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Exploring Ethical Convergence in Contemporary Healthcare

Insha Pani^a

^aNational Law University, Odisha, India

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This paper titled 'Ethical Convergence Amidst Complexity' aims to delve into a comparative analysis of the ethical principles and regulatory frameworks concerned with one of the emerging domains of the healthcare sector, Telehealth. Tele-Health presents a potential paradigmatic shift in the health care services sector. It presents the amalgamation of technology and healthcare services. It explores the evolution of telehealth as a revolutionary healthcare mechanism. However, it is pertinent to note that telehealth presents challenges like data privacy and protection requiring legal and regulatory approaches. This paper has engaged in a comparative analysis of the approaches of several nations towards the regulation of telehealth. Furthermore, the paper has sought to engage in a brief discussion about certain other allied issues gaining prominence in the present context. These issues include concerns regarding the COVID-19 Vaccination and the Covishield conundrum, raising questions of Individual autonomy, and informed consent. Further, the paper examines the implications of psychedelic therapy and the importance of adapting legal frameworks to accommodate cultural and societal nuances.

Keywords: *healthcare regulation, telemedicine, COVID-19 vaccination, psychedelic therapy.*

INTRODUCTION

The 21st century has ushered in a transformative and the most dynamic era in healthcare, revolutionizing the landscape of medical services and extending access to healthcare services in

unprecedented ways. In this dynamic and evolving landscape, Telehealth has emerged as a promising means of expanding the ambit and reach of medical care with doctors and health experts being able to reach out to any corner of the globe. The allure of this domain pertains to its ability to transmit medical knowledge and care through miles, transcending barriers of borders and nations. Originally, emerged as a way to combat the constraints of natural disasters through satellite technology, TV, and microphones as well as real-time video consultation, Telehealth has come a long way to its present manifestation. Today, access to telehealth services has been facilitated through the use of broadband technology, self-owned devices like smartphones, extensive proliferation of internet access, and an infrastructure strengthened with database storage, service backups, data transmission, encryption, and policy frameworks. However, noticeable shortcomings have erupted with rising concerns about data privacy, inadequacy of existing legal and policy frameworks, and informed consent.

The global COVID-19 pandemic has highlighted the crucial role of mass administration of vaccines as a public health intervention; however, it has also raised doubts surrounding vaccine equity and mandatory administration of vaccines. Such concerns have led to the emergence of concerns about bodily autonomy. Further accentuating the concern, the Covishield Thrombosis controversy which engulfs reports of a rare clotting disorder has sparked concerns regarding vaccine safety monitoring, transparency of digital data, and most essentially, balancing strife between regulatory public health imperatives and individual rights. While the two issues at hand may seem to be disparate, these aspects channel concerns to broader issues of healthcare delivery, misinformation dissemination, and the role of telehealth, whether constructive or detrimental in addressing public health challenges¹.

Synchronously, the re-emergence of growing interest in psychedelic therapy as a therapeutic approach to mental health ailments has paved the way for discourse around ethical and legal policy regulations. While psychedelic-assisted therapies present a potential shift in the diagnosis and procedural cure of mental health problems, they pose a threat of abuse, overuse, and the

¹ 'What Can Be Treated through Telehealth? (*Tele Health*, 19 February 2024)
<<https://telehealth.nhs.gov/patients/what-can-be-treated-through-telehealth>> accessed 03 May 2024

increased risk of people using psychedelic drugs on their own without legal medical consultation and access.²

This paper aims to analyze the common ethical principles and regulatory frameworks through a comparative analysis and explore possible policy frameworks associated with societal implications in this multi-disciplinary discourse involving contemporary healthcare and informed decision-making.

TELEHEALTH REGULATION

Telehealth is a revolutionary medical care mechanism strengthened by information and communication technologies about the exchange of crucial medical care through remote diagnosis, treatment, and preventive and recovery measures. Telehealth interchangeably used with telemedicine has played an instrumental role in advancing public health care imperatives, overcoming the barriers of terrains, borders, and nations. Utilizing innovative technologies, portable device applications, and monitoring mechanisms, telehealth has significantly promoted disease and wellness awareness. However, the telehealth domain is not free from shortcomings about certain legal challenges like the right to bodily autonomy, and data protection. Individual autonomy as emphasized by Justice Cardozo in his judgment in the case of *Schloendorff v Society of New York Hospital*, underscores the essence of the right to determination, possessed by a person of major age and sound mind. One of the most gleaming examples of violation of such autonomy can be witnessed in the administration of HPV (Human papillomavirus) to the *Janjatis (indigenous)* female population of Andhra Pradesh, which was carried out without prior awareness and information as to the purpose and precautions of the vaccines. However, the death of 4 women led to the termination of the vaccination drive.

Further, challenges about access and equity, mark further ethical considerations in telehealth. While we acknowledge the fact that telehealth care has proved instrumental in transcending borders to deliver healthcare services, we cannot turn a blind eye to the fact that there exist discernible disparities in access to even basic connectivity. This might further exacerbate the

² Brian Pilecki et. al., 'Ethical and Legal Issues in Psychedelic Harm Reduction and Integration Therapy' (2021) 18(40) Harm Reduction Journal volume <<https://doi.org/10.1186/s12954-021-00489-1>> accessed 03 May 2024

already existing inequalities in access to healthcare, especially in the context of marginalized communities.

Additionally, another concern that presents itself in telehealth settings, is the maintenance of standards of care and competency in delivering healthcare services. Healthcare professionals must imperatively possess the necessary skills and due diligence in providing remote health care. Further, they must adhere to certain standards to establish a safe and effective medicare mechanism with the least possible deviations from the acceptable standard. This adherence to standards of care and diligence would go a long way to reform the relationship dynamics in the telehealth domain, by aiding in the building up of ethical considerations even in virtual settings. A high degree of trust between healthcare professionals and beneficiaries (patients, guardians of patients) remains imperative, thereby highlighting the need to enhance communication, empathy cultural competence, and professional conduct. Technological interventions in the telehealth domain have manifested, majorly in the form of AI-powered algorithms, Electronic Health Records, and Remote monitoring devices. Intervention in this form increases risks of data privacy and security which can be addressed only through the establishment of a proper data protection infrastructure and legal framework³.

COMPARATIVE ANALYSIS OF TELEHEALTHCARE REGULATIONS: A GLOBAL PERSPECTIVE

United States of America: The USA lacks formal legislations that govern telehealth and telemedicine but this does not make it any less complicated or regulated. This is because, in the USA, the states have the autonomy to define the mechanism of telehealth and formulate rules governing the domain. Some programs like the Medicare program provide insurance to senior citizens aged above 65 years of age. Similarly, another program that permits licensed, good-standing practitioners to provide Medicare beyond the boundaries of the state. These programs

³ 'The Future Of Healthcare' (*Mondaq*, 24 November 2023)

<<https://www.mondaq.com/india/healthcare/1392606/telemedicine-the-future-of-healthcare>> accessed 04 May 2024

effectively assist the penetration of telehealth in the current healthcare domain⁴. A part of the US legislation, The Health Insurance Portability and Accountability Act⁵, of 1996 may prove instrumental in addressing our concerns surrounding data protection and privacy as it aims to establish a uniform set of standards for healthcare data, addressed by rules of privacy and of security⁶. Simultaneously, 2023 has seen a greater emphasis on compliance between the state and federal regulations on subjects including patient consent, technology considerations, and HIPAA 1996 compliance.

United Kingdom: Similar to the approach of the USA, the UK lacks laws and regulations that specifically address telehealth. The healthcare professionals are subjected to the same regulations, that apply to professionals practicing in person. A body entrusted with the regulatory functions for healthcare providers is the Care Quality Commission (CQC). The CQC mandates the registration of all service providers to perform and deliver remote medical services. The services of care and treatment provided must fulfill the standards delineated in the Health and Social Care Act⁷, of 2008, and thus no apparent distinction is made between the regulatory framework governing digital/telehealth services and in-person services.⁸ The British Medical Association has delineated the conditions as well as the standard guidelines for practitioners.⁹ Another landmark legislation, The General Data Protection Regulation¹⁰ of 2018 plays an instrumental role in providing more control and autonomy to patients in the overall process of personal data handling. One of the foundation stones of the GDPR is transparent data processing transparency which aims to minimize the risk of potential data breaches, theft, and misuse. Another crucial and novel provision provided by the GDPR is the right to data

⁴ Cason D Schmit et. al., 'The Development of Telehealth Laws in the U.S. from 2008 to 2015: A Legal Landscape' (*Policy Brief*, 6 November 2019) <<https://srhrc.tamu.edu/publications/the-development-of-telehealth-laws-in-the-us-policy-brief.pdf>> accessed 04 May 2024

⁵ Health Insurance Portability and Accountability Act 1996

⁶ *Ibid*

⁷ Health and Social Care Act 2008

⁸ Shantanu Mukherjee and Vatsala Sood, 'The Regulation of Telemedicine: A Global Comparative Analysis' (*SCC Times*, 24 December 2021) <<https://www.sconline.com/blog/post/2021/12/24/the-regulation-of-telemedicine-a-global-comparative-analysis/>> accessed 05 May 2024

⁹ Joseph Wherton et. al., 'Guidance on the Introduction and Use of Video Consultations during COVID-19: Important Lessons from Qualitative Research' (2020) 4(3) *BMJ Leader* <<https://bmjleader.bmj.com/content/leader/4/3/120.full.pdf>> accessed 05 May 2024

¹⁰ General Data Protection Regulation 2016

portability¹¹, which enables patient to access their medical data in a standardized form and switch from one service provider to another with considerable ease.¹²

People’s Republic of China: Unlike the earlier nations we have come across, china does not present a lack of specialized legislation meant for telemedicine. Telemedicine networks such as Golden Health Network, MedioNet of China network, and People’s Liberation Army Telemedicine Network are some of the specialized regulatory frameworks for the regulation of Telemedicine. However, these networks have been somewhat inadequate to address the disparities between the urban and rural health domains. Simultaneously, a variety of telecommunication media like the Digital Data Network, Integrated Services Digital Network, and Asynchronous Transfer mode are being used for telemedicine networks. The remote medical care delivery system makes use of varied generic messaging apps such as WeChat, and Facebook¹³ and some specialized mHealth applications such as patientslikeme.com, and Dingxiang Yuan. The laws of the PRC prescribe a higher degree of skill and qualification for healthcare professionals practicing telemedicine than ordinary healthcare professionals.

India: The demography of India suggests a strong disparity with 72.2% of the population residing in rural areas and on the other hand a portion of more than 75% of doctors, residing in cities and urban centers. This necessitates an extension of healthcare services beyond the cities to attain universal health coverage and mitigate the scarcity of healthcare services. India however, lacks a legal framework, and thus there exists a void for lack of legislation and measures to ensure ethical practice. The NITI Aayog allied with the Medical Council of India’s Board of Governors has tried to eradicate the void through certain guidelines. The guidelines introduced by the board of Governors have been published as The Telemedicine Practice Guidelines as a component of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations,2020. While at the current standing, there exists no specialized legislation to govern telemedicine, telemedicine is governed by some generic legislations like the Drugs and

¹¹ General Data Protection Regulation 2016, art 16

¹² Indradeep Bhattacharya et. al., ‘Telemedicine: role of data protection laws in European Union’ (*Lexology*, 6 December 2023) <<https://www.lexology.com/library/detail.aspx?g=83377fb4-4e29-418d-bcdf-162f9f1973ef>> accessed 05 May 2024

¹³ Ricky Leung et. al., ‘Social Media Users’ Perception of Telemedicine and mHealth in China: Exploratory Study’ (2018) 6(9) <<https://doi.org/10.2196%2Fmhealth.7623>> accessed 05 May 2024

Cosmetics Act 1940, the IT Act 2000¹⁴, and the IT (Reasonable Security Practices and Procedures and Sensitive Personal Data or Information)¹⁵. The Digital Data Protection Act of 2023¹⁶ provides a comprehensive privacy and data protection legal framework that aims to safeguard the personal data of individuals against all potential breaches and provide them with a sense of control over their data during the processing of such data for legitimate purposes, and accountability. Therefore, it can be appropriately affirmed that The DPDP Act,2023 can be seen as a significant milestone in establishing individual privacy and protection of sensitive data.

COVID -19 VACCINATION: LEGAL, CONSTITUTIONAL CHALLENGES

Vaccination forms a crucial element of the public health policy framework and is believed to be an instrumental means of providing a barrier against several communicable diseases and infections. Since, the inception of the smallpox vaccine in 1796, the idea of vaccination has been reinforced in several instances even in pre-independence colonial India, through the *Vaccination Act 1880*¹⁷, the *Compulsory Vaccination Act 1882* and during the plague epidemic of Bombay 1896. Although the practice of vaccination proves highly essential for the eradication of diseases and outbreaks like plague, and smallpox, it does not necessarily direct towards the importance of community participation for the same. The post-independence state has traced the lines of the same idea and has channelized efforts towards the provision of a Universal Immunization program, reinforced through the National vaccine policy. However, as observable even in the present context there has been growing resistance to vaccination from both educated as well as the uneducated, unaware sections of the society. Such resistance is often rooted in long-standing myths, inadequate transparency, or fear of adverse events following immunization (AEFI). Added to such concerns, instances like those of HPV administration to the *Janjatis* of Andhra Pradesh, bring out the unethical conduct of the vaccination programs due to which they lose substantial credibility.

¹⁴ Information Technology Act 2000

¹⁵ The Information Technology (Reasonable Security Practices And Procedures And Sensitive Personal Data Or Information) Rules 2011

¹⁶ Digital Personal Data Protection Act 2023

¹⁷ Vaccination Act 1880

The recent vaccination drive against SARs-COVID-19 has sparked debates surrounding the justification of mandatory vaccination and concerns about informed consent and bodily autonomy.

Providing a brief insight on the vaccination provision in the Indian context, while healthcare is enumerated as a part of DPSP, certain allied aspects like public health are under the direct ambit of the state list. However, healthcare, or for that sake, public health is an area of major concern for the central government as well and therefore, time and again the union government is seen to take interest in matters of public health. This can be witnessed through several center-driven legislations like *The Vaccination Act 1880*, *The Epidemic Diseases Act 1897*¹⁸ and *The Drugs And Cosmetics Act*¹⁹ 1940.²⁰ However, it is imperative to note that any initiative towards a compulsory mass vaccination drive by the government has to be backed by substantial data, clinical experiments, and scientific expertise, and most importantly, it has to be premised upon the interests and protection of the larger public interest.²¹ In that context, vaccination must thus be wilful and out of free consent. The High Court of Meghalaya affirmed a similar stance in the case of *Registrar General, High Court of Meghalaya v State of Meghalaya*²², where it was observed that mandatory or compulsory vaccination cannot be backed by the force of law and thus stands unconstitutional.

During the outbreak waves of the pandemic, several sections of society including vendors, shopkeepers, drivers, and even students appearing for exams were mandated to get vaccinated. Despite such mandates by the state governments, the central government had clarified that vaccination was not meant to be binding on people rather it was to be seen as a voluntary exercise. It is however not impossible, even for the central government to mandate vaccination. This can be carried out through its powers derived from the Epidemic Diseases Act, 1897 as well

¹⁸ The Epidemic Diseases Act 1897

¹⁹ The Drugs And Cosmetics Act 1940

²⁰ Kushaan Dosajh, 'The Legality of Mandatory Vaccination' (2020) 5(1) Indian Journal of Medical Ethics December 2019) <<https://doi.org/10.20529/IJME.2019.079>> accessed 07 May 2024

²¹ Rangin Pallav Tripathy, 'Indian Govt Has Multiple Legal Options to Force Citizens to Vaccinate against Covid' *The Print* (30 April 2020) <<https://theprint.in/opinion/indian-govt-has-legal-options-to-enforce-compulsory-covid-vaccination/411662/>> accessed 07 May 2024

²² *Registrar General v State of Meghalaya* AIR 2021 Meg 40

as the Disaster Management Act 2005²³. These legislations empower the central government to prescribe temporary regulations to control an outbreak. This regulation even though being confined to ‘travel’ only, the central government can mandate vaccination to permit travel. Such unfettered powers, however, lead to a violation of the heart of Part III of the Indian constitution; Article 21. Article 21 which textually reads plainly as ‘Right to life and personal liberty’, entails a vast and dynamic cluster of rights, essential for a human being, an individual to lead a life. Unsurprisingly, health is inherently an integral part of one’s life. The right to health is thus a fundamental right under Article 21. This was underscored by the Supreme Court in the landmark case of *Consumer Education and Research Centre v Union of India*²⁴. Thus, the right to health being a fundamental right, the administration of vaccines compulsorily, through coercive means, defeats the entire purpose of healthcare. Further, it violates the individual’s Right to Privacy by encroaching upon bodily integrity and autonomy as delineated in the judgment of *Justice K.S Puttaswamy v Union of India*²⁵. This stance is also evident from cases from several other jurisprudences, for instance, a case from the English jurisprudence, *Airedale NHS Trust v Bland*²⁶ similarly establishes that forceful or coercive administration of vaccine to an individual, would amount to a civil wrong/tort.²⁷

Another aspect, closely linked with the context of the vaccination drive in India is the recent eruptions of controversies surrounding the Covishield Vaccine, manufactured by AstraZeneca and produced by the Serum Institute of India. The vaccine is alleged to be potent in causing a rare but serious condition known as *Thrombocytopenia Syndrome* which can develop clots along with a low platelet count, in the individual’s blood, administered with the vaccine. The claim has reportedly been admitted by the manufacturers as well as the government. The primary concern which needs to be ascertained is the liability of the manufacturer. The case of *Stahlheber v American Cyanamid*²⁸ highlights important insights on this aspect. The Missouri Supreme Court

²³ The Disaster Management Act 2005

²⁴ *Consumer Education and Research Centre v Union Of India & Others* (1995) 3 SCC 42

²⁵ *Justice K.S. Puttaswamy (Retd.) v Union of India & Ors* (2018) 1 SCC 1

²⁶ *Airedale NHS Trust v Bland* (1993) 1 All ER 821

²⁷ Pushpit Singh, ‘Compulsory Vaccination for COVID-19: Legal Possibility or Violation of Fundamental Rights?’ *Bar and Bench* (30 June 2021) <<https://www.barandbench.com/apprentice-lawyer/compulsory-vaccination-for-covid-19-in-india-a-legal-possibility-or-a-violation-of-fundamental-rights>> accessed 07 May 2024

²⁸ *Stahlheber v American Cyanamid Co.*[1970] 451 S.W.2d 48

in this case, gave two criteria or conditions where the liability of the manufacturer can be evaded, the first being that the vaccine has been correctly manufactured with adherence to the regulatory standards and reasonable/prudent manufacturing practices and the second one being, that the manufacturer has ensured reasonable steps to aware the vaccine taker of possible side effects²⁹. Analysing the conditions in the present Covishield context, it is quite apparent that neither the manufacturers nor the producers have made efforts to make the vaccine takers aware, of the possible side effects irrespective of how trivial they could be or how soever rare the possibility of developing a detrimental immune response could be. Adding to the shortcomings of the vaccination drive, this aspect has ignited further discussions about informed consent and data transparency in the current framework.

PSYCHEDELIC THERAPY: NAVIGATING THE LEGAL LANDSCAPE

Psychedelic therapy has presented a potential shift in the paradigm of psychotherapies. However, despite such potential psychedelic therapy has always remained in an investigational stage, which demands further research and scrutinization of a regulatory framework. Now understanding psychedelic therapies is imperative to gain a deep understanding of the implications of psychedelic therapy and the ethical and legal challenges faced by its unwarranted and unregulated usage.

The 21st century has seen a significant rise in mental disorders and ailments. These ailments go a long way to an increase in several other diseases, in fact, some of the most fatal ones like autoimmune disorders and cancer³⁰. However, contrary to the need or demand of the significant increase in mental and psychological ailments, there has been a noticeable stall in the innovation of novel mechanisms and means to combat mental disorders³¹. Psychedelic therapy is one such mechanism to combat mental disorders which brings into use synthetic compounds like LSD (Lysergic Acid Diethylamide), Ketamine, psilocybin, ibogaine, and several other naturally

²⁹ National Research Council et. al., *Vaccine Supply and Innovation* (National Academies Press 1985)

³⁰ Kendra Cherry, 'Explore a List of Psychological Disorders From the DSM-5' (*Verywell Mind*, 5 December 2023) <<https://www.verywellmind.com/a-list-of-psychological-disorders-2794776>> accessed 08 May 2024

³¹ Eduardo Ekman Schenberg, 'Psychedelic-Assisted Psychotherapy: A Paradigm Shift in Psychiatric Research and Development' (2018) 9(733) *Frontiers in Pharmacology* <<https://doi.org/10.3389/fphar.2018.00733>> accessed 08 May 2024

occurring alkaloids³². In the current context, the EU engaging in the first intensive, clinical study into psychedelic-assisted mental health treatments has sought to provide a fresh perspective on psychoactive substances and their utility in the healthcare domain. Several nations of the world have initiated the open acknowledgement and acceptance of the potential benefits of psychedelic drugs like LSD and MDMA, explicitly through the legalization of psychedelic drugs. A comparative analysis of the current legal landscape of the USA, and Canada shows that although both nations are apprehensive of the potential abuse of psychoactive substances, Canada seeks to place the barrier of authorization, which needs to be appropriate for purposes of production, distribution, etc, on the other hand, USA has placed a total ban on the use of such drugs even with medical supervision³³. On the other end of the spectrum, there are nations like Gabon, Bahamas, The British Virgin Islands, Peru, the Czech Republic, Portugal, Switzerland, and Israel that have decriminalized the use of some or all forms of psychedelic drugs³⁴.

The approach of India towards Psychedelic drugs is similar to that of Canada, and the USA. However, the legal landscape in psychedelic therapy in India is more complex and nuanced. Although no specific legislation has been brought into existence to permit the usage of psychedelic substances for purposes of therapy, there are no particular restrictions for the same. Notwithstanding such dilemma, the possession, distribution, and further use of psychedelics are illegal under the Narcotic Drugs and Psychotropic Substances Act (NDPS)³⁵, 1985 which classifies them as dangerous substances. The NDPS Act forms one of the most robust and comprehensive laws aimed at regulating, controlling, and combating drug-related activities. It is crucial to observe that India has a rich cultural and spiritual tradition of using psychedelics in some specific regions like that of Kodaikanal, where compounds like LSD, MDMA, and Magic

³² Jennifer M. Mitchell and Brian T. Anderson, 'Psychedelic therapies reconsidered: compounds, clinical indications, and cautious optimism' (2024) 49(1) *Neuropsychopharmacology* <<https://doi.org/10.1038/s41386-023-01656-7>> accessed 01 May 2024

³³ Billy, 'Deciphering LSD Laws: A Comparative Analysis of Canada, USA, and Mexico' (*Tripsafely*, 25 May 2023) <<https://www.tripsafely.ca/post/deciphering-lsd-laws-a-comparative-analysis-of-canada-usa-and-mexico>> accessed 02 May 2024

³⁴ Jennifer Chesak, 'What Psychedelics Legalisation and Decriminalisation Looks like around the World' *BBC* (22 March 2024) <<https://www.bbc.com/future/article/20240320-legal-status-of-psychedelics-around-the-world>> accessed 02 May 2024

³⁵ Law Commission of India, *One Hundred and Fifty-Fifth Report on Narcotic Drugs and Psychotropic Substances Act 1985* (1997)

mushrooms are available. However, it cannot overshadow the fact that the use of such substances is not legal and condemned by the legal force³⁶.

The Law Commission of India, in its 155th report on the NDPS Act, 1985 made a recommendation for amendment of the Act to provide for the use of psychoactive substances for therapeutic purposes. In its report, the law commission highlighted that the Convention on Psychotropic Substances, 1971³⁷ a United Nations treaty was adopted to establish an international control and regulatory system for psychotropic substances. India being a signatory to the convention abides by the vision and motive of the convention, which is to confine or limit the use of psychotropic substances only to the extent of legitimate purposes. Provided, such use is validated to be indispensable and backed by medical and scientific sanction³⁸.

Within a similar time frame and with a similar concern, The Supreme Court, in the case of *Durand Didier v Chief Secretary, UT of Goa*³⁹ has expressed legitimate concern regarding the dilution and adulteration of the purpose of psychotropic/psychedelic substances resulting from the practices of illicit trafficking in the underworld. This has put young students, and adolescents at severe risk of substance abuse. These activities, the court is of the view, defeat the entire purpose of the therapeutic essence of the compounds.

This set of reasons which ranges from illicit trafficking to potential abuse by the most vulnerable portion of the population (students, adolescents) makes it imperative to adopt a stringent legal framework like that of the NDPS Act. Although the NDPS forms a robust and comprehensive framework of regulations, it has lacked a practical and pragmatic level of leniency and flexibility to adapt to the diverse cultural and social milieu of Indian society. Citing some infirmities or shortcomings like, for instance, NDPS seeks to put a blanket ban on all sorts of drugs. Therefore, compounds that might be medically approved to be therapeutic, when found in possession without a prescription, may lead to the arrest of the person in possession. This places an

³⁶ Phil Dubley, 'A Look At India's Current Psychedelic Drug Laws' (*Tripsitter*, 31 October 2021)

<<https://tripsitter.com/legal/india/>> accessed 03 May 2024

³⁷ Convention on Psychotropic Substances 1971

³⁸ Law Commission of India, *One Hundred and Fifty-Fifth Report on Narcotic Drugs and Psychotropic Substances Act 1985* (1997)

³⁹ *Durand Didier v Chief Secretary, Union Territory of Goa* (1989) 1 SCC 95

unfettered emphasis on medical prescription thereby undermining the several challenges pertaining to access to mental health care professionals and the existence of required awareness as to the utility of these compounds⁴⁰. This brings us to the inference that, while it is crucial to establish a regulatory framework to combat challenges of trafficking, abuse, overuse, and consumption without prior medical consultancy, it is equally essential that such framework has to incorporate a certain amount of flexibility to adapt to the demographical challenges of the sub-continent. Only when the shortcomings of the primary governing act are acknowledged and reformed, psychedelic therapy as a revolutionary landscape can survive and thrive.

CONCLUSION

The comparative analysis of the discourse on the Telehealth domain illuminates the intricate interplay between ethical principles, regulatory frameworks, and the evolving landscape of healthcare. The analysis highlights the fact that while the pandemic has resulted in a significant upsurge in the prevalence and acceptance of healthcare services, there has been no significant emphasis on extending the legal policy framework. Although certain legislations do exist for addressing concerns of data protection such for instance the GDPR and the Digital Data Protection Act, they do not specifically address the nuanced challenges presented through Telehealthcare such as patient autonomy, and informed consent. Further, the resurgence of interest in psychedelic therapy as a treatment modality for mental ailments presents both an advantageous opportunity as well as a risk. While psychedelic compounds present an opportunity for the transformation of mental health care, there exists a pressing need to address issues of abuse, overuse, unauthorized use, and illicit trafficking. Such issues have to be addressed through regulatory mechanisms. These mechanisms have to entail both rigidity and a certain amount of flexibility. The global pandemic has underscored the critical role of vaccination in mitigating the harm caused by mass epidemic outbreaks. As countries strive towards adopting universal vaccination programs, considerations and controversies arise such as vaccine distribution, access, informed consent, and bodily autonomy. In navigating the

⁴⁰ Neha Singhal and Naveed Mehmood Ahmad 'Criminalisation Leads To Exploitation: The Mumbai Story No One Knows About' (*Vidhi Centre for Legal Policy*, 08 September 2020) <<https://vidhilegalpolicy.in/research/criminalisation-leads-to-exploitation-the-mumbai-story-no-one-knows-about/>> accessed 04 May 2024

complexities of modern healthcare, it is evident that ethical convergence is essential for fostering trust and ensuring patient safety and data protection. By upholding ethical principles and enacting robust regulatory frameworks, stakeholders in the healthcare ecosystem can work towards building a sustainable and inclusive healthcare system.