

Ethical Issues in Veterinary Telehealth
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Abstract

Telehealth can reduce barriers to care, support triage and education, and enhance continuity when used ethically and within legal guardrails. Ethical practice requires balancing access and convenience against quality, safety, and continuity, while maintaining a valid VCPR for telemedicine, ensuring informed consent, protecting privacy, avoiding conflicts of interest, and mitigating risks of misdiagnosis or delayed care.

Learning objectives

- Describe the ethical principles that govern telehealth (autonomy, beneficence, nonmaleficence, distributive justice) and apply them to case selection, consent, and follow-up.
- Differentiate teleadvice/teletriage from telemedicine and identify where a VCPR is required versus when emergency or education-only interactions are appropriate.
- Recognize risks associated with telehealth (misdiagnosis, fragmentation, data privacy, conflicts of interest) and implement practical safeguards.
- Evaluate direct-to-consumer (DTC) models and marketing pressures through an ethical lens and maintain continuity of care.
- Use telehealth to support incremental care and access while preserving standard of care and regulatory compliance.

Ethical foundations and legal context

- Ethical principles in telehealth
 - Autonomy: Respect client choice and ensure informed consent, including how care will be delivered and its limits.
 - Beneficence: Aim to benefit the patient through accurate information and appropriate use of virtual tools.
 - Nonmaleficence: Avoid harm by recognizing telemedicine's limitations and escalating to hands-on care when needed.
 - Distributive justice: Expand access without creating a two-tiered system that diverts disadvantaged clients into lower-quality care
- Legal and regulatory touchpoints
 - A VCPR is required for diagnosis and prescribing
 - Teleadvice/teletriage can occur without a VCPR.
 - Hines v. Pardue (TX): do not misinterpret speech protections as authorization to prescribe absent a VCPR.

Opportunities and challenges

- Opportunities
 - Provide care during disasters
 - Improve access for people in rural areas or transportation challenges
 - Triage
 - Client education
 - Chronic disease management
 - Remote monitoring;
 - Enhance human-animal bond
 - Reduce anxiety.
 - Support incremental care with frequent communication and reevaluations by the original attending veterinarian
 - Client communication is key.
- Challenges
 - Limited or absent physical exam
 - Insufficient data to provide appropriate care
 - Maintain standard of care
 - Inappropriate/overprescribing
 - Cybersecurity and confidentiality
 - Technology gaps
 - Licensure
 - Reimbursement
 - Fragmentation of care
- Convenience vs quality
 - Convenience is valued, but quality can suffer if telemedicine substitutes for needed exams
 - Be explicit about limits and thresholds for in-person evaluation.

Continuity of care and fragmentation

- Third-party telehealth vendors can disrupt continuity of care
- Implementing telehealth within your own practice helps maintain continuity

Direct-to-consumer (DTC) models and Conflicts of Interest

- Ethical concerns
 - Some DTC companies depend on product sales or prescriptions to generate revenue
 - Risks include inadequate identity/medical history verification, licensure ambiguity, poor adverse-event counseling, limited provider choice, and weak integration with primary care
 - Regulators have intensified scrutiny of misleading DTC advertising
 - Be cautious about influencer-driven or sales-tied telehealth campaigns.

Risk profile and malpractice lessons

- Telemedicine claims in human medicine show high rates of misdiagnosis and significant consequences
- Lessons learned so far: Telehealth can decrease barriers and support continuity/incremental care when coupled with strong communication, early detection via remote monitoring, and clear paths for follow-up and in-person care
- Concerns persist around misdiagnosis and delays

Practical ethics and risk-mitigation playbook

- Case selection and triage
 - Use teleadvice/triage for education and urgency assessment
 - Reserve telemedicine for conditions where history, available physical exam info, and monitoring data can safely support decision-making within a VCPR
- Informed consent and expectation setting
 - Explain scope and limits of virtual care, possibility of needing hands-on exams, risks of misdiagnosis/delay, data/privacy protections, contingency instructions. Confirm understanding and document consent.
- Data sufficiency and documentation
 - No data = no recommendations. Request photos/videos, wearable outputs, at-home measurements, and prior records; if you cannot obtain enough information, need in-person visit.
 - Document encounters with assessment, plan, contingencies, and follow-up.
- Prescribing ethics
 - Do not prescribe without a proper VCPR
 - Avoid product-driven prescribing.
 - Ensure decisions are evidence-based and patient-interest driven, not influenced by marketing or platform incentives.
- Continuity and follow-up
 - Keep virtual care inside your medical home whenever possible.
 - Maintain frequent communication and schedule re-evaluations as appropriate
- Team roles
 - Leverage technicians for education, basic training, triage, and long-term monitoring as part of structured virtual workflows.
- Security and privacy
 - Protect client/patient and financial data
 - Choose platforms with appropriate safeguards and transparency;
 - Ensure confidentiality in your environment.
- Quality assurance
 - Track outcomes (revisit rates, escalations, client satisfaction),
 - Audit telemedicine records
 - Debrief misses to refine inclusion/exclusion criteria and scripts.

Applying incremental care ethically with telehealth

- Structure telehealth as part of a tiered plan with clear goals and timelines
- Communicate frequently

- Use telemedicine visits, as appropriate, between in-person visits
- Ensure clients understand when virtual care is and isn't appropriate.

Key takeaways

- Telehealth is a tool—neither inherently good nor bad.
 - Use it to reduce barriers,
 - Strengthen continuity, and
 - Support incremental care
- Maintain VCPR and informed consent
- Be explicit about limitations and escalation
- Resist product- or marketing-driven telemedicine
- Prioritize patient welfare and continuity with the primary DVM
- Risk of misdiagnosis risk rises when information is limited
 - when in doubt, bring the patient in.