



Submission: Draft revised guidelines: Telehealth consultations with patients

Details

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Our submission on the draft telehealth guidelines will focus on the practice of doctors prescribing medications via text and email based consultations, and the use of online questionnaires.

Telehealth is an important addition to GP clinics which also offer in-person consultations. We do not believe making it more difficult for patients to have a telehealth appointment (where they do not need to be physically assessed in person by their GP) is beneficial to the community. However, when it comes to aggressive corporate models, the current telehealth environment in Australia is out of control.

Online platforms

Online platforms selling non-urgent prescription based medications are heavily promoted on social media, dating applications, adult websites, at sporting events, in TV commercials, in newspapers and on billboards.

Venture capital firms and individual investors are funding some of these businesses and there is a lot of potential money to be made. Despite the public message these companies put out about providing quality healthcare to patients and modernising our healthcare system, investor pitches paint a very different picture.

The business model may expect cross-selling, vertical integration, recurring subscription-based prescriptions and in-house production of the products promoted to their patients. The ethics of pushing unsolicited - and perhaps unnecessary - "healthcare" products onto patients in order to meet KPIs or some other target is concerning. It seems patient care, wellbeing, dignity, and privacy is being placed behind marketing and aggressive selling of other services or products offered by these online platforms.

Marketing of online telehealth platforms

These online platforms engage in marketing which has the potential to heighten stigmas around personal issues, such as erectile dysfunction. Any business model which serves to discourage people, especially men as studies have shown they are less likely to seek help from a doctor,

from getting an in-person check-up or having a health issue discussed with their GP should be heavily scrutinised as to whether their offering does more harm than good.

Concerningly, there seems to be a push to promote prescriptions for erectile dysfunction to young men in a way which suggests the medication is needed to perform sexually all night or after drinking and nightclubbing. They are also promoted to suggest you can take the medication and engage in sexual activity with many women over the weekend. The advertising leaves the impression that if, as a young man, you are unable to perform sexually “all night”, it means there is something medically wrong with you. These platforms try to sell the “solution” by steering potential patients to a quick online survey, and a text-based consultation with a doctor you never speak to, meet, or see, and then you will likely be sent medication to resolve this issue.

The marketing can be vulgar with women described in an offensive way, insensitive, and aggressive. It seems some businesses aim to be as offensive and as vulgar as possible to get attention.

Online platforms that choose to use insecurities and men’s fear of poor sexual performance in their marketing are surely out of step with the high standard expected of selling medicine, and promoting health services. Unfortunately as long as this type of advertising is allowed, more telehealth businesses will seek to advertise in a similar way as it becomes standard practice to attract attention.

We observed a similar pattern occur in the cosmetic surgery and medicine space, where doctors were feeling pressure to advertise in an unprofessional way in order to keep up or stay relevant with other doctors who were gaining influence and followers by breaching acceptable professional standards on social media. Our fear is the same thing will start to happen as competition heats up between the telehealth providers. More people will find themselves targeted on social media for their insecurities and fears by online telehealth platforms who wish to sell them a solution they don’t need, or if the patient did have an existing concern, should be talking to their GP about it. Not being encouraged to contact a doctor who; may not be a specialist, may not be in the same state as them, may be incentivised or otherwise expected to sell them certain medication, or may not be easily reached through asynchronous text messaging.

The cosmetic surgery industry in Australia saw teenagers and young people being targeted on TikTok on a daily basis, regularly referring to possible insecurities, trying to sell surgery or injectables to “fix” them. Instagram and Facebook are also being used extensively by the cosmetic surgery industry, attempting to influence both men and women of all sizes, ages, and backgrounds into getting cosmetic intervention because they “need” it, because their favourite celebrities are getting it, because their friends are considering it, because someone who looks a bit like them got it.

If online telehealth providers are not immediately reigned in, their marketing could explode in a similar fashion.

The doctor-patient consultation

This is not a standard telehealth service where a specialist or registrar arranges a time to call the patient for an appointment. Instead, these consultations are often done by asynchronous text messaging, meaning the patient sends a message to their doctor, and might not hear back until hours later when the doctor responds. The entire “consultation” proceeds in this way. Further, this doctor may not be a specialist GP, and this is not necessarily made clear to the patient. Instead, the doctor might have a basic medical degree with no training in general practice.

Some people who have used these types of services have said they were not sure if the doctor was even involved in the consultation. They said their experience felt automated and bot-like. A possibility also exists that these platforms are using pre-written templates and all the doctors need to do is make a selection and click next.

With the advent of Ai and recently ChatGPT (GPT stands for generative pre-trained transformer), a bot that can be trained to answer like a human, real considerations need to be made whether the telehealth or other guidelines need to ban the use of Ai in the consultation process, including the questionnaire. One of the reasons being, when automation is involved, it would be very easy for a doctor to miss important information. Regardless of how powerful ChatGPT is, it and similar tools can also ‘hallucinate’ - “generated content that is nonsensical or unfaithful to the provided source content”.

There is a very recent example of a medical practice using ChatGPT to respond to customers, which resulted in patients receiving complaint responses in the form of a Shakespearean sonnet. It seems apparent when reading the article that practice staff were signing off those communications in the name of the doctor (a common concerning practice that an industry whistleblower refers to as “patient cat-fishing”), rather than in the name of practice staff. It resulted in patients receiving communications that were not appropriate and that the doctor had not even inspected.

Patient care must be the highest priority

Text-based consultations should be banned, unless there is some extreme circumstance or unique situation. Our concerns around text-based telehealth are summed up below.

- Asynchronous text-based consultations are even more concerning as the consult is spaced out over the day or days. A doctor is highly unlikely to provide safe healthcare and remember the needs and circumstances of (possibly) hundreds of patients while

they reply through gaps in their day as part of a long running conversation.

- There is also a likely conflict of interest, as the doctors who use these platforms may only prescribe a specific product, including a brand that the telehealth provider carries or compounds.
- Doctors are prescribing from other states, which can create issues with care and challenges when making a complaint about care.
- Up until we learned about the aggressive corporate providers of telehealth, we had never heard of a doctor prescribing a medication on an ongoing subscription, as if it were a gym membership.
- Some of these companies can charge two to three times the price for some of these prescription products, put you on a subscription plan and potentially compound and pack the drug in-house.
- If you want to request the script and fill it with your local pharmacy, they may choose to stop you from using their service. This means the patient may be unable to easily communicate with their prescribing doctor should something go wrong.

Suggestions

It is our view that language needs to be clearer, as grey areas in the telehealth space are already being exploited by corporate telehealth models.

Using the new wording as an example, “If you have not consulted with the patient”, we can see this easily being exploited by corporate telehealth providers who currently only offer text based consultations. They are likely to call the patient briefly for a 2 minute discussion for the first consultation and then only offer text-based consultations after that, while continuing to supply prescriptions on an automated subscription based model for years.

Image-based scripts have been used by some of these corporate telehealth providers when providing non-urgent prescriptions, which appears to go against the spirit of why image based scripts were allowed.