

## The transformative role of telemedicine on the accountability to provide care

Accountability “entails the procedures and processes by which one party justifies and takes responsibility for its activities” (Emanuel 1996, p.229). It involves 1- *something to be accountable for*, which can be a process or an outcome, such as providing care; 2- *someone to be accountable to*; and 3- *some incentives or punishment*: (Emanuel 1996); 4- *someone held accountable*. Individuals can be held accountable, but also organizations. 5- mechanisms to socialize the meaning of actions, to make them “visibly-rational-and-reportable-for-all-practical-purposes, i.e. “accountable”” (Garfinkel 1967). Accountability can also either be formal, based on objective rules or commitments, or “mutual”, which is the informal accountability that individuals feel towards colleagues Wenger (1999). Material transformations, such as the introduction of a new technology, can trigger changes in work practices (Nicolini 2006; Orlikowski 2000), with accountability and boundaries between professions evolving as tasks and technology adjust to each other.

Because of healthcare’s vital implications, most countries do not let market mechanisms alone determine its provision. Healthcare providers are held by moral, contractual and regulatory rules to provide care to people in need. This accountability stems from three sources (Emanuel 1996). A *professional accountability* that clinicians hold from being part of a professional order. A *market accountability* that derives from contracts between clinicians, healthcare organizations and patients in exchange for a remuneration. And a *regulatory accountability* that comes from governmental and social rules.

For practical reasons, a territorial component often plays a role in who physicians and healthcare organizations are accountable for providing care to, limiting obligations to the local community and demand. Telemedicine, by removing the physical limitations of patients to access healthcare providers, challenges this principle.

To fully leverage the potential of telemedicine, we need to reconfigure accountability to provide care to the context of telemedicine. The purpose of participating in TREO is to get ideas and feedback on theoretical frameworks and methodology to investigate this theme of accountability in the context of telemedicine, especially in fields involving interactions between physicians, such as pathology or radiology.

### References

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