

American College of Physicians Ethical Guidance for Electronic Patient-Physician Communication: Aligning Expectations


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Table 1 ACP Recommendations for Electronic Communication Between Patients and Physicians

ACP Position/recommendation	Actions	Rationale
1. Electronic communication can supplement in-person interactions between patient and physician	<ul style="list-style-type: none"> Communicate electronically with patients who have established care in person and maintain an ongoing in-person relationship 	

POSITIONS

Position 1: Electronic Communication Can Supplement In-Person Interactions Between Patient and Physician

E-communication between patient and doctor can be an addition to an established patient-physician relationship, but should not take the place of in-person communications. It

should strengthen, not impede, ongoing relationships grounded in interactions with active listening and discussion, eye contact, and thorough physical examination, building therapeutic alliances¹⁴

Outside of cross-coverage, patient-physician e-communication should only occur within a patient-physician relationship that has been established in-person or through a valid

telemedicine encounters¹³ to ensure standards of practice, confidentiality, ethics, and professionalism are upheld.⁷ This allows physicians to utilize clinical context, physical exams, and clinic conversations to advise patients.¹⁴ An individual who otherwise initiates e-communication for clinical advice should be advised to make an appointment or as appropriate, seek emergency care.⁷ Clinicians should be aware of institutional policies and laws and regulations on e-communication and consultation which may vary by state.¹⁰

In-person communication techniques (i.e., asking open-ended questions, providing frequent summaries, etc.) are not always directly transferrable to e-communication where the absence of in-person conversation, brevity, and non-verbal cues challenge assessment of understanding. While e-communication may enhance connectivity, time between and expectations for responses, potential typographical errors, or misinterpretation raise concerns. Secure e-communications may be most useful for making or canceling appointments; medication refills; raising brief questions; or checking in regarding current care (e.g., if the physician asks at a visit, let me know if you are tolerating this new medication).

sionalism and Human Rights Committee at the time the paper was approved by the Committee were: Thomas A. Bledsoe MD (Chair); Omar T. Atiq, MD (Vice Chair); John B. Bundrick, MD; Betty Chang, MDCM, PhD; Lydia S. Dugdale, MD; Andrew Dunn, MD, MPH; LT COL Joshua D. Hartzell, MD, USA; Thomas S. Huddle, MD, PhD; Janet A. Jokela, MD, MPH; Diana Jung; Mark A. Levine, MD; Ana María López, MD, MPH; Neena Mohan, MD; and Paul S. Mueller, MD, MPH. Approved by the ACP Board of Regents on 3 November 2018.

Acknowledgments: The authors and the ACP Ethics, Professionalism and Human Rights Committee would like to thank the many leadership and journal reviewers of the paper for helpful comments on drafts; Wei Wei Lee, MD, MPH, who received compensation for consulting on and co-authoring the manuscript; and staff of the ACP Center for Ethics and Professionalism at the time of the development of the paper: Daniel T. Kim, MA, MPH, for research

Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

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1. Office of the National Coordinator for Health Information Technology.