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**INNOVATIONS IN MEDICINE: FEATURES OF REGULATION
AND PROSPECTS FOR THE DEVELOPMENT OF TELEMEDICINE**

Ph. D. (c) Andrei Ivanovich Baksheev

Krasnoyarsk State Medical University named after Professor V.F. Voino-Yasenetsky, Russia
ORCID: 0000-0001-7607-731X
baksh-ai@yandex.ru

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Krasnoyarsk State Medical University named after Professor V.F. Voino-Yasenetsky, Russia
ORCID: 0000-0002-1821-3907
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ORCID: 0000-0002-6920-7582
moja03@yandex.ru

Dr. Marina Yuryevna Galaktionova

Krasnoyarsk State Medical University named after Professor V.F. Voino-Yasenetsky, Russia
ORCID: 0000-0001-7437-0512
myugal@mail.ru

Ph. D. (c) Larisa Leonidovna Chesnokova

Krasnoyarsk State Medical University named after Professor V.F. Voino-Yasenetsky, Russia
ORCID: 0000-0001-5568-2350
ChesnokovaLL@mail.ru

Ph. D. (c) Elena Aleksandrovna Rukavitsyna

Siberian Federal University, Russia
ORCID: 0000-0001-5880-0375
oktaj91@mail.ru

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Abstract

This paper deals with the organizational, legal, social, and ethical aspects of the use of remote forms of medical treatment and consulting in connection with the improvement of telecommunication technologies, in the event of an emergency or the threat of the spread of diseases that pose a danger to others, increasing the availability of medical care using the possibilities of telemedicine. The study aims to analyze the necessity and limits of legal regulation and ethical aspects of telemedicine. The authors have studied the regulations governing the remote forms of professional activities, as well as law enforcement practice and the opinions of specialists on this matter. The paper contains an analysis of practical situations related to the use of computer and telecommunication equipment, computers and peripheral devices; the authors have considered the legislative norms regulating liability for harm to health in the process of using telemedicine technologies and studied publications of Russian and foreign researchers on the formation and development of the market for remote medical services. Within the framework of the results of the

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study, the authors have described the main characteristics of telemedicine services and justified their point of view on the problems of their availability.

Keywords

Telemedicine – Health care professionals – Patients – Regulation – Liability

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Introduction

Telemedicine is the remote delivery of medical services to patients and additional education for health care professionals within the framework of digital health care. The telemedicine market in 2019 was estimated at USD 37.4 billion, and its expected growth by 2022 could amount to more than 18% annually¹. Many countries spend significant funds on the development and production of digital medical equipment with the ability to transfer data. Currently, the British Ministry of Health plans to receive £22 billion over five years through savings due to increased efficiency in the field of health care, as well as through the introduction of high-tech working techniques and telemedicine². Telemedicine is actively using information and communication technologies (ICT) to overcome geographic barriers and expand access to health services. This is especially useful for rural and underserved areas in countries and for certain groups of people who traditionally suffer from a lack of access to health care³.

Telemedicine is developing rapidly in most countries of the world. In 1985, NASA was the first to use telemedicine systems based on voice satellite communications to provide remote consultations to the victims of the Mexico earthquake. In the late 1990s, telemedicine was used to provide medical support for extreme sports. In 1993, during the conference "Medical Aspects of Telemedicine", the idea of creating a worldwide international telemedicine society was formulated. "Doctor to doctor" telemedicine appeared a long time ago, and the "doctor to patient" field is under development. Besides, video conferencing makes it possible to virtually connect patients with their loved ones. Thus, in India, the I-SEE-YOU service was developed and launched, allowing paying virtual visits to patients from anywhere in the world. Hospitals in Brazil are introducing the Tele-Diabetes remote monitoring method for diabetes patients living in rural areas. The strategy of the system is to measure the concentration of glucose in patients' blood in real-time. After purchasing the equipment, patients should measure their glucose levels twice a day and send them to the center, and the nurses should process and analyze this information⁴.

The relevance of introducing telemedicine to the Russian medical services market cannot be underestimated, because, for a country with vast distances and underdeveloped transport, telemedicine services are of particular social and economic importance⁵.

¹ A. V. Smyshlyaev; Y. Y. Melnikov y I. V. Shakhobov, "Telemeditsinskie tekhnologii kak sredstvo povysheniya dostupnosti meditsinskoi pomoshchi dlya naseleniya na sovremennom etape: Klyuchevye problemy i perspektivy razvitiya", *Glavvrach* num 5 (2020): 44-54.

² NHS England. "Modelling the Potential of Digitally-enabled Processes, Transparency and Participation in the NHS". McKinsley & Company. 2014. Retrieved from: <http://cfife232.uf.daum.net/attach/246B403557689CC82C8A97>

³ A. Winter; T. M. Litvinova; D. V. Babaskin; L. I. Babaskina y O. V. Savinova, "Marketing analysis of the medical representatives' activity aimed on information support for promoted medications", *Entrepreneurship and Sustainability Issues* Vol: 7 num 1 (2019): 177-217.

⁴ A. A. Gavrilina, "Iz istorii telemeditsiny zarubezhnykh stran. In: Sbornik tezisov V Vserossiiskoi konferentsii molodykh uchenykh i studentov s mezhdunarodnym uchastiem", *Materialy konferentsii* (2019): 639-641.

⁵ L. I. Baranov, "Telemeditsina. Progress na baze razvitiya informatsionnykh tekhnologii", *Meditsinskii vestnik MVD* Vol: 6 num 79 (2015): 74-77 y G. Z. Sakhipova; N. A. Abenova; T. N. Zhumabaeva; A. N. Seypenova y D. O. Shamshaeva, "Clinical Experience in Management of

PH. D. (C) ANDREI IVANOVICH BAKSHEEV / PH. D. (C) ZHANNA EVGENIEVNA TURCHINA

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PH. D. (C) LARISA LEONIDOVNA CHESNOKOVA / PH. D. (C) ELENA ALEKSANDROVNA RUKAVITSYNA

Various telemedicine systems make it possible to solve the following social problems: to ensure universal availability and a single start of the quality of medical care in any medical institution in the country⁶, regardless of its departmental affiliation and territorial location; to provide medical care for patients who are or live in hard-to-reach or remote regions of the country; to provide modern medical care at large accident sites, as well as in emergencies; to implement online consultations in modern specialized medical centers around the world; to perform counseling and monitoring of patients after complex operations; to develop international cooperation to spread Russian advances in medicine⁷.

At the moment, everyone is affected by the problem of COVID-19. This problem is especially urgent now. All over the world, enormous forces and resources have been applied to solve it⁸. Some countries have already dealt with this issue, others are at the stage of resolution or have not yet faced this threat (i. e. have not reached the peak numbers of cases). Now the Russian Federation is actively using available technologies to combat the coronavirus infection. Telemedicine is one of those technologies. In the context of widespread acute respiratory viral infections, telemedicine has a sufficient number of advantages: it helps to reduce the spread of viruses and provides the necessary monitoring for each patient in need. This is achieved due to the separation of patients with mild ARVI and patients requiring inpatient treatment. Besides, doctors can use telemedicine to provide psychological support to patients. For this, before beginning their work with patients, they undergo additional training⁹.

However, in general, the telemedicine market in Russia is just beginning to develop, gradually gaining popularity as a generally available medical practice.

In the Russian Federation, the development of legislative consolidation of telemedicine was revisited in 2016, that is, 10 years after the first draft law had been submitted to the State Duma. However, even after the concept of telemedicine was consolidated in the legislation, this definition of telemedicine technologies is criticized both by health care professionals and by lawyers.

The problem of legal regulation of telemedicine is currently being widely studied by researchers from different countries and represents a new challenge for modern medical

Patients with Cervical Erosion and Ectopia”, Open Access Maced J Med Sci num 8B (2020): 226-230.

⁶ V. D. Sekerin; M. N. Dudin; A. E. Gorokhova; A. V. Kondrashova y E. S. Blinkova, “Mathematical Modeling of the Analysis of Medical Services at the “Prevention” Stage through Quality Indicators”, QUALITY Access to Success Vol: 20 num 173 (2019): 9-11.

⁷ A. I. Baksheev; D. A. Nozdrin; Z. E. Turchina; O. Y. Sharova; G. V. Yurchuk y D. V. Rakhinskiy, “Bioethical principles and mechanisms for regulation of biomedical research”, Journal of pharmaceutical sciences and research Vol: 10 num 4 (2018): 889-892 y E. I. Suvorova; V. V. Nikiforov; S. S. Zenin; S. S. Zaikin y H. L. Bartsits, “Prospects for using the results of genetic testing in insurance”, Revista Inclusiones Vol: 7 num Especial (2020): 615-627.

⁸ O. S. Reznikova; A. K. Ganieva; V. V. Verna; A. A. Yakushev y E. V. Anasenko, “Prevention of occupational burnout in medical workers in the context of the COVID-19 Pandemic”, Revista Inclusiones Vol: 7 num Especial (2020): 419-428.

⁹ A. I. Baksheev; Z. E. Turchina; G. V. Yurchuk; D. V. Rahinsky; A. V. Leopa y T. V. Melnikova, “Medico-Psychological Support of Elderly Patients with Somatic Pathology in Doctor-Patient Relations”, J Pharm. Sci. & Res Vol: 10 num 10 (2018): 2506-2509 y Y. A. Svirin; A. A. Mokhov; V. A. Gureev; O. N. Volkova y S. E. Titor, “Staffing issues in the russian medicine”, Revista Inclusiones Vol: 7 num Especial Enero-Marzo (2020): 69-83.

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and legal science. These researchers investigate not only issues related to the problems of legal regulation of telemedicine in general¹⁰, but also ethical issues in particular¹¹. Separate studies are devoted to the involvement of doctors of different specialties within the framework of one teleconsultation¹².

The subjects that have been studied quite well include the issues of legal regulation of the confidentiality of information obtained during teleconsultation¹³, various models of assistance through telemedicine, as well as issues related to health insurance¹⁴. The problems of health care professionals' liability¹⁵ are a subject of ongoing research. Since telemedicine is a relatively new phenomenon for the Russian Federation, many organizational, legal, social, and ethical aspects of this phenomenon have not been sufficiently studied. Therefore, new comprehensive studies that allow us to understand its essence, show the need for further development, establish its regulatory limits and ethical framework will be very relevant now. The hypothesis of the study. To use the advantages of telemedicine in the Russian Federation, serious improvement of legal regulation is currently required.

Methods

The dialectical method of cognition was used as a basic method in this study. In combination with it, general scientific and private scientific methods were used, each of which made it possible to solve the problems necessary to achieve the research goal. The historical method made it possible to show the dynamics of the development of the phenomenon under study from its inception to the present. The statistical method was used to demonstrate the scale of the development of telemedicine throughout the world. The comparative legal method showed the possibilities of legal regulation, which allowed telemedicine to develop successfully. With the help of the method of analysis and synthesis, the need for the development of telemedicine in Russia was substantiated. The formal legal method made it possible to select legal concepts that could be used in the projected and constantly improving legislation.

¹⁰ A. N. Zolotarev, *Zakon o teleditsine. Pravovaya osnova, zapreshchayushchaya i razreshayushchaya Internet (on-lain) konsultatsii, osnovnye zakony i stati, neobkhodimye trebovaniya i slozhnosti*. In: *Aktualnye problemy upravleniya zdorovem naseleniya. Sbornik nauchnykh trudov III Vserossiiskoi nauchno-prakticheskoi konferentsii (2020): 12-17* y A. E. Gruzdev y L. V. Gruzdeva, *Pravovye osnovy teleditsiny i zashchita personalnykh dannykh v sovremennykh usloviyakh*. In: *Aktualnye problemy upravleniya zdorovem naseleniya. Sbornik nauchnykh trudov III Vserossiiskoi nauchno-prakticheskoi konferentsii (2020): 135-139*.

¹¹ E. S. Kurbanova, *Etika povedeniya vracha i teleditsina*. In: *Sovremennaya nauka: aktualnye voprosy, dostizheniya i innovatsii. Sbornik statei XIV Mezhdunarodnoi nauchno-prakticheskoi konferentsii (Penza, 2020)* y K. S. Itinson, "Vliyanie informatsionnykh tekhnologii na razvitie meditsiny i sistemy zdravookhraneniya: Eticheskii aspekt", *Regionalnyi vestnik Vol: 7 num 46 (2020): 71-72*.

¹² M. Contis, "La télémédecine, nouveaux enjeux, nouvelles perspectives juridiques", *Revue de droit sanitaire et social (2010): 23*.

¹³ A. E. Gruzdev y L. V. Gruzdeva, *Pravovye osnovy teleditsiny...*

¹⁴ A. Fares y D. N. Bernstein, "Organization of the Swiss model of primary care telemedicine: Is adoption by the French health system possible?", *Eur. Res. Telemed Vol: 5 num 1 (2016): 3-8*.

¹⁵ E. H. Kluge, "Ethical and legal challenges for health telematics in a global world: telehealth and the technological imperative", *Int. J. Med. Inform Vol: 80 num 2 (2011)* y V. N. Nekrasov, "Osobennosti ugovnoy otvetstvennosti za prestupleniya v oblasti teleditsiny", *Vestnik instituta: prestuplenie, nakazanie, ispravlenie Vol: 13 num 1 (2019): 63-67*.

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To prove the hypothesis, we also used regulatory documents, the opinions of scientists expressed in published works, statistical data, and other necessary information available on official Internet sites.

Results

At the moment, there is no common understanding of the term "telemedicine", and the legal regulation of the provision of such medical services varies depending on one or another interpretation of this term, introduced by Roger Mark back in February 1974, when he published the paper titled "Telemedicine system: The missing link between homes and hospitals"¹⁶.

However, there is also a point of view that the term "telemedicine" had appeared a little earlier and was associated with the works of Thomas Byrd, dating from 1970¹⁷. The most complete and generally accepted definition, in our opinion, is the definition of the term in question in the 1997 World Health Organization Health Development Strategy Report, in which telemedicine is defined as "the delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities"¹⁸.

In Russia, according to many researchers¹⁹, the presence of numerous legislative prohibitions limits the possibilities of using telemedicine services. From 01.01.2018, Federal law No. 323-FZ (as amended on 31.07.2020) "On the basics of protecting the citizens' health in the Russian Federation" dated 21.11.2011²⁰ (hereinafter referred to as Law No. 323-FZ) contains several rules that restrict and prohibit the use of many services offered via telemedicine. Thus, from 01.01.2018, under Part 2 and 4 of Art. 36.2 of Law No. 323-FZ (as amended by Law No. 242-FZ), telemedicine services can be provided in the form of consultation and remote monitoring of the patient's health in the format "medical professional (or council of physicians) to attending physician" and "medical worker to patient" (cl. 1 of the Telemedicine (TM) procedure). At the same time, Law No. 242-FZ introduces the previously unknown term "appointment (examination, consultation) in person", from the literal interpretation of which it follows that the examination of the patient can be carried out only in person.

¹⁶ R. G. Mark, "Telemedicine system: the missing link between homes and hospitals?", *Modern Nursing Home* Vol: 32 num 2 (1974): 39-42.

¹⁷ O. V. Kudelin y S. M. Khlynin, *Meditinskaya informatika* (Tomsk: SibSMU, 2009).

¹⁸ A health telematics policy in support of WHO's Health-For-All strategy for global health development: report of the WHO group consultation on health telematics. Geneva. December 11-16, 1997. Retrieved from: <https://apps.who.int/iris/handle/10665/63857> y M. N. Dudin; J. S. Shishalova; E. A. Pogrebinskaya; V. N. Sidorenko; E. I. Sukhova y N. Zubenko, "YCross-cultural management in the system of harmonization of interests in the multi-confessional educational environment", *European Journal of Science and Theology* Vol: 15 num 3 (2019): 191-199.

¹⁹ A. N. Zolotarev, *Zakon o telemeditsine...*

²⁰ Federalnyi zakon N 323-FZ "Ob osnovakh okhrany zdorovya grazhdan v Rossiiskoi Federatsii". November 21, 2011. Retrieved from: <https://legalacts.ru/doc/FZ-ob-osnovah-okhrany-zdorovja-grazhdan/>

Consultation using telemedicine technologies is aimed at prevention, collection, analysis of patient complaints and anamnesis data, assessment of the effectiveness of medical and diagnostic measures, medical monitoring of the patient's health, as well as the decision on the need for an appointment in person. One of the serious omissions of Law No. 242-FZ is the neglect of liability issues in the provision of telemedicine services. In our opinion, the distribution of the burden of liability between the operator of other information systems and a medical organization in the provision of low-quality medical care due to the shortcomings of telemedicine technologies belonging to the operator should be resolved by the parties in the relevant service contracts, for example, in the form of assurances and guarantees, penalties and fines, since their relationship is voluntary and contractual.

A different situation is the case of interaction between a medical organization and the operator of the Unified State Health Information System (EGISZ), where there is no contractual relationship between them. Here the institution of recourse should be applied. In conclusion, it should be noted that the legal regime of telemedicine is overregulated and imposes a heavy burden on both already implemented telemedicine projects and projects under development. Increased requirements for identification and authentication, certification, requirements for connecting other information systems to the EGISZ system increase the costs of doing business in the field of telemedicine, which, in turn, increases the final cost of telemedicine services²¹.

An example of a different attitude of the legislator to telemedicine is the United States, where appropriate laws are in force, both at the federal and state levels. The reason for such active lawmaking in this area is primarily due to the need to harmonize state legislation. The modern US legislation provides for the implementation of programs aimed at the development of medical services using telecommunication technologies. For example, in the state of Alaska, back in 1997, the law provided for the development of an official telemedicine project and determined the conditions for its financing. The Oklahoma Telemedicine Act (Okla. Stat. Tit. 36 § 6801) states that "nothing in health care programs can be deemed to restrict the right to provide services through audio, video, or information communications"²². This creates grounds, in particular, for compensation for consultations, diagnostics, and for the transfer of medical information through telecommunication technologies.

The legal content of telemedicine makes it possible to define the scope of this concept more clearly, differentiate it with similar relations, and determine the range of participants, their rights and obligations. Mississippi law defines telemedicine as the transmission, by electronic or other means, of information containing a medical opinion regarding the diagnosis or treatment of a patient in the state by an out-of-state doctor. New Hampshire law has defined telemedicine as the provision of diagnostic or treatment services through electronic communications to anyone in the state²³.

American law initially established the "person-to-person" provision of medical services, but gradually changed this requirement. Thus, Colorado law broadly defines

²¹ A. N. Zolotarev, *Zakon o teleditsine...*

²² I. Y. Bogdanovskaya, *Pravovoe regulirovanie teleditsiny: opyt SShA. Materialy konferentsii «Informatizatsiya zdavookhraneniya i sotsialnoi sfery v regionakh Rossii: problemy koordinatsii i informatsionnogo obmena» (Moscow, 2007).*

²³ I. Y. Bogdanovskaya, *Pravovoe regulirovanie teleditsiny...*

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telemedicine, including the diagnosis, definition, or prevention of disease, malaise, pain, physical or mental illness through telemedicine, including the use of images, including photographs²⁴. The Indiana Act of 1996 incorporated diagnostic and curative care delivered through electronic communications into medical practice based on an oral or written agreement to provide medical care. The legislation specifies which technologies may not or should not be used in telemedicine. For example, state law specifies that telemedicine services are not provided via telephone or fax. Minnesota's 1999 law stipulates that television consulting technology may include interactive video and other advanced technologies.

Besides, it should be noted that foreign legislation often specifies which medical services can be provided through telecommunication technologies. The 2003 California Business and Professions Code (Medical Practice Act) established that telemedicine regulations applied to the practice of dentists, psychiatrists, family doctors, and clinical social workers²⁵.

Discussion

It should be noted that modern scientists and practitioners agree in a single, positive opinion about the use of telemedicine. Firstly, the use of technology provides an opportunity to save money and optimize the provision of care to the patients who need it most. Secondly, telemedicine improves access to health services for low-income groups and people living in remote areas.

In addition to positive aspects, we should point out some disadvantages. Firstly, in licensing the provision of medical services. In the field of telemedicine, the conflict between the cross-border opportunities provided by telecommunication technologies, on the one hand, and the limitation of medical activities by national jurisdictions, on the other, is most clearly manifested²⁶. Thus, there is a problem of recognition of licenses from other states, when a patient is treated by using telecommunication technologies in the provision of cross-border medical care, and this problem is directly related to the conflict between the jurisdictions of the doctor's state and the patient's state.

Most often, difficulties arise with the recognition of the doctor's right to provide medical services. Today, an interstate practice has already formed at the level of often bilateral international treaties, the recognition of medical diplomas and licenses, but there are still no clear, universal requirements for licensing specialists from different countries²⁷.

Some suggestions on this issue exist:

1) doctors need to obtain an additional license in another state, which is financially and time-consuming²⁸;

²⁴ I. Y. Bogdanovskaya, *Pravovoe regulirovanie telemeditsiny...*

²⁵ A. I. Baksheev; Z. E. Turchina; V. V. Mineev; S. V. Maksimov; D. V. Rakhinskiy y L. U. Aisner, "Euthanasia in modern society: the topicality, practicability, and medical aspect of the problem", *Journal of pharmaceutical sciences and research* Vol: 10 num 6 (2018): 1360-1363.

²⁶ M. D. Prilukov, "Problemy pravovogo regulirovaniya telemeditsiny: Rossiiskii i mezhdunarodnyi opyt", *Vestnik Nizhegorodskogo universiteta im. N.I. Lobachevskogo* num 6 (2018): 136-141.

²⁷ M. D. Prilukov, "Problemy pravovogo regulirovaniya telemeditsiny..."

²⁸ M. Contis, "La télémédecine... 23.

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2) it is possible to conclude interstate licensing agreements, whereby states can mutually recognize licenses of other member states (in general or for specific purposes), creating a special license, as well as a national license²⁹.

It should be noted that there are even opinions according to which there is no need to confirm a doctor's license when providing telemedicine services, but only a license from the state in which the service is directly provided, that is, the state from where the doctor physically provides the service³⁰. However, no single decision has been made on this issue. Secondly, malpractice liability insurance is a problem. "The lack of standard government regulations and requirements is compounded by the malpractice liability insurance policy. As a result, many insurance companies did not fully consider the issue of telepractice, and they did not consider the issue of providing services through government lines"³¹. The question arises as to when it should be considered that a legal relationship has arisen between the patient and the doctor for the provision of medical services using information technologies. Thirdly, there are some risks with the security and confidentiality of the use of personal data, as well as the protection of this personal data³².

Concerning confidentiality, the information provided by patients during the online consultation process may be seen by other non-physicians, unless strict safety rules and appropriate protocols are established. Patients may not be able to find out if such abnormalities have occurred or not, and, therefore, they may not be able to correct them. Fourthly, there is the problem of the civil liability of healthcare professionals. Concerning civil liability, it will be difficult to verify malpractice in the event of online prescriptions. The question arises: who is responsible if the doctor gave correct recommendations for treatment, but the patient misinterpreted them³³, as well as the decision of the procedural question of whether it is possible to file a claim against a medical institution due to malpractice. Fifthly, one should note the limited possibilities for physical examination, potential technical problems, and regulatory and industry barriers. Thus, some problems have not yet been resolved. We see a possible solution to these problems in the change and adoption of the relevant regulatory legal acts, both at the national and international levels.

Specialists from many countries of the world are also concerned about ethical and deontological issues related to confidentiality, protection of the dignity, and private life of the patient when using telemedicine³⁴.

²⁹ G. M. Kramer; J. T. Kinn y M. C. Mishkind, "Legal, regulatory, and risk management issues in the use of technology to deliver mental health care", *Cognitive and Behavioral Practice* Vol: 22 num 3 (2015): 258–268.

³⁰ B. Dickens y R. Cook, "Legal and ethical issues in telemedicine and robotics", *International Journal of Gynecology and Obstetrics* (2006): 74.

³¹ G. M. Kramer; J. T. Kinn y M. C. Mishkind, "Legal, regulatory, and risk management..."

³² M. D. Prilukov, "Problemy pravovogo regulirovaniya telemeditsiny..."

³³ A. I. Baksheev; Z. E. Turchina; O. V. Andrenko; V. V. Filimonov; D. A. Nozdrin y G. V. Yurchuk, "Geriatric patients: compliance issues and ways of its optimization", *Prensa Medica Argentina* Vol: 105 num 9 (2019): 501-509.

³⁴ J.-L. Chopard; N. Hubert; T. Moulin y E. Medeiros de Bustos, "Legal, deontological and ethical issues applied to telemedicine. A few insights about telestroke", *European Research in Telemedicine* Vol: 1 num 2 (2012): 61–65 y L. A. Lobuteva; A. V. Lobuteva; O. V. Zakharova; S. A. Krivosheev y O. V. Kartashova, "Instruments to form doctor's loyalty to visits of medical representative", *Journal of Advanced Pharmacy Education & Research* Vol: 9 num 3 (2019): 68-75.

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We subscribe to the assertion that "Telemedicine services must be provided to the population on the principles of fairness and observance of the highest ethical standards, that, in this case, the honor and dignity of all people were given geographic location, physical and mental abilities, age and gender will not lead to the marginalization of medical care"³⁵.

Thus, many issues related to the use of telemedicine in Russia and foreign countries remain outside the legal and ethical regulation.

Conclusion

The studies carried out within the framework of this paper show that at present, there is a significant social demand for the use of medical services in a remote form, including telemedicine, especially for remote regions, where the presence of qualified medical workers of various fields in sufficient numbers is impossible for one reason or another. At the same time, in many countries, including Russia, the main constraints hindering the development of telemedicine are legislation restricting the use of telemedicine services, increasing the costs of medical organizations practicing telemedicine, as well as a financial issue due to the high cost of telemedicine technologies, underdeveloped technical equipment.

Today, the main problem for Russian medical organizations that are going to provide services through telemedicine is the need to use a unified system of identification and authentication of participants. The protection of the privacy and confidentiality of patients is also a pressing issue.

Thus, the legal regulation of digital health care in Russia does not correspond to the health care development policy and requires significant changes and additions, including the use of positive international experience. Significant legislative work is required to remove obstacles to the further development of digital health.

Thus, the hypothesis of the study seems to be proven. Within the framework of this paper, the study of all important aspects of the development and regulation of the provision of telemedicine services is impossible. The continuation of the research, which was initiated in this paper, can be undertaken in the direction of studying the possibilities of interstate and global standardization and certification of telemedicine services.

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³⁵ E. S. Kurbanova, Etika povedeniya vracha i teleditsina...

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