

Bridging the Health Gap: Evaluating Telemedicine as a Tool for Realizing the Constitutional Right to Health for Indian Women

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ABSTRACT

World Health Organization has defined health as a state of complete physical, mental and social wellbeing and not merely the absence of disease(1). Article 25 of the United Nations' Universal Declaration of Human Rights (UDHR) grants everyone the right to medical care irrespective of gender, caste and race(2). Further, Articles 21 of the Indian Constitution guarantees the Right to life, encompassing a life with dignity and in a healthy environment(3). Article 47, a Directive Principle of State Policy, mandates that the State should improve the nutrition and living standards of its citizens as well as public health(4).

Importance of health of citizens for a nation's progress cannot be overemphasized – on the one hand it is well established that only healthy beings can work to their potential thus carrying the nation forward and on the other hand one needs to understand the exorbitant costs of treatment of diseases which, in a welfare nation like India, the government infrastructure bears – an expenditure best curtailed in a developing and resource scarce nation.

However, in India systemic restrictions, cultural expectations, economic challenges, and infrastructural shortcomings collectively contribute to a scenario where citizens, particularly women, especially those in rural and marginalized sectors, experience heightened difficulties in accessing healthcare. Further, many women face discouragement when seeking assistance for issues related to menstrual hygiene, reproductive health, or mental well-being due to patriarchal norms and stigmas surrounding women's health issues which prevent them from obtaining timely medical care. Moreover, economic factors making it challenging for women to travel to healthcare facilities and cover ancillary expenses as in Indian patriarchal homes, women do not have control over financial resources. These difficulties are worsened by infrastructural inadequacies, particularly in rural areas where even essential healthcare services are either absent or abysmal.

The advent of telemedicine in this backdrop represents a significant opportunity in addressing healthcare inequalities, particularly for women in India who confront considerable challenges in accessing fundamental health services. This proposal investigates the diverse advantages of telemedicine, the opportunities it presents, and the obstacles it encounters, while also offering recommendations for advancement and betterment of this still evolving technology.

This research will begin by examining the International and Constitutional guarantees to health available to all humans irrespective of gender, caste or class, highlighting the State's duty to provide the same to all without any discrimination. I would then be assessing the current landscape of women's healthcare in India, identifying the cultural, socio-economic and infrastructural challenges that restrict access to

healthcare services analyzing how societal norms, patriarchal influences and economic hardships disproportionately impact women, thereby preventing them from obtaining timely and appropriate medical care. I would analyze how, by denying health care facilities to women, they are being deprived of their basic constitutional and human rights.

The research would then proceed to investigate the potential of telemedicine as a solution to these challenges. By enabling remote healthcare delivery, telemedicine eliminates the requirement for physical travel and overcomes cultural and logistical obstacles. It not only reduces costs but also broadens access to specialists and overcomes the stigma that often accompanies the pursuit of care for sensitive health matters. As mobile and internet technologies continue to expand its coverage, telemedicine offers the potential to extend healthcare access to women in remote areas.

This research will then examine the legal, ethical, and infrastructural challenges inherent in telemedicine. It will review the existing legal framework, notably the Telemedicine Practice Guidelines (2020) released by the Medical Council of India(5), which lays the groundwork for telemedicine regulation but requires further updating to effectively address concerns related to accountability, consent management and privacy protection. The study will particularly focus on the specific privacy challenges encountered by women, especially those seeking guidance on sensitive issues such as reproductive health, contraception, or domestic violence. The risks associated with data breaches and the lack of strong mechanisms to ensure confidentiality will be identified as critical areas for enhancement.

Finally, I would suggest targeted measures to enhance the effectiveness of telemedicine in addressing women's healthcare needs like strengthening digital infrastructure in rural areas, promoting digital literacy among women and offering financial incentives to make teleconsultations more accessible. Advocating for legal reforms to ensure data security, accountability and equitable access, public awareness campaigns are proposed, to enhance trust in telemedicine and encourage its adoption among women across diverse socio-cultural contexts.

Through this comprehensive approach, the research seeks to demonstrate how telemedicine can bridge the gaps in women's healthcare emphasizing the need for coordinated efforts from the government, healthcare providers, technology companies and civil society organizations to ensure that telemedicine fulfills its potential as a cornerstone of a more inclusive and equitable healthcare system in India. The paper was presented in NLU Lucknow conference in the year 2025.

Keywords: Telemedicine, Women's health, Law

CHAPTER-1

UNDERSTANDING HEALTH INEQUITIES: A CALL FOR ACTION

Introduction

In this chapter I would be analyzing the Rights related to access to health provided under various International laws and treaties, to which India is a signatory and the Constitution of India. Next, I would be analyzing the ground realities regarding medical care available to women especially in rural areas and to the socio economically backward, proceeding to delve into the roadblocks in accessing health care facilities by women.

Access to Health: A Universal Right

The concept of health is widely regarded as a fundamental Human Right, as established in numerous international legal frameworks, including the Universal Declaration of Human Rights (UDHR) and the

International Covenant on Economic, Social, and Cultural Rights (ICESCR). These treaties affirm that every individual is entitled to the highest attainable standard of both physical and mental health, without discrimination. The right to health is clearly defined within the framework of international human rights law. The UDHR asserts that "everyone has the right to a standard of living adequate for the health and well-being of himself and his family," which encompasses access to healthcare and the advantages of scientific advancements (Article 25)(6). The ICESCR elaborates on this right in Article 12, which affirms "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health(7)."

The Committee on Economic, Social, and Cultural Rights (CESCR), responsible for overseeing the implementation of the ICESCR, provided an in-depth interpretation of the right to health through General Comment No. 14, highlighting that the right to health should not be understood as merely the right to be healthy; rather, it encompasses the entitlement to access the necessary conditions and services that foster health and well-being⁸. General Comment No. 14 identifies several essential elements of the right to health:

Firstly, availability refers to the necessity for health services and facilities to be present in adequate quantities to satisfy the health requirements of the population. This encompasses the provision of infrastructure, medical equipment, trained healthcare personnel, and essential medications(8).

Secondly, accessibility mandates that health services be reachable to all individuals without discrimination, highlighting the importance of physical, financial, and informational access. This principle particularly emphasizes the need for non-discriminatory healthcare practices, especially for marginalized groups such as women, however, in India gender remains a pivotal factor in shaping access to health services(8)

Thirdly, acceptability requires that health services be culturally sensitive and uphold the dignity, rights, and preferences of individuals, ensuring that services cater to the cultural and gender-specific needs of diverse communities while remaining free from coercion, violence, or discrimination(8).

Lastly, quality necessitates that health services adhere to high standards, grounded in scientific evidence, and responsive to the health needs of individuals. This suggests that health services are adequately staffed, well-equipped, and accessible in terms of both physical infrastructure and the provision of evidence-based treatments(9).

These components are interrelated and are essential for the realization of the right to health. A deficiency in one area—such as economic barriers to access or a shortage of trained healthcare professionals—can significantly compromise the effectiveness of other components, including the quality of care and its cultural appropriateness. These international agreements highlight that health is not simply the absence of disease; rather, it is the ability to lead a life where individuals can fully realize their capabilities.

Indian Constitution and Right to Health

The Indian Constitution, paradoxically, does not explicitly mention the "Right to health" as a standalone right. However, various provisions within the Constitution can be interpreted as protecting the right to health in its broad sense, including access to healthcare services and the preservation of public health. These include directives to the State to ensure the welfare of its citizens and provisions regarding equality, non-discrimination, and the right to life and personal liberty.

A. Fundamental Rights

The most significant constitutional provision in the context of health is enshrined in the Fundamental

Rights vide Article 21 of the Indian Constitution, which guarantees that no person shall be deprived of their life(3). The right to life has been expansively interpreted by the Supreme Court to include the right to live with dignity, and over the years, it has been extended to encompass a variety of rights related to personal well-being, including access to health services.

The Indian judiciary has continuously expanded the scope of Article 21 to include the right to a clean and healthy environment, the right to access healthcare and the right to live free from harmful conditions that affect health. In *Maneka Gandhi vs UOI* the Supreme Court held that this right is not limited to mere animal existence but includes the right to live with dignity(10). In *State of Punjab vs. Mohinder Singh Chawla*(1997)(11), the Supreme Court held that the right to life includes the right to adequate medical care, both preventive and curative. Similarly, in *Paschim Banga Khet Mazdoor Samity v. State of West Bengal* (1996)(12), the Court ruled that the right to life includes the right to emergency medical treatment in government hospitals, emphasizing that the State must provide adequate healthcare facilities to avoid preventable deaths.

B. Directive Principles of State Policy

The Directive Principles of State Policy further reflect the importance of health in India's constitutional framework. Article 38 mandates promotion of welfare of the people(13), Article 39(e) provides for protection from exploitation(14) and Article 47 prescribes the duty of the State to raise the level of nutrition and the standard of living, all contributing to the health of the citizens(15).

Duties of State

Government bears a fundamental responsibility to uphold, safeguard and actualize the right to health for their citizens. This responsibility underscores the essential role of State authorities in facilitating the practical enjoyment of health rights, ensuring that individuals can access the necessary resources and services to maintain their well-being.

States have a duty to uphold the principle of non-interference, ensuring that individuals can fully enjoy their right to health. This obligation includes the avoidance of enacting laws or practices that limit access to healthcare services, including those that discriminate based on gender or criminalize reproductive rights. Governments have an obligation to shield individuals from external interference that may compromise their right to health. This entails protecting individuals from discrimination or exploitation within healthcare environments, ensuring that healthcare practitioners do not engage in discriminatory practices based on gender, ethnicity or other protected characteristics. Moreover, it requires the regulation of private health providers to ensure they meet human rights standards.

To ensure that individuals can fully realize their right to health, states must engage in proactive actions. This includes the implementation of policies and the creation of programs that enhance access to health services, reduce health disparities, and address social determinants such as poverty, education, housing and clean water. Moreover, it is crucial for the state to allocate sufficient financial resources to maintain the availability of essential health services.

Progressive Realization of the Right to Health

The principle of progressive realization, as outlined in the ICESCR, recognizes that full realization of the right to health may not be immediately achievable, particularly in countries with limited resources. However, this does not absolve states of their responsibility. States are expected to take deliberate, concrete, and targeted steps toward progressively achieving universal access to healthcare services and

addressing health inequalities. While states may prioritize certain sectors or health issues based on available resources, they are still required to work towards achieving universal health coverage and eliminating barriers to health care(16).

This principle highlights the necessity that the right to health cannot be delayed indefinitely and Government needs to take swift action to address health inequalities and to ensure that at- risk groups, including women, gender minorities, and those living in poverty, can obtain health services free from discrimination. Although some components of healthcare may not be immediately available in their entirety, it is essential for states to adopt measures that guarantee no individual is overlooked and that the most vulnerable are given access to healthcare services.

Ground Realities of Status of Women's Health in India: Denial of Basic Human Rights

In spite of a host of constitutional and international treaties guaranteeing access to quality healthcare as a fundamental human right, for millions of women across India, this right is often out of reach. A look at the data related to health will expose the grim state of women's health in the nation. The Average Life expectancy of women in India is 67 years compared to 77 years in USA(17). As per WHO, India's maternal mortality rate (MMR) was 174 per 100,000 live births, 50 million women suffer from reproductive health issues and half of the women in India suffer from anemia leading to complications in pregnancy(18). As per National Health Profile nearly one lakh women died of cervical cancer in 2018 and as per ICMR, 87000 women died of breast cancer in 2020. A look at the data related to health infrastructure further exposes the abysmal situation. As per MoHFW there is a 7% shortfall of doctors at Primary Health Centers and 57% at Community Health Centres(19). Although two third of population lives in rural area, only 27% of doctors work there. The gendered dimensions of health inequities pose significant challenges to achieving health equity, particularly for women and individuals from gender minority groups. These barriers not only threaten the health of women but also infringe upon their basic human rights, reinforcing persistent patterns of discrimination and inequality.

Roadblocks in Accessing Healthcare in India by Women

Though the right to health is recognized globally, gender remains a pivotal factor in shaping access to health services and the fulfillment of this right across various demographic groups. Women in India encounter considerable obstacles in obtaining reproductive and maternal healthcare, particularly in rural regions. Although government programs such as the Janani Suraksha Yojana(20) have been implemented, maternal mortality rates continue to be alarmingly high, with numerous women lacking access to safe childbirth options. Furthermore, the availability of contraceptives, safe abortion services, and sexual health education is severely restricted due to societal stigma and inadequate healthcare infrastructure. This infringement on fundamental reproductive rights contravenes international human rights laws, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), to which India is committed. Let us examine the roadblocks to accessing health care by women

A. Financial Dependence and Healthcare Costs

In patriarchal households, women's health is often deprioritized, with financial resources allocated first to male family members. Out-of-pocket healthcare expenses exacerbate this issue, forcing women to delay or forego medical care. This financial dependency not only denies women their right to health but also infringes upon their dignity and autonomy, contradicting the constitutional promise of equality

under Articles 14(21) and 15(22).

B. Gender Bias in Healthcare Delivery

In India, healthcare systems frequently demonstrate a bias against women, which contributes to adverse health outcomes. Evidence suggests that the symptoms reported by women are often dismissed by healthcare professionals, particularly in the domains of cardiovascular and mental health. The insufficient presence of female healthcare workers in many rural and underserved communities further deters women from seeking appropriate care specially in gynecological matters. Such systemic discrimination restricts women's access to quality healthcare, thereby violating their rights to equality and non-discrimination.

C. Stigma Around Menstrual and Sexual Health

Deep-seated cultural taboos around menstruation and sexual health prevent women from accessing necessary care and information. Many women lack access to menstrual hygiene products, leading to poor health outcomes and social exclusion. The stigma around sexual health further limits access to education and services, leaving women vulnerable to diseases and unintended pregnancies. The failure to address these issues denies women their right to health and dignity as enshrined in the Constitution and global human rights principles.

D. Violence Against Women and its Impact on Health

Gender-based violence, including domestic violence, sexual assault and harassment, has a profound impact on women's physical and mental health. Despite laws like the Protection of Women from Domestic Violence Act, 2005(23), many survivors face barriers to seeking medical and psychological care due to societal stigma and fear of retribution. The lack of trauma-informed care in healthcare settings further exacerbates the denial of justice and rights for survivors.

Conclusion

Having observed the dismal state of affairs of women's health in India and the reasons for the same, in the next chapter I would be discussing how telemedicine can be an effective solution to overcome the barriers in access to women's health care and how the shortfalls in it can be improved.

CHAPTER-2

THE ROLE OF TELEMEDICINE IN ADVANCING WOMEN'S HEALTH EQUITY

Introduction

Telemedicine, defined as the provision of healthcare services through telecommunications technology, presents a significant opportunity to mitigate the healthcare disparities experienced by women in India. This chapter investigates how telemedicine can effectively address the obstacles discussed in the previous chapter by evaluating its advantages. A comprehensive understanding of telemedicine's role will enable stakeholders to develop more effective solutions aimed at providing women with accessible and equitable healthcare.

Telemedicine A Blessing for Women's Health

Telemedicine allows health care workers to diagnose and treat patients without an in person visit. Patients can contact the doctors at their home or from a dedicated telehealth kiosk. Patients can either call the doctor or have a video conference or may use any health care device or app which will collect vital data which can aid in monitoring the health of the patient. The primary advantage of telemedicine is

its potential to bypass cultural and geographical limitations that frequently hinder women's access to healthcare. In numerous rural and semi-urban areas of India, entrenched patriarchal values can restrict women's ability to seek medical care independently which telemedicine can surmount. I would assess the benefits offered by telemedicine.

A. Health From The Comfort And Convenience Of Home

Telemedicine enables women to access healthcare professionals from the comfort of their homes, eliminating the need for travel. Several women in India do not have the right to travel alone due to a combination of social norms, safety issues and lack of adequate transportation facility.

B. Economic Advantages of Telemedicine

Financial obstacles, such as the costs associated with travel, consultation, diagnostic significantly hinder women's access to healthcare in India. Telemedicine addresses these financial barriers by removing the necessity for travel creating a saving on that and other related expenditures facilitating more affordable consultations. Research indicates that teleconsultations frequently incur lower costs compared to traditional in-person visits, rendering them a more feasible alternative for women dependent on constrained household finances.

C. Addressing Stigma Around Sensitive Health Issues

Women often face societal stigma when seeking care for sensitive issues such as reproductive health, menstrual hygiene, and mental well-being there being a mental block on discussing these issues. Telemedicine provides a unique and confidential platform for addressing these concerns.

Women can engage with healthcare providers without fear of judgment about their ailments, especially on issues related to mental health like depression, which are often covered up in conservative households for fear of the fact of the health condition becoming known in the social circles causing shame. They can share their concerns with gynecologists without physical visits as many families do not want such issues discussed openly, an often valid apprehension, evidenced by the complete lack of privacy in overcrowded hospitals, where even physical gynecological examinations are often held behind tattered curtains.

Telemedicine services can provide access to contraception, sexual health education, and counselling for domestic violence survivors. By normalizing conversations around these topics through online platforms, telemedicine can play an important role in reducing stigma and empowering women to prioritize their health.

D. Avoids Cross Infection

Due to poor hygiene management in healthcare facilities there exists a high risk of patient picking up a secondary infection during a visit, especially for women in India who are mostly under nourished and anaemic with weakened immune systems, which can be overcome by telemedicine.

E. Addressing Doctor Shortages

The issue of healthcare professional shortages is particularly acute in India, especially in rural regions. This scarcity has a particularly adverse effect on women, who often turn to local untrained practitioners in the absence of qualified doctors. Telemedicine emerges as a promising solution, enabling patients to access a wider range of healthcare professionals, including specialists, from various parts of the country. Telemedicine enhances the process of obtaining second opinions and referrals, thereby guaranteeing that women receive precise diagnoses and suitable treatment strategies. This is especially crucial for the management of chronic illnesses like diabetes, hypertension, and thyroid disorders, which are commonly found among women in India.

F. Improving Maternal and Child Health

Maternal and child health remains a critical area of concern in India. High rates of maternal mortality, infant mortality, and malnutrition are compounded by inadequate prenatal and postnatal care. Telemedicine plays a pivotal role in addressing these issues by providing continuous monitoring and support for pregnant women and new mothers. Through teleconsultations, women can receive timely advice on nutrition, breastfeeding, and immunization schedules. Mobile health (mHealth) apps integrated with telemedicine platforms also offer reminders for check-ups and medication, ensuring adherence to treatment plans. Additionally, telemedicine enables early detection and management of complications during pregnancy, reducing the risk of adverse outcomes.

G. Mental Health Support

Mental health is an often-overlooked aspect of women's healthcare in India. Cultural stigma, lack of awareness, and insufficient mental health infrastructure prevent many women from seeking help for conditions such as postpartum depression, anxiety, and domestic violence-related trauma. Telemedicine offers a discreet and accessible solution by connecting women with mental health professionals through online consultations.

The availability of tele psychiatry services ensures that women in underserved areas can access counselling and therapy without the need for physical visits. Platforms offering group therapy sessions and support groups further foster a sense of community and shared understanding among women facing similar challenges.

H. Empowering Women Through Health Education

Telemedicine platforms often include educational resources on topics such as menstrual health, contraception, nutrition, and chronic disease management. These resources empower women to make informed decisions about their health and well-being. By promoting awareness and preventive care, telemedicine helps women take active steps to maintain their health, reducing the burden of disease in the long run. Digital literacy initiatives accompanying telemedicine adoption also contribute to women's empowerment. Learning to use telehealth platforms enhances their technological skills, which can have broader implications for their social and economic participation.

I. Responding to Public Health Crises

Telemedicine has proven invaluable during public health emergencies, such as the COVID-19 pandemic. Lockdowns and restrictions on movement disproportionately affected women, many of whom were unable to access routine healthcare services. Telemedicine ensured continuity of care during these challenging times, allowing women to consult doctors, refill prescriptions, and access mental health support without risking exposure to the virus. Beyond pandemics, telemedicine can be helpful in addressing other public health crises, such as outbreaks of vector-borne diseases or natural disasters. By providing remote consultations and health monitoring, telemedicine ensures that women receive timely care even in disrupted circumstances.

J. Enhancing Accessibility and Convenience

Traditional healthcare systems in India often involve long waiting times, expensive consultations, and logistical challenges. For women managing household responsibilities, of cooking, cleaning and child care, finding time to visit a doctor can be arduous, since these are seen as feminine domain, other family members shy away from helping out. Telemedicine provides a convenient alternative, allowing consultations to be scheduled at times that fit their daily routines. Furthermore, platforms offering multi-language support and easy-to-use interfaces make healthcare accessible to women across different

regions and educational backgrounds.

Conclusion

The rapid advancement of mobile and internet technologies in India provides a significant platform for the enhancement of telemedicine. With a user base exceeding 700 million smartphones and an increasing internet reach in rural areas(24), telemedicine can effectively engage with populations that have been underserved. Mobile health applications offer functionalities such as appointment scheduling, teleconsultations, and prescription management, facilitating improved access to healthcare services.

Additionally, initiatives like the Ayushman Bharat Digital Mission aim to create a unified digital health ecosystem in India. These efforts can integrate telemedicine services with existing healthcare infrastructure, ensuring continuity of care and comprehensive health records for women.

Though telemedicine represents a transformative solution to the healthcare challenges faced by women in India by bridging geographical, social, and economic gaps, it is also a fact that telemedicine has its own shortfalls. I would be discussing these shortfalls in the next chapter.

CHAPTER-3

TELEMEDICINE SERVICES: CHALLENGES AND SOLUTIONS

Introduction

In this chapter I would be analysing the shortfalls inherent in the arena of telemedicine – technological hurdles, legal challenges and the threats to privacy and data breaches. I would dwell on the existing legal provisions regulating telemedicine and also analyse the guidelines of Medical Council of India on Telemedicine. Finally, I would make some suggestions for strengthening the system to make telemedicine a robust mechanism for delivering targeted health care solutions to women.

Challenges in Telemedicine

Despite the considerable potential of telemedicine, various limitations hinder its effectiveness. I will be discussing them.

A. Technological Barriers

A primary concern is the digital divide, as substantial portions of India's population, especially in rural and marginalized regions, do not have access to dependable internet services and smart devices. This limitation significantly curtails the reach of telemedicine to those who are most in need. Furthermore, digital illiteracy presents an additional challenge, with numerous individuals, particularly women and the elderly, struggling to utilize telemedicine platforms effectively. These technological challenges further deepen healthcare disparities, which contradicts the fundamental objective of telemedicine to enhance equitable access.

Language barriers also pose significant challenges in a diverse country like India. Telemedicine platforms often lack multilingual support, which hampers communication between doctors and patients who speak different regional languages. This not only leads to misunderstandings but also diminishes the overall effectiveness of consultations. Furthermore, there is often an implicit bias in telemedicine systems towards urban and English-speaking users, side-lining non-English speaking and rural populations. Cost of accessing telemedicine platforms is another concern. While telemedicine is perceived as a cost-effective solution, the expenses associated with internet usage, purchasing smart devices, and subscribing to telehealth platforms can deter low-income families. For healthcare providers,

integrating telemedicine into their practice often requires a significant initial investment in technology, training, and infrastructure, which could lead to higher consultation fees, which ultimately is passed on to the patients.

B. Lack Of Personal Touch

The absence of physical examinations represents a significant shortcoming in telemedicine. While the convenience of remote consultations has a distinct advantage, the inability to conduct comprehensive physical assessments diminishes its effectiveness in diagnosing complex conditions. For example, visual indicators such as rashes, swelling, or unusual physical characteristics may be overlooked in a video consultation, potentially resulting in misdiagnoses. Additionally, the heavy reliance on self-reported symptoms can result in incomplete or inaccurate clinical assessments.

C. Legal Challenges in Telemedicine

The legal structure surrounding telemedicine in India is currently underdeveloped, resulting in various challenges. A prominent issue is the lack of clarity regarding liability in cases of medical negligence or malpractice. In conventional healthcare settings, the responsibilities are mostly decided and clear. If a misdiagnosis takes place due to inadequate internet connectivity or technical issues, it remains uncertain as to who should be held accountable—the doctor or the platform provider, or none.

Another legal challenge arises from cross-border consultations. Telemedicine facilitates interactions between doctors and patients from different states or countries, raising pertinent questions about jurisdiction and applicability of laws. Additionally, licensure requirements for medical practitioners engaging in telemedicine vary across regions, creating regulatory gaps that can impede the seamless delivery of care.

D. Consent Management

While the Medical Council of India's guidelines emphasize the importance of obtaining informed consent, there is no standardized process for ensuring that patients fully understand the implications of teleconsultations. This becomes especially problematic in cases involving vulnerable populations, such as children or individuals with cognitive impairments or the not so well educated, who may struggle to comprehend digital consent procedures.

E. Privacy Concerns

Privacy and data security are of utmost importance in telemedicine, yet they continue to be significant issues of concern. Telemedicine platforms gather sensitive patient information, which includes medical histories, prescriptions, and recordings of consultations. A breach of this information can lead to severe consequences, such as financial fraud, identity theft, and emotional distress.

Inadequate cybersecurity measures on telemedicine platforms make them vulnerable to hacking and unauthorized access(25). The lack of robust encryption protocols and secure servers often leads to data leaks. This is particularly concerning in cases of consultations involving sensitive issues like reproductive health, mental health, or domestic violence, where breaches could result in stigma or harm to the patient.

Furthermore, the absence of a comprehensive legal framework to govern data protection exacerbates these concerns. While India's Digital Personal Data Protection Act provides some safeguards, its application to telemedicine remains limited. Many telemedicine platforms operate without clear guidelines on data retention, storage, and sharing, leaving patients exposed to potential misuse of their information.

Guidelines of the Medical Council of India

The Medical Council of India (MCI) has attempted to mitigate some of the lacunas of telemedicine by issuing 'The Telemedicine Practice Guidelines' in 2020(5). It marked a milestone in regulating the rapidly evolving field of telemedicine in India providing a comprehensive framework for the practice of telemedicine, emphasizing not only the technological and practical aspects of remote healthcare delivery but also the ethical, professional, and legal dimensions. They aim to balance the growing need for healthcare access through digital means while simultaneously safeguarding patient welfare and the preservation of high standards of care. The guidelines reflect an awareness of the potential of telemedicine to address the country's healthcare challenges, particularly in rural areas, while also addressing the inherent risks involved.

Central to these guidelines is the emphasis on patient consent⁵. In telemedicine, the importance of patient consent cannot be overstated, as the dynamics of consultations differ markedly from those conducted in person. Telemedicine entails the sharing of medical information and advice through digital channels, frequently without the direct physical presence of the healthcare provider. The guidelines stipulate that healthcare practitioners must obtain informed consent from patients prior to initiating any teleconsultation⁵. This consent must extend beyond a mere acknowledgment; patients should be comprehensively informed about the limitations, risks, and benefits inherent in telemedicine. For example, patients need to be aware that telemedicine consultations may not facilitate a physical examination, which can be crucial for accurate diagnosis, and that technical difficulties, such as connectivity issues, may impact the consultation's effectiveness. Informed consent in this scenario acts as a safeguard, ensuring that patients are fully aware of these potential concerns before proceeding with a teleconsultation.

This emphasis on patient consent also aligns with the broader principles of medical ethics, which prioritize the autonomy of the patient and their right to make informed decisions about their own healthcare⁵. Consent should be voluntary, free of coercion, and based on an understanding of all relevant information. In telemedicine, where the risks and benefits are often different from traditional in-person consultations, obtaining explicit and documented consent is crucial in protecting both the patient's rights and the healthcare provider's responsibilities.

In addition to consent, the guidelines underline the importance of maintaining the quality of care during teleconsultations. The MCI guidelines stipulate that telemedicine should not compromise the quality of care provided(5). This requirement is based on the premise that telemedicine, although remote, should adhere to the same ethical standards as in-person consultations. Healthcare providers must apply their professional expertise to the best of their ability, ensuring accurate diagnoses, appropriate treatment plans, and follow-up care as necessary. The guidelines also require healthcare providers to use telemedicine platforms that are secure, user-friendly, and capable of ensuring the confidentiality of patient information. This includes protecting personal health data from breaches or unauthorized access, which is critical for maintaining trust in the system(25). Additionally, the provider must ensure that their knowledge and skills are adequate to conduct a teleconsultation(5). While telemedicine can be a convenient and effective way to provide healthcare, it is not suitable for all medical conditions. The guidelines suggest that healthcare providers exercise caution and ensure that telemedicine is appropriate for the specific patient and medical issue at hand.

The guidelines classify telemedicine consultations into four categories: first consult, follow-up consult,

emergency consult, and health advice. Each category has specific protocols and considerations that aim to ensure proper care is provided in a way that suits the unique nature of the telemedicine format. A first consultation is typically the initial interaction between a healthcare provider and a patient, where a comprehensive medical history is obtained, and the provider makes an assessment based on the information provided by the patient. Since it is the first time the provider is interacting with the patient, there may be a greater need for thoroughness in understanding the patient's symptoms and medical history(5). The guidelines emphasize that healthcare providers should be cautious when conducting first consultations via telemedicine, as they may lack the ability to conduct a physical examination, which could be essential for an accurate diagnosis.

Follow-up consultations are those that occur after an initial consultation, typically for ongoing monitoring or adjustment of treatment plans for a known condition(5). Since the healthcare provider is already familiar with the patient's medical history and condition, telemedicine can be an effective way to manage follow-up consultations.

The guidelines emphasize the necessity for healthcare providers to maintain a high level of vigilance, ensuring that telemedicine remains appropriate for the continuous care of patients, especially in cases where the patient's condition is evolving or worsening. A distinctive feature of these guidelines is the provision for emergency telemedicine consultations. In critical situations, prompt intervention is paramount, and the capacity to deliver immediate care or guide the patient to the correct healthcare facility can significantly impact outcomes. The guidelines advocate for healthcare providers to be adept at responding swiftly and effectively to emergencies, employing telemedicine to evaluate the severity of the situation and provide immediate recommendations or referrals as needed(5). Nonetheless, it is essential that emergency telemedicine consultations are accompanied by well-defined protocols for transitioning patients to in-person care when necessary, particularly when the constraints of telemedicine necessitate a physical examination or intervention.

Health advice consultations, which are focused on offering general health advice, lifestyle recommendations, or basic medical information, are also addressed in the guidelines. These types of consultations do not typically involve the diagnosis or treatment of medical conditions but are focused on preventive care and wellness. The guidelines recognize the importance of such consultations in promoting public health and encouraging patients to seek advice on maintaining a healthy lifestyle, managing chronic conditions or preventing disease.

The MCI guidelines encompass a broad spectrum of issues pertinent to telemedicine; however, it is crucial to recognize that they do not possess legal binding authority. This means that although healthcare providers are strongly advised to follow these guidelines, there is no legal framework to compel compliance. The lack of enforceability may lead to challenges, as it can result in inconsistent application of the guidelines among different healthcare providers and platforms. Without a legal sanctity, the guidelines depend on the ethical standards and professionalism of healthcare providers to ensure responsible and effective telemedicine practices.

Steps Towards Improvement

In order to address the challenges associated with telemedicine and fully harness its benefits specially for women, a series of targeted interventions is essential. Primarily, it is vital to close the digital divide, particularly for women residing in rural and marginalized areas who encounter unique obstacles in accessing healthcare services. Both governmental bodies and private entities must commit to enhancing

internet connectivity in these remote regions, ensuring that women can obtain affordable digital devices, such as smartphones and computers. Efforts can be made to provide kiosks with robust internet connectivity and phone or computers, at regular distances where women can conveniently come to seek teleconsultations. Moreover, initiatives aimed at enhancing digital literacy, particularly for women, should be prioritized. This will empower women, especially those in low-income and rural settings, to proficiently navigate telemedicine platforms and take charge of their healthcare needs. Programs focused on digital literacy should also address the unique challenges women face, including educational barriers, language issues, and limited access to technology, especially in conservative or patriarchal societies.

To mitigate the issue of high cost, telemedicine platforms can explore the implementation of tiered pricing models or government-subsidized initiatives to ensure that high-quality healthcare is accessible to low-income women. By leveraging economies of scale, telemedicine can significantly contribute to the affordability and sustainability of healthcare.

Improving privacy and data security is paramount, particularly for women who may face societal stigma or personal risks associated with their confidential health information. Telemedicine platforms must implement end-to-end encryption, secure servers, and robust authentication mechanisms to protect patient data from breaches. Regular audits and compliance checks should be conducted to ensure adherence to data protection standards, with a focus on ensuring that women's health data, particularly in sensitive areas like reproductive health, is adequately safeguarded. Ensuring privacy and confidentiality is critical to making telemedicine a trusted platform for women, encouraging them to seek care for conditions that they may otherwise feel uncomfortable discussing in person, such as sexual health, domestic violence, or mental health issues. Government must take proactive steps in form of legislation, effective monitoring and technological upgrades to combat the issue of data breach.

Finally, public awareness campaigns are essential to build trust in telemedicine, particularly among women who may be hesitant to use these platforms due to concerns about privacy, security, accessibility or patriarchal social norms. Educating women about the benefits, limitations, and safety measures associated with telemedicine can help to overcome these barriers and encourage wider adoption. Public health campaigns should emphasize how telemedicine can address specific needs in women's health, such as maternal care, sexual and reproductive health, mental health support, and chronic disease management. Partnerships between governments, healthcare providers, and civil society organizations, especially women's health-focused NGOs, can play a pivotal role in promoting telemedicine as a reliable and inclusive healthcare solution for women. These organizations can also advocate for gender-sensitive policies and initiatives that make telemedicine a more accessible and supportive option for women across India.

Conclusion

While telemedicine has the potential to revolutionize healthcare delivery, addressing its shortcomings is critical to realizing its full potential, particularly for women. By tackling legal, technological, and ethical challenges, telemedicine can evolve into a robust and equitable platform for healthcare access, benefiting women and empowering them. With targeted interventions focused on closing the digital divide, adopting advanced technologies, ensuring privacy and security, and promoting public awareness, telemedicine can become a transformative tool for women's healthcare, enhancing their well-being and access to critical health services across India, contributing to a healthier nation.

WAY AHEAD

An overall analysis of the various aspects reveals the potential of harnessing telemedicine however after taking due care to avoid any potential misuse. Telemedicine can effectively surmount the systemic barriers women face in accessing healthcare in India and by overcoming challenges related to cultural norms, financial constraints, and geographic disparities, telemedicine can bridge critical gaps in women's healthcare delivery. However, its effectiveness depends on addressing technological, legal, and infrastructural limitations, ensuring privacy, and promoting digital literacy. Collaborative efforts from governments, healthcare providers, and civil society are essential to making telemedicine an equitable and inclusive solution. By prioritizing women's health through innovative digital solutions, India can move closer to achieving universal healthcare and gender equity in the healthcare system.

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