

## Urgent need for guidance on mobile phone use in clinical care

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## Misconnecting for health: Lack of advice for professionals on the safe use of mobile phone technology

Both national and international guidelines on the use of mobile phones in the provision of clinical care are urgently needed, an editorial in the June issue of Quality and Safety in Health Care argues.

Healthcare systems are increasing looking to developments in mobile communication technology to help improve the provision of care to people with long-term conditions, such as diabetes, asthma, hypertension and coronary heart disease.



The UK and the US are leading the way in application of this technology, such as through the use of patient self-monitoring devices.

However, very little guidance exists on the safe use of this technology, the authors found. They checked the websites of key UK medical professional bodies, defence organisations and official regulatory bodies for appropriate guidance, and followed this up with an email or telephone call to ensure no important documents were overlooked.

Guidance, where it existed, was found to be extremely limited in scope and either failed to address key concerns or did not take into account the full range of functions of mobile phones. Concerns relevant in other contexts were also not addressed.

For example, with email communication in clinical care, there are clear recommendations of the need to confirm that an email has been received. The same should apply to SMS messaging, the authors recommend.

Advice on telephone consultations is relevant but additional issues, such as loss of reception, conducting calls in inappropriate circumstances (such as a noisy or public environment) and the potential for mobile phones to be lost or stolen, need to be addressed.

Available advice concentrates on concerns and barriers, whereas practical guidance is needed. For example, following advice from the Medicines and Healthcare products Regulatory Agency that the use of a non-medical device, such as a mobile phone, in a medical context might not be 'safe, suitable or reliable', the medicolegal pitfalls of picture messaging have been emphasised undermining its potential benefits.

Mobile communications knows no boundaries, so international as well as national agreement on transfer of data is required. Specifically this must



cover the status of consultations when clinician and patient are in different countries. At present a UK clinician may provide a consultation using a registered patient's mobile phone unaware that the patient is in another country, where their UK medical credentials are not recognised and legal indemnity is invalid.

Source: BMJ Specialty Journals

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