

Chapter VI

Responsibility in Electronic Health: What Muddles the Picture?

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Abstract

In this chapter, we look into the potential problems arising from the use of information and communication technology (ICT) artifacts in electronic health. We focus on issues such as liabilities and responsibilities and discuss these issues on the basis of patient-physician relationship, negligence, agentization, and anthropomorphism. We conclude the chapter with recommendations originating from different fields of industry. These recommendations are applied to the field of electronic health in order to make users more aware of the nature and use of ICT artifacts in various health care situations.

Introduction

In electronic health, care is mediated using different ICT artifacts, sometimes over geographical and organizational barriers. The technology provides an extension to health care processes, which are traditionally interpersonal by nature. Ideally, the introduction of technology should not negatively affect the quality of care. However, the constantly advancing technology and ever increasing demand of cost deductions can lead to a situation where less attention is given to ethical issues. Many of the solutions of electronic health exist today only to serve the purposes of better profit and decreased costs of operations. While these reasons are undoubtedly valid, they should not be pursued at the expense of ethics, which is the foundation of all medical practice.

When ethical, legal and risk issues in electronic health in general are considered, the following issues are typically raised (see, e.g., Rodrigues, 2000; Stanberry, 2001; Wagner, 1999):

- Confidentiality
- Security
- Consent
- Responsibility
- Liability

While confidentiality and security are vital aspects in electronic health, in this chapter we focus on the issue of responsibility, to which issues of consent and liability are closely tied. Our emphasis is within the context of the issue of the implementation of the technologies, giving less attention to technological details such as the standardization of communication protocols for example.

While our sole focus is not in the technology *per se*, we must acknowledge that its rapid advance has had a tremendous impact on the health care processes and practices. The rapid adoption of different artifacts of information and communication technology (ICT) in health care has created a concern about a patient's ability to identify where the responsibilities lie when these artifacts are used. The patient does not necessarily know when an actual doctor-patient relationship is formed or with whom it is formed. ICT intensifies this problem since in electronic health the technology not only enables information exchange with physicians or other professionals of health care; it also enables the use of different information systems or devices in the decision making process related to the actual care. This is problematic especially in a situation where the patient is not aware that the interaction originates from a device or a system, not from a clinician.

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