



Position Statement
on
Prescribing via the Internet, Phone, Facsimile, or Telemedicine
(Approved by the Board of Directors June 4, 2000)

The American Academy of Dermatology (AAD) is aware that health-related information, and prescription and nonprescription products provided to patients by way of the Internet, phone, facsimile (fax), or by telemedicine may offer an opportunity for patients to access health-related products conveniently and privately. However, the provision of prescription pharmaceuticals without an actual face-to-face encounter between a patient and the patient's physician expose patients to risks not encountered when prescription products are provided via the traditional method of visiting a physician. Prescribing without a face-to-face encounter may deny the patient the ability to:

- receive an examination by the physician to determine the patient's history, the medical problem, and a specific diagnosis;
- discuss alternative treatments and determine the best course of treatment;
and
- discuss the benefits, risks, and contraindications of the drug to be prescribed.

In addition, in some cases, the patients receiving prescription pharmaceuticals without a face-to-face encounter with a physician may not be provided the benefit of a follow-up visit to assess the therapeutic outcome of the treatment.

Physicians who are deprived the benefits of the patient visit, may lose the ability to establish a reliable, well-discussed medical history. In many cases of online prescription services, the Web site provides online consultation for an additional fee. Frequently the online consultation is conducted via a questionnaire that is completed by the patient. The American Medical Association in June 1999 adopted the position that any health care practitioner who offers prescriptions based solely on the basis on an online questionnaire, without having ever examined the patient, generally has not met the appropriate medical standard of care. The U.S. Food and Drug Administration agreed with this position, and more than a dozen states have taken action against practitioners who prescribe drugs in this manner. The use of online questionnaires offers the patient the increased ability to offer inaccurate or incorrect information. While patients can provide inaccurate or incorrect information to a physician during a face-to-encounter, the physician has the opportunity to examine the patient, conduct tests, and otherwise evaluate the accuracy of the patient-provided information.

A telemedicine session, as an alternative to a face-to-face visit, provides the physician and the patient with the opportunity for a face-to-face encounter, during which an appropriate physical examination can be conducted, and discussions of alternative treatments, risks and benefits can occur. Telemedicine has the potential to substantially improve access to needed health care services and medical expertise, particularly in under-served areas. Furthermore, the establishment of a patient-physician relationship is accomplished by a telemedicine session. However, a physician providing medical and pharmaceutical services via a telemedicine session to a patient outside the state in which the physician is licensed to practice medicine must be aware of and meet the requirements of the state in which the patient is located. The requirements for "licensing by endorsement," *i.e.*, granting a license to a physician in another state, vary considerably from state to state. Physicians who provide interstate telemedicine service should be certain they meet the telemedicine requirements in the state where they practice medicine, and in the state in which the patient is located.

Conclusion

In its Board of Trustees Report 35 (A-99), the AMA identified legitimate uses of the Internet, phone, or fax, for prescribing and dispensing. The AAD supports these uses of the Internet. They include:

- 1) computer entry and online transmission of prescriptions, which is thought by some to be an improvement over handwriting, and a method of decreasing medical errors;
- 2) ordering refills online, in the cases where the physician does not have to see the patient at the time the refill is ordered, but the patient remains under that physician's care and has been seen in person in the recent past; and
- 3) prescribing when the patient is under the physician's care, the physician has the patient's history and physical information in the medical record, the patient has been seen in the recent past, and the physician does not need to see the patient at the time a new prescription is ordered. The key is that the patient and the physician have an ongoing relationship, and the patient's history and physical are in the physician's medical record.

Because of the concerns suggested in this statement, the AAD opposes offering prescription pharmaceuticals via the Internet, phone or fax, without the benefit of safeguards that ensure that an adequate, recent patient history and physical is taken; that the patient receives full disclosure of the risks, side effects and limitations of the prescribed product; and where appropriate intervention and follow-up are provided to the patient.

References

- 1) American Medical Association Board of Trustee's Report 35 (A99), Internet prescribing.
- 2) American Medical Association Council on Ethical and Judicial Affairs, Physician advisory or referral services by telecommunications (A94), Policy 5.025.
- 3) Bloom, Bernard S., PhD., Iannacone, Ronald C., BS. "Internet availability of prescription pharmaceuticals to the public." *Annals of Internal Medicine* 1999(131)11:830-833.
- 4) Center for Telemedicine Law. Telemedicine and interstate licensure: Findings and recommendations of the CTL licensure task force, Feb. 12, 1997.
- 5) Henney, Jane E., MD; Shuren, Jeffrey E., MD, JD; Stuart L. Nightingale, MD; Thomas J. McGinnis, RPh. Internet purchase of prescription drugs: buyer beware. *Annals of Internal Medicine* 1999(131)11:861-862.

This Position Statement is provided for educational and informational purposes only. It is intended to offer physicians guiding principles and policies regarding the practice of dermatology. This Position Statement is not intended to establish a legal or medical standard of care. Physicians should use their personal and professional judgment in interpreting these guidelines and applying them to the particular circumstances of their individual practice arrangements.