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**A CROSS-NATIONAL ANALYSIS OF ONLINE MEDICINE IN BELARUS
AND UNITED STATES, INDIA, JAPAN, SOUTH KOREA**

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The integration of online and broadcast-based telemedicine addresses critical gaps in healthcare access, particularly in resource-limited and rural areas. Comparative studies between regions with differing socioeconomic and technological landscapes, offer insights into scalable solutions for equitable healthcare delivery.

This study aimed to conduct a rigorous comparative evaluation of telemedicine regulatory frameworks and organizing process of telemedicine in Belarus, the United States, India, Japan, and South Korea, with the intent to elucidate current practices, delineate jurisdictional disparities, and assess implications within heterogeneous healthcare ecosystems

A systematic comparative analysis was implemented utilizing a cross-sectional design to capture legal provisions at a defined temporal juncture. Primary data were extracted from authoritative legal instruments, including Belarus' Act "On Healthcare" (1993, amended 2020) and Decree No. 65 (2021), U.S. HIPAA (1996) and DEA regulations (2025), India's Telemedicine Practice Guidelines (2020), Japan's Medical Practitioners Act and APPI (amended 2020), and South Korea's Medical Service Act and PIPA (2011), complemented by secondary sources such as WHO reports and national health ministry publications. A comprehensive literature review targeted documents updated since 2020, with foundational legislation retained where pertinent. Data were systematically categorized into thematic domains—legal architecture, patient consent protocols, provider licensure, prescribing governance, data security, and emergent trends—and subjected to qualitative synthesis, ensuring methodological rigor and citation veracity

Telemedicine, defined as remote clinical services via digital or broadcast media, gained traction in the 1990s with early internet adoption. Belarus initiated state-funded TV medicine programs in 2012, targeting elderly populations through televised health education and consultations. The analysis revealed divergent regulatory paradigms: Belarus exhibited a centralized, uniform framework; the U.S. demonstrated a decentralized system with state-level variability; India prioritized rural accessibility; Japan enforced stringent safety protocols; and South Korea confined telemedicine to pilot initiatives. Patient consent mandates ranged from Belarus' mandatory written agreements to the U.S.' flexible HIPAA-compliant disclosures. Licensure aligned with national credentials, with U.S. interstate compacts facilitating cross-jurisdictional practice

This investigation affirms that telemedicine regulation mirrors national healthcare priorities and technological capacities. The findings underscore the necessity for harmonized international standards to optimize interoperability, particularly in data protection and licensure. Prospective research is warranted to evaluate the longitudinal impact of these frameworks on telemedicine efficacy and patient outcomes.