

Currently , telemedicine is approached from two different perspectives , however mutually exclusive:

- Traditionally, telemedicine has been made possible by the digitization of signals and data.
- The most recent one, is linked with the development of mobile devices , with better performance, more ergonomic and more usability . Normally, it draws on new information technologies and communication (TICS)

In the 70s of last century, Pedro Lain Entralgo, Psychiatrist and historian placed the medicine between « power and perplexity». Today, if the power conferred by the technique definitely prevails, problems such as the place of the patient within, on the one hand, a technique and social dimensions, and, on the other hand, a scientific system have begun to be revealed .

The objective of this forum could be fixed on by answering the following question: does telemedicine needed to to grow up to put in the agenda the re-examination of the place of the patient and the relationship between patient and the doctor?

By following the historical evolution, this question can be approached from two perspectives:

1. The scanning signal and data initially benefited specially professionals and the system, but almost nothing related directly with patients. The transition from mechanical recording electronics has allowed to increase the capabilities of the monitoring devices and increase the stock of available physicochemical data for clinicians. Therefore, there has been a rebalancing of the practice instead of the clinic based on a physical relationship between doctor and his patient. The arrival of the image - and then scan Magnetic resonance image (MRI) - modified the anatomical-clinical paradigm leading to a lively and dynamic anatomy, not experimented till now. With these new methods of treatment through bio-signals and also with the possibility of transmission distance for experts - doctors and health professionals in general has led to improved surveillance and treatment of diseases or situations that explicit participation of the patient is not required. In this context, human performance is reliable and devices rely on hardware requirements.
2. Once can not say the same concerning the development of ICTs. With them, the problems related the security and the confidentiality disappeared, because they do not seem relevant to our concern about the impact of a phenomenon, and so it concerns the society as a whole. The «complex authority of trust» in what, historically, the relationship between doctor and his patient was based on seems to have been restored by the same evolution of the medical system as a whole.

The role played by the institutions and the duration of aid will depend on the coordination of the various actors to ensure continuity, quality and safety. From this point of view, ICTs are a great addition, allowing data sharing and access to patient by consulting the information that

concerns him. At the same time, it provides opportunities for file and traceability of care. This scope, if it relates to patients, primarily involves all professionals and the system organization, in terms of the structuring of the features and information flow.

3. Simultaneous ICT development and changing needs of patients, are now subject and co-actors who also provide them care, leading to a new approach that until now had not been given. First of all, the Internet provides information for everyone and even beyond ... If the patient is properly informed, he should know that he can continue managing his treatment on the Internet. Thus, two questions are proposed:
 - a) Does the individual situation of a patient may be subject to be classified as if it were a quasi-botanical object?
 - b) has become the doctor-patient relationship so impersonal, being both two rational actors?

The trivialization of the usefulness of the Internet for health purposes regarding both the patient and other stakeholders, has recently urged that practice in commercial or institutional relations with the dematerialization of data and procedures.

The patient-co-actor care can then be found in a change of position, assuming the caregiver role ... of himself.

Therefore, this issue arises finally: are ICTs compatible with the ethics and morality?

Bibliography: Lain Entralgo. P. La relacion médico-enfermo, Alianza Universidad, 1983.