

Report - Reflections on the standardization of Telemedicine in Brazil

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The Federal Council of Medicine (CFM) together with the Regional Councils (CRMs) were created in Brazil, as of the enactment of Law 3,268, in September 1957, regulated by Decree No. 44,045 of July 19, 1958.

The councils of medicine are of federal autarchies that have as mission three distinct activities: a) to establish norms for the practice of medicine in Brazil. b) register physicians officially qualified for professional practice, including in different medical specialties. c) supervise the practice of medicine throughout the national territory.

With the emergence of telemedicine, boosted by the exponential advance of information and communication technologies, it has become imperative to establish norms for the practice of medicine in situations where the patient and physician do not share the same real space. This new practice has many benefits, but its use can raise ethical and legal issues that need to be better discussed and defined so that they do not imply risks for the patients as well as the professionals involved.

The first standardization of telemedicine was adopted by the 51st General Assembly of the World Medical Association in Tel Aviv, Israel in October 1999, becoming known as the “Tel Aviv Declaration on responsibilities and ethical norms in the use of Telemedicine.”

This statement provided an ethical and legal framework for the practice of telemedicine. It defined the main possible types of virtual interaction between the physician and the patient, the responsibilities of both and other professionals involved, the virtual interaction between physicians, the desirable conditions for the patient to benefit from telemedicine, the guarantee of confidentiality and the respect of the confidentiality of data which they carry on the internet.

In 2002, the Federal Council of Medicine enacted Resolution 1643/2002. This resolution, in addition to defining the concept of telemedicine, established the necessary infrastructure for telemedicine services, emphasizing the importance of safeguarding, handling, transmission of data, confidentiality, privacy and guarantee of professional secrecy.

At that time, some Brazilian states, on their own initiative or in international partnerships, began to develop proj-

ects using their own computer networks or the Internet to discuss clinical cases between primary care physicians and university experts.

In 2007, at the initiative of the Ministry of Health (MS), the “National Telehealth Project” was launched, which besides involving activities in the medical area, extended them to the areas of dentistry and nursing. This project continues to the present and today is titled “National Program of Telehealth Brazil Networks”. The main focus is primary care in the public area, which has benefited from a significant number of tele-interconsultations, tele-education, ECG tele-reports and tele-ophthalmology, among other ad hoc activities.

As it became clear, telemedicine has been practiced in Brazil for some years, hence the imperative of its standardization with details, by whom right is the Federal Medical Council, considering that the last resolution was enacted in 2002 and since then information and communication technologies and medicine itself have evolved substantially. In this sense, the CFM with advice from its Technical Chamber of Health Informatics, proposed Resolution 2.227/18 that introduces a series of innovations compatible with the state of the art of telemedicine in the international context. As all innovation provokes controversies, the CFM was in favor, in a balanced attitude, to listen to the suggestions of the medical entities and of the regional medical councils themselves, about possible changes that can improve the resolution. Finally, it is worth mentioning that the simple discussion of telemedicine by the media at national level, involving specialists and the population in general, by itself, represents an advance in Brazilian medicine.

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