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47 Telehealth

Abstract: The use of technology to provide and receive healthcare services far predates twenty-first century events. Yet the COVID-19 pandemic and ensuing lockdowns catalyzed telehealth's role as a valuable mechanism for both accessing and providing care at a distance. While telehealth's proponents emphasize its ability to increase access to medical care as well as its cost-effectiveness, telehealth's popularization has also led to significant changes, not just for those utilizing telehealth services, but also those providing them. This chapter examines how working as a telehealth provider is often conceptualized and articulated as a form of labor belonging to the contemporary gig economy, wherein laborers are frequently understood as providing their services on demand. In turn, on-demand telehealth workers are poised to experience the exploitation and dehumanization which pervades other domains of gig work.

Keywords health, medicine, technology, labor, gig work, exploitation

Receiving messages from healthcare providers via online portals, using smartphone applications or wearable technologies to track health goals, and video calling with doctors are commonplace experiences for many of us. These and other activities fall under the umbrella of telehealth, wherein health and medical services are provided at a distance using technologies, but are far from a new phenomenon. Telehealth is an umbrella term and framework, including not just contemporary digital, internet, and data-reliant technologies, but also older means of communicating health and medical information, such as using landline phones and telegraphs (Mathews et al. 2023, 3). While telehealth may not be new, its popularization as a substitute and/or supplement to in-person care owes much to recent, global events, particularly the COVID-19 pandemic. This, in turn, has facilitated significant changes, particularly for those providing telehealth services.

Defining what constitutes telehealth is necessary, as telehealth is often used interchangeably with another term: telemedicine (Fatehi and Wootton 2012, 460). Though similar, their meanings are not truly identical, for while telemedicine means *medicine* at a distance (Fatehi and Wootton 2012, 460), telehealth suggests *health* at a distance. According to the United States' Federal Communications Commission, the difference between the two is that while telemedicine's focus is upon the delivery of medical services, telehealth:

> includes a wider variety of *remote healthcare services beyond the doctor-patient relationship*. It often involves services provided by nurses, pharmacists or social workers, for example, who help with patient health education, social support and medication adherence, and troubleshooting health issues for patients and their caregivers. (Italics in original, Federal Communications Commission, n.d.)

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Telemedicine is, in sum, subsumed by the broader framework of telehealth. Nevertheless, the terms continue to be used interchangeably, sometimes even by government agencies (Lustig 2012, 3; Rural Telehealth Evaluation Center 2022, 4).

Others have gone a step further in their definitions and explanations of telehealth. Mathews and colleagues (2023) suggest that telehealth includes health and/or medical activities performed without the oversight or monitoring of medical or healthcare professionals. "Telehealth can include everything from *medical websites (e.g., the Mayo Clinic, WebMD)* to remotely controlled surgical robots," they write (italics added for emphasis, 3). This broader conceptualization enables inclusion of health and wellness practices that use technologies into the realm of telehealth and is also in line with the suggestion of Otto and colleagues (2020), who write that "telehealth broadens the concept of telemedicine by including the aspect of well-being into health service delivery and [as] such also encompasses preventive and health promotion measures" (115).

Telehealth's Expansion and Popularization

Telehealth's rapid expansion in the early 2020s resulted from the global spread of COVID-19, when lockdowns forced many health and medical professionals to switch exclusively (or at least primarily) to remote care methods and mechanisms (Imlach et al. 2020, 2). In some cases, the circumstances led to telemedicine's formal recognition in nations where it had not previously been accepted (Shotaro et al. 2020, 2). In others, relaxed government regulations and guidance simply made the use of telemedicine easier (Landi 2020; Bhaskar et al. 2020, 8). In the United States, for example, clinicians were permitted to use popular platforms and smartphone applications (such as Facetime and Google Hangouts) to communicate with their patients, which would under normal circumstances be noncompliant with the HIPPA Rules (Hoffman 2020, 9).

Yet telehealth was indeed practiced prior to the COVID-19 pandemic and studies of —and discussions about —its efficacy, limitations, and ethical implications have existed for decades (e.g. Lehoux, Battista and Lance 2000, 277). During the 1970s, American efforts to get telemedicine off the ground largely failed as inexperience with the requisite technologies, a lack of widespread support for telehealth practices, and other factors proved to be obstacles too significant to overcome (Bashshur 1995, 83). In the 1990s, however, interest in telehealth was revived not only in the United States, but also Europe, Australia, and Asia, as technological improvements and the 'face validity' of telehealth's premise (and promise) to improve the quality and accessibility of healthcare seemed not only logical, but also attainable (Lehoux, Battista and Lance 2000, 277). Today telehealth's claims of cost-effectiveness (Snoswell et al. 2020 2), improved access to medical care (Shigekawa et al. 2018, 1975), and as demonstrated by the COVID-19 pandemic, its value in the context of emergencies and crises (Mahtta et al. 2021, 115), have all played a role in cementing its place as an integral element in comprehensive healthcare systems.

Telehealth and the Culture of the Gig Economy

The need for telehealth, which led to its popularization, facilitated not only regulatory changes but cultural shifts as well. Today, telehealth services are framed as opportunities for health and medical professionals to have 'side hustles' within the platform-based, gig economy. Many of those working across various sectors of the gig economy are drawn in by the need to find solutions to the increasing costs of housing and food (DePillis 2023). What's more, gig work's appeal to neoliberal sensibilities, such as being an entrepreneur and having flexible work hours, are also considered extremely appealing (Ahsan 2021, 21). Research exploring why telehealth providers are enticed by this type of work demonstrates the effectiveness of these appeals, which remain a hallmark of gig work across labor sectors (Bedor Hiland 2021, 118).

Nevertheless, part time work (i. e. gigs), even among the health and medical professions, is nothing new, as reflected by a 2023 article from *The Wall Street Journal* wherein several doctors explained their preference for locum tenens (Tarrant 2023). While locum tenens remains markedly different to the 'gigs' typically made possible by digital platforms, those with health and/or medical expertise still encounter the neoliberal framing of platform-based work as an opportunity to have a 'side hustle.' One article published by the American Academy of Family Physicians, for example, noted that for medical professionals, "having a second (or third) job is now even more common—and easier—due to technology and the 'gig economy'. In addition to earning extra money, the benefits include honing your skills and networking" (Bhuyan et al. 2021).

Omitted from this discourse, however, is that any framing of work as a 'gig' also implies that the labor in question is likely provided on-demand, as the gig economy is also often described as the on-demand economy (Ahsan 2020, 19). Today, with the push of a button, one can have a car waiting to drive them to an intended destination (Uber or Lyft), select groceries that will be delivered to their home (Instacart), know that someone will soon arrive to perform any needed task (TaskRabbit), employ cosmetologists and hairstylists to beautify them in the privacy of their own home (Priv), and have a multitude of other needs fulfilled, all on demand. When medicine and/or healthcare become framed or understood as gigs, therefore, it is only logical for persons seeking those services to expect that they are similarly accessible (i. e. provided on demand). One need only conduct an internet search for phrases such as 'virtual doctor' or 'see doctor now' and pages upon pages of results appear, proffering various doctors (or other types of healthcare workers) who are indeed available on demand.

Nevertheless, not all those who offer their services via telehealth, or advocate for telehealth's adoption, are necessarily supportive of telehealth as 'gig work' in the on-demand sense. Telehealth can also be provided in the context of full-time employment, or as one's sole means of employment, instead of by part-time employees who are considered independent contractors, as is the norm for many gig workers (Ahsan 2020, 20; Kuhn and Maleki 2017, 183). Yet demarcations between these ideas are not always

made, even by those advocating for telehealth's adoption, thereby perpetuating the conflation between the distinct notions of 'telehealth' and 'telehealth-as-gig-work'. For example, writing in the *Physician Leadership Journal*, Peter Alperin, MD (2020), notes that:

> physicians are embracing the gig economy and turning to telemedicine as an alternative to traditional clinical settings. Outstanding among the many benefits of telehealth are flexibility, safety, and convenience. The trend toward increased adoption of telemedicine—which is certain to continue unabated—will transform the healthcare landscape; physician shortages, access to care, and affordability will be eased. (55)

While these remarks reflect appeals typical of gig work (e.g. the flexibility and convenience of having a side hustle), they also reflect the problematic lack of differentiation between providing telehealth services and providing telehealth as gig work.

Although there is still generally a lack of scholarship exploring the experiences of telehealth providers working for service-on-demand platforms, some exceptions exist. For example, in prior research on telemental healthcare providers, I found that "platforms that offer therapy on demand and asynchronously exacerbate the dehumanization and invisibility of their workforce…[this] transforms mental healthcare providers more explicitly into gig workers." (Bedor Hiland 2021, 130–131). Similarly, Garfolo's study of platform-based teletherapy confirms that providers often feel they are constantly on call, unable to separate themselves from their work, and, in the end, feel exploited (2024, 23 and 32).

Final Thoughts

Telehealth is a more expansive domain than telemedicine. It encompasses not only health and/or medical practices provided at a distance and involving professional oversight, but also those which may be pursued independently of a provider in the interest of health or wellness. While this framing represents a broader approach than some previous definitions of telehealth have offered, it nevertheless remains in line with other suggested conceptualizations. What's more, this approach provides a way to account for the role of technology in pursuing health, medical, and wellness goals independently of a provider's oversight, which the framework of telemedicine does not allow for.

While health and medical professionals may not be who initially come to mind when imagining gig economy workers, these fields are not immune from the gig economy's touch. As in other gigified domains, telehealth's appeals to would-be laborers include the promises of flexibility, autonomy, and entrepreneurialism. Yet gig work has, according to *The New York Times*, come to be understood as a 'dirty word,' a labor modality whose benefits do not necessarily outweigh its risks (Browning 2023). It is ironic, therefore, that a 'dirty word' is now being used in direct appeals to health and medical

professionals, whose expertise would seemingly immunize them from the 'dirty' domain of side hustles.

It is likely that the demand (or need) for telehealth services across health and medical specialties will continue to grow and, as it does, lead to the popularization of platforms and platform-based labor that perpetuate the dehumanization of providers. In describing on-demand telehealth workers as 'dehumanized' I mean to suggest that their intrinsic humanity is overlooked. Instead, it is solely their ability to provide on-demand services which matters, both to platform users and to the platforms which proffer their labor on demand. What are fundamentally highly skilled and professionalized forms of labor (i. e. telehealth specialties) will become increasingly perceived as on-demand services, indistinguishable from other forms of platform-based, on-demand labor.

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