechanisms and professional guidelines adequate to balance patient rights with the practical challenges

faced by medical professionals in technologically driven healthcare systems?

1.5 SCOPE AND LIMITATIONS OF THE STUDY

SCOPE

The study examines the ethical principles governing medical practice and their application in telemedicine and emergency medical care.

1. It analyses the legal framework regulating telemedicine in India, including relevant statutes, guidelines, and professional codes.
2. The research covers professional liability and accountability of medical practitioners in telemedicine and emergency medical situations.
3. It reviews judicial interpretations and landmark case laws related to medical negligence and standard of care.
4. The study evaluates the role of regulatory bodies and professional councils in ensuring ethical compliance and patient protection.

LIMITATIONS

The study is doctrinal in nature and relies primarily on secondary sources such as statutes, case laws, and scholarly writings.

1. The research is limited to the Indian legal framework, with minimal comparative or international analysis.
2. It does not include empirical data or field-based research involving patients or healthcare professionals.
3. Technical and clinical aspects of medical procedures are outside the scope of this study.
4. Rapid developments in digital healthcare and regulation may result in subsequent changes not covered within the study period.

1.6 REVIEW OF LITERATURE:

i) Telemedicine Practice Guidelines, Ministry of Health & Family Welfare (India), 2020¹⁶⁸⁷

The Indian Telemedicine Practice Guidelines (2020) set out practical rules on modes of consultation, identification, consent, prescribing and record-keeping; scholars treat it as the first significant regulatory response to the telemedicine surge during COVID-19 while noting its limitations (scope, enforcement, platform regulation). Use this as your primary doctrinal source on legal standards for teleconsultations in India.

ii) Dipika Jain – “Regulation of Digital Healthcare in India: Ethical and Legal Challenges” (Healthcare, 2023)¹⁶⁸⁸

Jain gives a thorough analysis of regulatory gaps in India’s digital health ecosystem – data protection, consent frameworks, and the mismatch between fast technological adoption and slow legislative change. The paper argues the current piecemeal governance approach is inadequate for health-specific risks and calls for integrated statutory reform.

iii) U. Venkatesh – “Telemedicine Practice Guidelines in India: Global implications in the wake of COVID-19” (2022 review)¹⁶⁸⁹

Venkatesh’s review evaluates the Telemedicine Guidelines’ strengths and weaknesses in the pandemic context, highlighting issues such as limited guidance on platform liability, cross-jurisdictional practice, and quality assurance – useful when you critique guideline gaps.

iv) R. Solimini et al. – “Ethical and Legal Challenges of Telemedicine in the Era of COVID-19” (narrative review, 2021)¹⁶⁹⁰

This international narrative review synthesises major ethical-legal problems that surfaced

¹⁶⁸⁷ Telemedicine Practice Guidelines, Ministry of Health & Family Welfare, Government of India (2020).

¹⁶⁸⁸ Dipika Jain, *Regulation of Digital Healthcare in India: Ethical and Legal Challenges*, Healthcare (2023).

¹⁶⁸⁹ U. Venkatesh, *Telemedicine Practice Guidelines in India: Global Implications in the Wake of COVID-19* (2022).

¹⁶⁹⁰ R. Solimini et al., *Ethical and Legal Challenges of Telemedicine in the Era of COVID-19* (2021).

during COVID-19 (consent, privacy, malpractice, equity) and is valuable for comparative perspectives and for framing how emergency conditions magnify telemedicine risks.

v) World Health Organization (2010) in Telemedicine: Opportunities and Developments in Member States¹⁶⁹¹

This report highlights telemedicine as an effective tool for improving healthcare access, especially in remote areas. The report emphasizes ethical concerns such as confidentiality, informed consent, and quality of care, noting that technological convenience must not dilute professional responsibility.

vi) Jacob Mathew Case Analysis (2005),¹⁶⁹²

This case has been extensively discussed about medical law literature, defining the standard of care and criminal liability of medical professionals. Scholars rely on this judgment to explain how negligence principles apply even in technologically evolving medical practices.

vii) World Medical Association (2018)¹⁶⁹³

In its Statement on the Ethics of Telemedicine provides international ethical standards emphasizing patient autonomy, confidentiality, and professional competence. Literature often compares these standards with national regulations to identify gaps in domestic telemedicine governance.

1.7 RESEARCH METHODOLOGY:

The study adopts a doctrinal and analytical approach to examine the legal and ethical challenges in telemedicine, emergency medical practice, and professional liability. It primarily relies on secondary sources, including statutes (e.g., National Medical Commission Act, 2019; IT Act, 2000), Telemedicine Practice Guidelines, 2020, judicial decisions, books, journal articles, and reports from organizations such as WHO and WMA.

A qualitative analysis is used to interpret legal provisions, ethical principles, and case laws to identify emerging dilemmas, gaps, and challenges. The research follows a descriptive and evaluative design, aiming to assess the adequacy of existing regulatory frameworks and propose recommendations to enhance ethical compliance, professional accountability, and patient protection in digital and emergency healthcare.

1.8 CHAPTERIZATION:

Chapter 1: Introduction – Introduces the topic, research problem, objectives, scope, significance, and research questions.

Chapter 2: Conceptual Framework – Explains medical ethics principles and professional liability as a foundation for the study.

Chapter 3: Telemedicine – Concept, Evolution, and Legal Framework in India – Defines telemedicine, its evolution, objectives, scope, and regulatory/legal framework in India.

Chapter 4: Ethical Challenges in Telemedicine Practice – Discusses ethical dilemmas such as consent, confidentiality, data privacy, quality of care, and equity in digital healthcare.

Chapter 5: Emergency Medical Practice – Ethical and Legal Obligations – Examines ethical duties, legal standards, patient rights, and medical negligence in emergencies.

Chapter 6: Professional Liability and Medical Negligence – Analyses civil, criminal, and vicarious liability in telemedicine and emergency care, with landmark cases.

Chapter 7: Role of Regulatory Bodies and Professional Councils – Covers NMC, State Medical Councils, ethical codes, disciplinary mechanisms, and oversight effectiveness.

Chapter 8: Comparative Analysis – Compares Indian regulations with international frameworks and best practices.

Chapter 9: Emerging Concerns and Future Course – Highlights new challenges,

¹⁶⁹¹ World Health Organization, *Telemedicine: Opportunities and Developments in Member States* (2010).

¹⁶⁹² Jacob Mathew v. State of Punjab, A.I.R. 2005 S.C. 3180 (India).

¹⁶⁹³ World Medical Association, *Statement on the Ethics of Telemedicine* (2018).

technological trends, and anticipated legal/ethical issues.

Chapter 10: Suggestions and Recommendations – Provides practical and policy recommendations to strengthen ethical compliance, accountability, and patient safety.

CHAPTER 2

CONCEPTUAL FRAMEWORK: MEDICAL ETHICS AND PROFESSIONAL LIABILITY

2.1 Meaning and Importance of Medical Ethics

Medical ethics refers to the moral principles and standards that describes the conduct of medical professionals while dealing with patients, co-workers and society at large. These principles are backbone of healthcare practice, as it ensure that medical decisions are guided not merely by clinical expert but also by human dignity and patient welfare. Medical ethics play a integral part in maintaining trust between doctors and patients which is basis of effective healthcare delivery.¹⁶⁹⁴

In today's medical world ethical considerations is expanded beyond doctor-patient relationship to include hospitals, community well-being and ethical use of technology. Due to advancements such as Telemedicine and emergency care interventions, ethical challenges have become complex, requires a clear understanding of ethical norms and their practical application.

2.2 Core Principles of Medical Ethics

Medical ethics is rooted on 4 universally accepted principles:

Autonomy:

Autonomy refers to the rights of the patient to make informed decisions regarding treatment. Where the medical professionals must provide adequate information about the illness, possible treatments, risks and alternative treatment if possible. Informed consent is the manifestation

of respect to patient's autonomy. But in case of telemedicine and during emergency situations obtaining informed and explicit consent from patient is quite challenging, testing the limits of this principle.

Beneficence: Beneficence mandates the healthcare professionals to act in patient's best interest. It requires doctors to prioritize patient welfare and take positive steps to prevent the harm. This principle significantly applied in emergency medical practice where quick decision is required to save many lives.

Non-maleficence: This principle indicates that medical professionals must not cause harm to their patients. Often called "primum non nocere", it's a key rule for assessing medical negligence. In technological health care, such as Telemedicine the risk of misdiagnosis or technical errors raise a serious concern about ethical obligations.

Justice: Justice under medical ethics is when all patients get equal treatment and equal distribution of healthcare resources. It includes issues such as access to healthcare, non-discrimination and prioritizing of which patients to treat first. During pandemic and disaster situations, scarcity of resources raises a tension between individual care and collective welfare.¹⁶⁹⁵

CHAPTER 3:

TELEMEDICINE – CONCEPT, EVOLUTION AND LEGAL FRAMEWORK IN INDIA

3.1 Meaning and Concept of Telemedicine:

Telemedicine refers to the delivery of healthcare services through information and communication technologies for the diagnosis, treatment, prevention of diseases, and promotion of health where people cannot access it physically where distance is a crucial factor.¹⁶⁹⁶ It enables medical professionals to

¹⁶⁹⁴ World Medical Association, *Declaration of Geneva* (2017).

¹⁶⁹⁵ Beauchamp, T. L. & Childress, J. F., *Principles of Biomedical Ethics* (8th ed., Oxford Univ. Press 2019).

¹⁶⁹⁶ World Health Organization, *Telemedicine: Opportunities and Developments in Member States* (WHO 2010).

provide to check symptoms, suggest treatments or share advice them virtually using digital platforms such as video calls, mobile applications, and messaging systems.¹⁶⁹⁷ Telemedicine defines a significant shift from in-person medical consultations to technology-mediated healthcare delivery.

The concept of telemedicine is evolved from the objective of making health care easier to reach all particularly for individuals residing in remote, rural, or who live far from clinics or hospitals.¹⁶⁹⁸ By overcoming geographical barriers, telemedicine makes timely medical intervention, continuity of care, and cost-effective healthcare services as easier process. However, the absence of physical examination and direct doctor patient interaction distinguishes telemedicine from traditional medical practice and brings issues such as legal ethical concern and raises question of doubt like who will held accountable if anything goes wrong.

3.2 Evolution of Telemedicine in India:

Telemedicine in India evolved gradually after with digital and communication advancements. At first, it was limited to small test programs by government agencies and academic institutions. The Indian space research organisation (ISRO) played a crucial role in launching telemedicine networks connecting super-speciality hospitals with rural healthcare centres.

The rise of telemedicine sped up with the expansion internet usage, smartphone usage and private digital health platforms. COVID 19 pandemic is the wave maker that compels the healthcare systems to adopt remote consultation to ensure access to medical care when physical contact was restricted. This dependence on remote care highlights both it's potential and regulatory gaps demanding the formulation of specific guidelines for telemedicine.

3.3 Objectives and Scope of Telemedicine:

The main goal of telemedicine is make accessible and affordable healthcare for all. It aims to reduce the disparities in healthcare by connecting the patients with qualified doctors for effective treatment irrespective of their regions. Telemedicine supports follow-up consultations, tracking of patient's long term condition, psychological counselling and health education.

The scope of Telemedicine services includes prevention of illness, providing treatment, helping them for speedy recovery and teaching them about their health condition. It involves interaction between Doctor and patient, caregiver expert advice shared among healthcare providers. Despite its large scope it doesn't completely mean to take all forms of medical care and it is subjected to limitations, particularly in cases where physical examination and emergency intervention requires.

3.4 Legal Framework Governing Telemedicine in India

The Telemedicine Practice Guidelines, 2020, established by the Ministry of Health and Family Welfare in cooperation with the Medical Council of India (replaced by the National Medical Commission)(NMC), serves as a main legal framework governing telemedicine in India currently.¹⁶⁹⁹

These guidelines gives a set of rules and regulations for registered medical professionals in order to provide telemedicine services legally and morally. These guidelines define telemedicine, specifies the modes of communication if telemedicine and establish standards for professional behaviour of healthcare professionals. They stress the importance of patient identification, physician verification, informed consent and maintenance of medical records. This guidelines also categorizes medicines that

¹⁶⁹⁷ Ministry of Health & Family Welfare, Govt. of India, *Telemedicine Practice Guidelines* (2020).

¹⁶⁹⁸ Niti Aayog, *National Health Stack: Strategy and Approach* (2018).

¹⁶⁹⁹ Telemedicine Practice Guidelines, Ministry of Health & Family Welfare, Govt. of India (2020).

should not be prescribed through online consultation, in order to address patient safety and drug abuse.

3.5 Role of the National Medical Commission and Medical Councils:

In India, the National Medical Commission (NMC) is a primary authority for regulating medical education and professional behaviour.¹⁷⁰⁰ The NMC is in charge of making sure that professional norms and ethical standards are followed in the context of telemedicine. State Medical Councils have the authority to take disciplinary actions against practitioners who engage in professional misconduct or for violation of telemedicine regulations.

The same ethical requirements and standards of care by medical professionals in traditional medical practices is applied to the medical professionals offering telemedicine services. In addition to civil or criminal liability, noncompliance with regulatory requirements by the medical professionals may result in cancellation of registration suspension or cancellation.¹⁷⁰¹

3.6 Information Technology Act, 2000 and Data Protection Concerns:

Patient's sensitive medical and personal information is collected, stored, and transferred during telemedicine transactions. While addressing concerns about data security and privacy, the Information Technology Act of 2000 and regulations related to it gives a legal validity to digital records. In order to protect patient data from unauthorized access or misuse, healthcare providers must implement appropriate security measures from their side.¹⁷⁰²

Telemedicine practice faces severe ethical and legal challenges due to data breaches and cyber threats, Digital healthcare platforms are primarily responsible for maintaining

confidentiality, which is fundamental of medical ethics. If patient trust has damaged due to insufficient data protection procedures, legal liability may arise.

CHAPTER 4

ETHICAL CHALLENGES IN TELEMEDICINE PRACTICE

Informed consent is considered to be the cornerstone of patient autonomy and pillar of moral medical practice.¹⁷⁰³ Due to the virtual nature of interaction with patient, getting informed consent is quite difficult in telemedicine. The limitations prescribed in teleconsultations, such as inability to do physical examinations and the chances of misdiagnosis, may not be completely understood by patients while explaining virtually. Although both explicit and implied consent are recognized by the Telemedicine Practice Guidelines, 2020, sometimes the questions arises, whether implied consent alone is sufficient to protect patient autonomy. The lack of understanding by patients, less digital knowledge, and language problems further complicates the permission procedures. Clear communication, transparency, and patient education are therefore necessary to ensure meaningful and informed consent in telemedicine.

4.1 Confidentiality and Data Privacy

Confidentiality is a basic ethical duty in medical practice. Sensitive health information is transmitted and stored electronically in telemedicine, which leaves the data open to hacking, illegal access, and breaches. The usage of cloud storage systems, mobile apps, and third-party digital platforms might not provide sufficient data protection that poses ethical issues. It is the ethical responsibility of medical professionals to make sure that their patient data is handled safely and shared only with appropriate consent. Acting against ethical norms, or any confidentiality violation will

¹⁷⁰⁰ National Medical Commission Act, 2019.

¹⁷⁰¹ Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

¹⁷⁰² Information Technology Act, 2000, §§ 43A, 72A.

¹⁷⁰³ Samira Kohli v. Dr. Prabha Manchanda, (2008) 2 SCC 1.

destroys patient confidence in digital healthcare systems.

4.2 Quality of Care and Diagnostic Limitations:

Another fundamental ethical duty of medical practitioners is to guarantee the quality of their care. As physical examination is impossible in telemedicine it completely relies on patient-reported symptoms, this commitment poses a obstacle. The accuracy of diagnosis may also impacted by technological issues, inadequate internet connectivity, and visual and hearing constraints. When professionals must determine whether telemedicine is suitable in a given situation or a person should be referred for a in person consultation due to the severity of illness, ethical dilemmas can occur. Continuing teleconsultation even after lots of restrictions could jeopardize patient safety and go against the beneficence and non-maleficence norms.

4.3 Doctor–Patient Relationship and Trust:

Traditionally, human interaction, empathy, and trust have been the foundation of the doctor–patient relationship. This connection has seen to be weakened in telemedicine due to absence of physical presence of Doctor and patient, making it challenging to build rapport and interpret clues and thoughts of the patient which cannot be expressed verbally.¹⁷⁰⁴

While providing consultations virtually, medical practitioners are need to uphold professionalism, empathy, and transparency about illness and treatment. Inadequate trust-building could lead to decreased patient compliance, discontent, and possible conflicts. Thus, improving ethical communication techniques is crucial in telemedicine environments.

4.4 Equity and Access to Telemedicine Services:

Fair and equal access to healthcare services for all is one of the principle of justice in medical ethics. Telemedicine has the ability to decrease

healthcare inequities, but because of the digital divide and digital illiteracy, it may make inequality worse. Benefits from telemedicine may not be available to patients who lack smartphones, internet connection, or digital literacy. When telemedicine perform the main method of providing healthcare without sufficient alternatives for underprivileged groups, ethical issues come up. It is essential for policymakers and healthcare providers to guarantee that telemedicine enhances rather than replaces conventional healthcare systems.¹⁷⁰⁵

4.5 Cross-Border Telemedicine and Jurisdictional Issues:

Through telemedicine, consultations can be made across geographical boundaries, results in ethical and legal challenges related to jurisdiction, licensing, and accountability. As different countries have different medical standards, regulatory frameworks, and cultural norms complicates the ethical decision-making in cross-border teleconsultations.

Medical practitioners must practice within their scope of expertise and legal license in order to uphold ethical standards. There are chances to compromise patient safety and professional accountability if telemedicine services are provided outside of legal jurisdictions.

4.6 Commercialization and Conflict of Interest

Healthcare delivery has already becoming more commercialized, now the expansion of private telemedicine platforms makes it money driven. Profit motives in medical care may result in overprescription, unnecessary consultations, or biased medical advice. Medical practitioners have an ethical obligation to put patients' needs before their own. To avoid conflicts of interest and uphold ethical integrity, it is crucial to be transparent about prices, platform connections, and service limitations.¹⁷⁰⁶

¹⁷⁰⁴ World Medical Association, *Statement on the Ethics of Telemedicine* (2018), <https://www.wma.net>

¹⁷⁰⁵ Beauchamp & Childress, *Principles of Biomedical Ethics* (8th ed. 2019).
¹⁷⁰⁶ Supra 4, at

4.7 Ethical Responsibility During Public Health Emergencies

Telemedicine is essential for maintaining continuity of care by regular check-ups during public health emergencies like pandemics. However, when the number of patients increases, resources become scarce, and uncertainty increases, ethical issues become raises.

Ethical challenges arise when public health concerns are balanced with patient care. When using telemedicine platforms, medical professionals must make sure that they provide accurate information, giving priority to critical situations, and avoiding false information.¹⁷⁰⁷

4.8 CASE LAWS

Samira Kohli v. Dr. Prabha Manchanda, (2008) 2 SCC 1

The Supreme Court clarified that consent must be genuine, voluntary, and informed. The Court decided that even when an operation is carried out with the best of intentions, it however violates the patient's autonomy if sufficient consent is not obtained. This issue has a lot to do with telemedicine, where getting informed consent can be difficult both legally and ethically.¹⁷⁰⁸

CHAPTER 5

EMERGENCY MEDICAL PRACTICE – ETHICAL AND LEGAL OBLIGATIONS

Emergency medical practice plays a crucial role in delivering healthcare because it directly deals with emergency situations in which delay in treatment or rejection of treatment may results in deaths or severe injuries. Unlike standard medical care, in emergency treatment making quick decisions, in the face of ambiguity, incomplete knowledge, and tight time limits. Medical practitioners face difficult

moral decisions and increased legal responsibilities in these situations.¹⁷⁰⁹

5.1 Ethical Principles Governing Emergency Medical Care

Ethical norms are crucial, when it comes to directing medical professionals during emergencies, Doctors are required to act in patient's best interests and to take all reasonable measures to preserve a person's life. The principle of non-maleficence, which mandates that patient damage be prevented even in cases where treatment alternatives are restricted, is closely related. The autonomy principle may be temporarily curtailed in emergency settings because patients may not be able to give informed consent or may be unconscious. In certain situations, prompt medical attention is justified by the doctrine of necessity in order to avoid severe injury or death. The concept of justice is also pertinent, especially when there are several patients and few resources, making triage and prioritization morally required.¹⁷¹⁰

5.2 Legal Duty to Provide Emergency Medical Treatment

In India, the requirement to provide emergency medical care is based on fundamental constitutional foundations. According to court interpretation, the right to prompt medical care is included in Article 21 of the Constitution, which guarantees the right to life and personal liberty. The Indian Supreme Court has repeatedly ruled that hospitals and medical personnel have an obligation to give emergency medical assistance and that the preservation of human life is of utmost significance. Both public and private hospitals are required by law to provide emergency care without requiring formalities like advance payment or police approval. Failure to provide such care could lead to violations of fundamental rights, professional disciplinary action, and legal liabilities.

¹⁷⁰⁷ Supra 6, at

¹⁷⁰⁸ Samira Kohli v. Dr. Prabha Manchanda, (2008) 2 S.C.C. 1 (India).

¹⁷⁰⁹ World Medical Association, *Statement on the Ethics of Emergency Medical Care* (2018), <https://www.wma.net>

¹⁷¹⁰ Jacob Mathew v. State of Punjab, (2005) 6 S.C.C. 1 (India).

5.3 Consent and Decision-Making in Medical Emergencies

Although obtaining previous consent is often impractical in emergency situations, consent is a fundamental necessity in medical practice. Medical practitioners are ethically and legally allowed to administer required treatment under implied permission when a patient is asleep or otherwise unable to give consent. Medical professionals bear a great deal of responsibility while making emergency decisions since they must act quickly while weighing the advantages and disadvantages. Such choices are ethically justified by the need to save lives and avoid serious injury. However, these rulings may be challenged in court later on, especially if there are claims of carelessness or excessive involvement.¹⁷¹¹

5.4 Emergency Care Professional Liability and Protection

Concerns about possible legal repercussions from emergency care are common among medical professionals. The law acknowledges the particular demands of emergency medical practice while enforcing an obligation to act. The criterion of a reasonable medical professional acting in like circumstances is typically used by courts to determine responsibility.¹⁷¹²

Healthcare professionals and people who provide emergency aid in good faith are intended to be protected by Good Samaritan Guidelines and court rulings. These safeguards are necessary to ensure accountability in cases of gross error or misconduct while intended to promote medical action without fear of needless legal harassment.

¹⁷¹¹ Supra 25, at

¹⁷¹² Ministry of Health & Family Welfare, *Good Samaritan Guidelines*, 2016 (India).

CHAPTER 6

PROFESSIONAL LIABILITY AND MEDICAL NEGLIGENCE IN TELEMEDICINE AND EMERGENCY CARE

The legal framework that enforces accountability in medical practice is professional liability. Medical negligence and liability issues have grown increasingly complicated due to the growth of telemedicine and the growing dependence on emergency medical care. Although medical personnel are expected to use reasonable skill, care, and diligence, the circumstances surrounding medical judgments must be taken into consideration for determining culpability.

6.1 Concept of Medical Negligence and Standard of Care:

Medical negligence occurs when a medical practitioner violates the duty of care given to a patient and causes suffering or injury. Once a doctor-patient connection is established, whether through in-person consultations or telemedicine interactions, the duty of care begins. A reasonable and competent medical professional operating in like circumstances is the threshold that courts apply.

Indian courts have regularly ruled that medical professionals must exert a level of care and expertise that is typically anticipated of someone in that field rather than striving for perfection. Unless an error of judgment falls below the recognized standard of medical practice, it does not qualify as carelessness. In telemedicine consultations in emergency situations, where judgments are frequently made under pressure, this idea is especially pertinent.

6.2 Civil, Criminal, and Disciplinary Liability of Medical Professionals

Professional liability in medical practice may arise under civil, criminal, and disciplinary laws. When patients seek compensation for injuries they have sustained due to medical malpractice, civil liability typically results. Such

claims may be filed under consumer protection laws or tort law.

Only in situations of extreme carelessness or recklessness, where the medical professional's actions demonstrate a total disregard for patient safety, is criminal culpability applicable. Because of the nature of medical practice and the necessity to prevent discouraging medical professionals from carrying out their duties bravely, courts have taken a cautious approach when imposing criminal culpability on physicians.

6.3 Liability in Telemedicine Practice:

There are particular difficulties when applying negligence standards to telemedicine. The lack of a physical examination, reliance on patient-provided information, and technology constraints must all be taken into account when setting the standard of care for virtual consultations. It is expected of medical professionals to determine if telemedicine is suitable in a given situation and to refer patients for in-person consultation when needed.¹⁷¹³

Misdiagnosis, incorrect medication via teleconsultation, failure to get informed permission, and confidentiality violations can all result in liability. Hospitals and digital health platforms that provide telemedicine services also raise vicarious responsibility issues. Liability is mostly determined by adherence to the Telemedicine Practice Guidelines, 2020.

6.4 Liability in Emergency Medical Practice:

Due to the serious consequences of medical decisions, emergency medical practice is subject to increased legal scrutiny. Medical professionals are legally required to give emergency care, but their liability is determined by the urgency and limitations of the situation. In general, courts assess whether the medical practitioner behaved in good faith and took a reasonable course of action given the facts.

The practice of defensive medicine, in which physicians take extraordinary precautions to prevent culpability, has been influenced by the fear of legal action. A balance between accountability and the requirement to promote timely emergency medical help is sought after by judicial precedents and guidelines like the Good Samaritan protections.

6.5 CASE LAWS:

i) Indian Medical Association v. V.P. Shantha, (1995) 6 SCC 651¹⁷¹⁴

The Supreme Court ruled that, with the exception of situations in which services are provided without charge, medical services are covered under the Consumer Protection Act. The Court ruled that hospitals and doctors may be held accountable for service deficiencies and recognized patients as consumers. This ruling established a foundation for civil liability in cases of medical negligence and greatly enhanced patient rights. It is an important case concerning professional responsibility in the medical field.

ii) Jacob Mathew v. State of Punjab, (2005)¹⁷¹⁵

The Supreme Court made clear the criteria for holding medical professionals criminally liable in this case. The Court ruled that simple carelessness or a mistake in judgment does not result in criminal prosecution; rather, criminal negligence necessitates severe negligence or recklessness. The ruling sought to shield physicians from unnecessary criminal harassment, especially during emergency medical procedures.

CHAPTER 7

ROLE OF REGULATORY BODIES AND PROFESSIONAL COUNCILS

In order to guarantee moral medical practice and professional responsibility, regulatory organizations and professional councils are essential. Effective regulation is necessary to safeguard patient rights while upholding

¹⁷¹³ Telemedicine Practice Guidelines, Ministry of Health & Family Welfare (India, 2020).

¹⁷¹⁴ Indian Medical Association v. V.P. Shantha, (1995) 6 SCC 651

¹⁷¹⁵ Jacob Mathew v. State of Punjab, (2005) 6 SCC 1

professional standards in light of the new issues brought about by telemedicine, emergency medical practice, and growing professional liability. Institutions like the National Medical Commission and State Medical Councils are important tools for controlling medical education, professional behavior, and disciplinary actions in India.

7.1 National Medical Commission (NMC)

The Medical Council of India was replaced by the National Medical Commission (NMC), which was created under the National Medical Commission Act, 2019. The NMC's main goals is to control medical education, guarantee supply of skilled medical professionals, and advance moral medical practice. The Commission has the authority to create regulations governing medical practice, including telemedicine, and establishes standards for professional behaviour. When it comes to telemedicine, NMC is essential in ensuring adherence to Telemedicine Practice Guidelines 2020. Medical professionals who are registered with the NMC must abide by ethical guidelines including patient safety, professional competence, informed consent, and confidentiality. Additionally, the NMC ensures uniformity and consistency in ethical enforcement among states by supervising disciplinary procedures through its Ethics and Medical Registration Board.¹⁷¹⁶

7.2 State Medical Councils

At the regional level, State Medical Councils are in charge of upholding medical records, monitoring professional behaviour, and taking disciplinary actions against medical professionals. In situations involving professional misconduct or ethical violations, these councils serve as the initial point of regulatory supervision.

State Medical Councils have the power to look into allegations of unethical behavior, medical negligence, and professional code violations.

Penalties including warnings, suspension, or registration and cancellation of license may be applied. State Medical Councils are crucial in evaluating real-world and regional situations when it comes to telemedicine and emergency medical care.

7.3 Ethical Codes and Disciplinary Mechanisms:

The public's confidence in the medical field depends on ethical norms, which act as normative standards for professional conduct. Professional conduct rules specify obligations to patients, co-workers, and society as a whole control medical professionals in India. Principles including patient care, confidentiality, informed consent, and professional integrity are highlighted in these codes of ethics.

Inquiry committees established by regulatory authorities are the means by which disciplinary measures function. Quasi-judicial procedures are used to review complaints against medical personnel, guaranteeing that natural justice standards are followed. Because professional accountability is unique, disciplinary action may be taken apart from civil or criminal procedures.

CHAPTER 8

COMPARATIVE ANALYSIS

The swift advancement of telemedicine-based healthcare delivery and the growing complexity of emergency medical practice are not specific to India. Similar ethical dilemmas and legal issues pertaining to patient rights, professional accountability, and technology integration in healthcare have been encountered by jurisdictions all over the world. International practices can be compared to get important insights into how legal systems strike a balance between innovation and moral protections.

8.1 Comparative Perspectives on Telemedicine Regulation

strict protections for patient data, making secrecy a key ethical and legal requirement. While recognizing the technology constraints inherent in virtual consultations, American

¹⁷¹⁶ National Medical Commission Act, No. 28, Acts of Parliament, 2019 (India).

courts have typically applied classic negligence grounds to telemedicine.

When it comes to medical ethics and professional responsibility, the UK takes a patient-centric approach. With a focus on openness, consent, and continuity of care, regulatory organizations like the General Medical Council provide comprehensive guidelines on telephone consultations. A strong dedication to patient autonomy is seen in judicial developments, especially in the domain of informed consent. In order to maintain consistency in ethical obligations, telemedicine is viewed as an extension of traditional medical practice rather than an exception.¹⁷¹⁷

Data security and patient privacy in digital healthcare are important concerns for the European Union. Healthcare providers are subject to stringent requirements under the General Data Protection Regulation (GDPR) concerning the gathering, handling, and preservation of personal health data. In EU member states, telemedicine regulations are heavily influenced by ethical concerns about patient control over personal information and confidentiality. These global strategies emphasize how crucial strong data privacy laws are to preserving confidence in digital healthcare.

8.2 Global Perspectives on Emergency Medical Liability and Ethics

The idea that life preservation is more important than formality governs emergency medical treatment on a global scale. Medical personnel who give emergency care in good faith are legally protected in several jurisdictions. Good Samaritan laws shield medical professionals and laypeople from liability in the US and the UK when they offer emergency assistance without anticipating payment.¹⁷¹⁸

Generally speaking, courts in these nations evaluate culpability in accordance with the

particular demands placed on medical personnel during emergencies. While criminal culpability is only applied in situations of extreme negligence, ethical concepts like beneficence and necessity are given significant weight. These methods show a well-rounded strategy that maintains accountability systems while promoting timely emergency assistance.

CHAPTER 9

EMERGING CONCERNS AND FUTURE COURSE

9.1 TECHNOLOGICAL ADVANCEMENTS AND ETHICAL UNCERTAINTY

Serious ethical questions have been raised by the usage of modern technologies in healthcare, such as machine learning, artificial intelligence, and automated diagnostic systems. Unresolved issues include accountability for algorithmic errors, decision-making transparency, and the degree of dependence on technology. The lack of a physical examination in telemedicine raises the possibility of a misdiagnosis, which makes determining professional responsibility more difficult. Over dependence on technology, a decline in clinical judgment, and a reduction in human interaction in medical care are further ethical issues.

9.2 Data Privacy, Cybersecurity, and Confidentiality Risks

Collection, storage, and transfer of sensitive data of patients are critical components of digital healthcare systems. Patient confidentiality is seriously affected by increasing concerns about data breaches, illegal access, and abuse of medical information. These hazards are made worse by inadequate cybersecurity infrastructure and ignorance among healthcare professionals. The lack of a thorough framework for protecting health-specific data contributes to the ethical and legal risks associated with telemedicine practice.

¹⁷¹⁷ American Medical Association, *Telehealth Policy and Guidelines* (2020).

¹⁷¹⁸ Good Samaritan Act, 1965, 42 U.S.C. § 233 (USA); UK Health and Social Care Act, 2012.

9.3 Cross-Border Telemedicine and Jurisdictional Challenges

Cross-border consultations and international medical services are now possible, which the way has been created by telemedicine. However, this growth brings up difficult jurisdictional issues related to professional standards enforcement, applicable law, licensing, and dispute settlement. Liability and accountability are unclear due to the absence of consistent regulatory frameworks on worldwide. These difficulties highlights the necessity of bilateral or multilateral agreements governing cross-border telemedicine as well as uniform standards.

9.4 Changing Doctor–Patient Relationship And Trust Deficit

In digital healthcare environments, the conventional doctor–patient relationship—which is based on trust, interpersonal communication, and continuity of care—is changing significantly. Patient confidence may be weakened by short interaction times, the use of digital interfaces, and the economic involvement of technological platforms. A lack of trust is further aggravated by ethical issues with healthcare commercialization, conflicts of interest, and unequal access to digital services. Maintaining the fundamental principles of medical practice requires ethical communication, patient involvement, and openness.

9.5 Future Course and Policy Directions

In medical practice, addressing new issues requires for a flexible and forward-thinking strategy. To define standards of care, liability frameworks, and data protection responsibilities, comprehensive legislation related to telemedicine and digital health should be passed. As technology is keep on developing and medical procedures evolve, ethical standards must be revised on a regular basis.

To prepare healthcare workers for future difficulties, capacity building through ongoing

medical education, ethical training, and digital literacy initiatives is very essential. Regulatory agencies must implement proactive monitoring procedures, encouraging responsibilities of digital health platforms, and provide efficient grievance redressal procedures. Lawmakers, medical experts, technologists, and patients must collaborate together in order to create a robust and morally sound healthcare system.

CHAPTER 10

SUGGESTIONS AND RECOMMENDATIONS

i) Enactment of Comprehensive Telemedicine Legislation:

India is in need of comprehensive and specialized legislative framework for telemedicine. Although the current telemedicine rules offer fundamental directions, they are not enforceable by law. A thorough statute should be prepared and it should include professional responsibilities, liability requirements, standards of care, area of practice, and jurisdictional applicability. This will guarantee consistent implementation across the nation, improve compliance, and reduce ambiguity.

ii) Strengthening Data Protection and Privacy Safeguards

Data protection methods need to be strengthened to reduce dangers related to digital health platforms. Healthcare providers and telemedicine platforms should be regulated by explicit legal requirements regarding data collecting, storage, sharing, and cybersecurity. In order to maintain confidentiality and trust in digital healthcare services, patient consent procedures should be clear and relevant.

iii) Clear Liability Framework for Telemedicine and Emergency Care:

It is crucial to have a clear liability framework that differentiates between professional, criminal, and civil liability. The inherent limits of telemedicine and the demanding nature of emergency medical practice should be acknowledged by legal regulations. Particularly

in emergency and crisis situations, doctors operating in good faith and in compliance with recognized medical norms need to be protected from unfair criminal prosecution.

iv) Strengthening Regulatory Oversight and Disciplinary Mechanisms

More active and transparent oversight processes should be implemented by regulatory organizations like the National Medical Commission and State Medical Councils. Disciplinary actions have to stick to natural justice principles, be time-bound, and be consistent. To reflect modern medical procedures and technological advancements, ethical rules must be updated on a regular basis.

Accountability of Digital Health Platforms to ensure accountability for ethical compliance, data protection, and quality of care, telemedicine platforms and digital health intermediaries should be included in the regulatory framework. Platform operators should be given clear obligations to avoid commercialization harming the ethical medical practice.

v) Public Awareness and Patient Education

Patients should be informed about the nature, advantages, and limitations of telemedicine through public awareness campaigns. Patients who are well known are less likely to get into unnecessary conflicts and are better prepared to make practical healthcare decisions. Transparent communication can greatly lower misunderstanding and legal action.

CHAPTER II

CONCLUSION

Modern medical practice has been significantly changing by the quick development of healthcare delivery through telemedicine and digital medical platforms. Although these advancements have increased healthcare services' efficiency and accessibility, they have also brought difficult moral and legal issues along with it. Despite having many advantages,

telemedicine has significant issues when it comes to informed consent, patient privacy, data security, and professional competency. Medical practice in hospitals is still governed by traditional ethical norms, but in order to implement it successfully in digital healthcare settings stricter legal requirements and more stringent regulatory monitoring is necessary. Patients and medical professionals in India face legal uncertainties due to the lack of comprehensive statutory legislation that governs telemedicine. Though telemedicine practice guidelines exist, it lacks a legislative framework. As healthcare practitioners frequently have to make crucial decisions under pressure and with limited resources, it creates special ethical and legal challenges. The importance of the right to life under Article 21 of the Constitution and the obligation of physicians to offer emergency medical care have always been highlighted by judicial interpretations in many cases. In recognition of the challenges of emergency medical care, courts have taken careful steps, restricting criminal liability to cases of severe negligence. Because of this, medical decision-making is still made due to fear of litigation. Medical negligence and professional liability will always be a crucial component of healthcare accountability.

In conclusion, ethical awareness, clear legislation, and efficient regulatory frameworks must direct the incorporation of technology into healthcare. To handle new issues and guarantee that medical practice in India stays moral, responsible, and adaptable to changing healthcare demands, a framework that is balanced, patient-centered, and practitioner-sensitive is crucial.

REFERENCES:

Books and Articles

1. Dipika Jain, *Regulation of Digital Healthcare in India: Ethical and Legal Challenges*, Healthcare (2023).

2. U. Venkatesh, *Telemedicine Practice Guidelines in India: Global Implications in the Wake of COVID-19* (2022).
3. R. Solimini et al., *Ethical and Legal Challenges of Telemedicine in the Era of COVID-19* (2021).
4. World Health Organization, *Telemedicine: Opportunities and Developments in Member States* (2010).
5. World Medical Association, *Declaration of Geneva* (2018).
4. General Medical Council, UK, *Remote Consultations Guidance* – <https://www.gmc-uk.org>
5. European Commission, *General Data Protection Regulation (GDPR)* – https://ec.europa.eu/info/law/law-topic/data-protection_en
6. American Medical Association, *Telehealth Policy and Guidelines* – <https://www.ama-assn.org/practice-management/digital/telehealth>

Legal Statutes / Guidelines

6. Telemedicine Practice Guidelines, Ministry of Health & Family Welfare (India, 2020).
7. National Medical Commission Act, No. 28, Acts of Parliament, 2019 (India).
8. Information Technology Act, No. 21, Acts of Parliament, 2000 (India).
9. Consumer Protection Act, No. 68, Acts of Parliament, 2019 (India).
10. Regulation (EU) 2016/679, General Data Protection Regulation (GDPR), arts. 5–6 (2016).
7. Indian Council of Medical Research – <https://www.icmr.gov.in>
8. NITI Aayog, India, *Digital Health Initiatives* – <https://www.niti.gov.in>
9. Health and Family Welfare Department, Government of India – <https://www.hfw.delhigovt.nic.in>
10. Telemedicine Society of India – <https://www.tsi.org.in>

Case Laws

11. Samira Kohli v. Dr. Prabha Manchanda, (2008) 2 SCC 1 (India).
12. Indian Medical Association v. V.P. Shantha, (1995) 6 SCC 651 (India).
13. Jacob Mathew v. State of Punjab, (2005) 6 SCC 1 (India).

Webliography:

1. Ministry of Health & Family Welfare, India, *Telemedicine Practice Guidelines* – <https://www.mohfw.gov.in>
2. National Medical Commission, India – <https://www.nmc.org.in>
3. World Health Organization, *Telemedicine Resources* – <https://www.who.int/health-topics/telemedicine>