The Role of Telemedicine in Nigeria's Healthcare Sector: Canvassing for a Comprehensive Legal Regulation

By

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Abstract

Telemedicine offers a strategic solution to Nigeria's healthcare challenges of inadequate infrastructure, personnel shortages, and unequal access between urban and rural areas. Despite growing adoption since pilot projects began in 2007, Nigeria lacks a unified legal framework governing telemedicine practice, creating uncertainty around licensure across state boundaries, professional liability, informed consent, data protection, jurisdiction, and prescription validity. Using doctrinal legal research, this paper examines telemedicine's historical development and current role in Nigeria's healthcare sector while analysing existing applicable laws, the Constitution of the Federal Republic of Nigeria (1999), the Nigeria Data Protection Act (2023), the NITDA Act (2007), the Evidence Act (2011), and the Medical and Dental Practitioners Act (1988), to assess their adequacy for regulating digital health practice. Findings show these instruments offer only fragmented, indirect coverage, with none addressing telemedicine comprehensively. This regulatory gap, compounded by poor infrastructure and connectivity, has slowed telemedicine's mainstream integration despite its proven benefits in chronic disease management, mental health care, and specialist access for underserved communities. The paper further finds that Islamic legal principles, particularly ḥifẓ al-nafs, maṣlaḥah, lā ḍarar wa lā ḍirār, ḍamān, informed consent and medical confidentiality, provide a useful normative framework for addressing patient protection, prevention of harm and professional responsibility in telemedicine. The paper recommends enacting a distinct, comprehensive telemedicine law and establishing a Telehealth Regulatory Commission to license platforms, set care standards, enforces data protection, and clarify liability, fostering trust and equitable access as Nigeria advances digital healthcare.

Keywords: Healthcare, Patients, Responsibility, Standards, Telemedicine

1. Introduction

Telemedicine which is the delivery of health services at a distance is rapidly emerging as a transformative force in global healthcare, offering innovative solutions to long-standing challenges in access, affordability, and quality of care.[1] In Nigeria, where the healthcare system struggles with numerous constraints such as inadequate infrastructure, shortage of skilled

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[1] Sanjay Sood and others, 'What Is Telemedicine? A Collection of 104 Peer-Reviewed Perspectives and Theoretical Underpinnings', [2007] (13) (5) *Telemedicine And E-Health* 573.

personnel, and unequal distribution of professionals and services, telemedicine presents a timely and strategic intervention.[2]Through connection of remote networks and remote consultations, diagnostics, and monitoring, digital health platforms have begun bridging the gap between urban healthcare hubs and underserved rural communities.[3]However, the expansion of telemedicine raises critical legal and policy questions regarding regulation, liability, patient data protection, and professional standards. In Nigeria, while existing laws such as the National Health Act,[4] and the Nigeria Data Protection Act,[5] offers partial coverage, a unified, comprehensive legal framework on telemedicine remains absent. This legal vacuum creates uncertainty for practitioners, patients, and technology providers alike. As Nigeria embraces digital innovation in healthcare, there is an urgent need to develop coherent legal and regulatory structures that promote safety, trust, and accountability. A robust legal foundation will not only optimise telemedicine practice but also ensure that its benefits are delivered equitably and ethically. In view of the foregoing, this paper examines the roles and development of telemedicine in Nigeria and argues for comprehensive and appropriate legal and policy mechanisms to sustain its growth.

Given Nigeria's plural legal structure and the operation of Sharīʿah-based legal institutions and legislation in several northern states, the regulation of telemedicine also warrants consideration from an Islamic-law perspective. Islamic jurisprudence contains established principles concerning the preservation of life, prevention of harm, professional trust, informed consent, confidentiality and responsibility for injury. These principles are particularly relevant to telemedicine because remote healthcare raises questions that directly engage these values, including the prevention of avoidable harm, protection of medical information, validity of patient consent and attribution of responsibility for injury. Accordingly, this paper incorporates an Islamic-law perspective not as a substitute for Nigeria's general legal framework, but as a complementary normative dimension capable of informing the development of a culturally responsive and comprehensive telemedicine regime.

To achieve the above objectives, this paper is divided into eight parts. The first is the introductory part, which highlights the aims and focus of discussion in the paper. The second part provides a conceptual definition of telemedicine and how it is perceived and used in the paper. The third part chronicles the historical development of telemedicine in Nigeria. While part four addressed the current usage of telemedicine in Nigeria, highlighting some of the obstacles that have slowed its integration into mainstream medical practice. Part five explore the role of telemedicine in Nigeria and its advantage to health care sector. Furthermore, part six addressed the important question of the legal framework on telemedicine in Nigeria, highlighting the inadequacy, low coverage, lack of a unified legislations and the need for a comprehensive legal framework on telemedicine in Nigeria. Part Seven examines healthcare and telemedicine from the perspective of Islamic law, with particular attention to the principles of *ḥifẓ al-nafs*, *maṣlaḥah*, *lā ḍarar wa lā ḍirār*, *ḍamān*, informed consent and medical confidentiality. The final part, Part Eight, contains the conclusion and recommendations.

[2] AK Emmanuel, and others, 'Investigating the Challenges and Opportunities of Telemedicine in Enhancing Health Care Access in Nigeria' [2025] (2) (1) *International Journal of Clinical and Medical Case Studies* 1004- 5.
[3]*ibid*, 1005.
[4]Act No. 8 of 2014.
[5]Act No. 14 of 2023.

2. Conceptual Definition

Telemedicine, like many multidisciplinary concepts, is subject to multiple definitions. However, a common element is that telemedicine involves the use of technology to deliver healthcare services remotely. The American Telemedicine Association formally defines telemedicine as "the use of medical information exchanged from one site to another via electronic communication for health and education of the patient or health care provider and for the purpose of improving patient care".[6] Telemedicine simply means providing medical services from a distance. It does not follow a single or uniform method, as there are various ways it can be applied.[7] Telemedicine has also been defined as any system of care in which the doctor and his or her patient are at different locations.[8]

In sum, telemedicine refers to the provision of medical care through electronic communication systems, information technologies, or other digital platforms, enabling clinical interactions between a licensed practitioner in one location and a patient in another, with or without the involvement of an intermediary healthcare professional.[9]In light of the foregoing, telemedicine is perceived and used in this paper as leveraging digital technology to connect patients in urban and rural areas of Nigeria with licenced practitioner with or without healthcare professional(s).

3. History of Telemedicine in Nigeria

Nigeria formally adopted telemedicine in 2007 when the National Space Research and Development Agency (NASRDA), in partnership with the Federal Ministry of Health, inaugurated a pilot project to explore its application nationwide.[10]The initiative was anchored in two leading teaching hospitals, namely the University College Hospital, Ibadan, and the University of Maiduguri Teaching Hospital, alongside six federal medical centres in Owo, Gombe, Makurdi, Yenagoa, Birnin Kebbi, and Owerri, thereby ensuring representation across all six geopolitical zones of the country.[11] Beyond public institutions, private healthcare providers, including Lagoon Hospital in Lagos and Igbinedion University Teaching Hospital in Benin, also adopted the technology, highlighting its broader appeal. The pilot project further incorporated mobile telemedicine units, vehicles equipped with satellite receivers, to extend healthcare services to remote and hard-to-reach areas, demonstrating early efforts to overcome geographical and infrastructural barriers in Nigeria's healthcare delivery.[12]

On the 11th day of November, 2007, the National Space Research and Development Agency (NASRDA), in collaboration with the Nigerian Ministry of Health, launched a pilot project aimed at employing telemedicine to enhance healthcare delivery for Nigerians residing in rural

[6] American Society for Health Care and Risk Management, *Telemedicine: Risk Management Considerations* (Chicago, 2018) 6.
[7] G Jim and others., *The Diffusion of Telemedicine, Telemed e-Health in State-of-the-Art, Telemedicine or Telehealth: An International Perspective* (United State of America: Mary Ann Liebert Inc, 2002) 79.
[8] RL Bashshur , 'Perspective on the Definition and Evaluation of Telemedicine' (1995) (1) *Telemedicine Journal* 20.
[9] CO Alenoghena and others., 'Telemedicine: a Survey of Telecommunication Technologies, Developments, and Challenges'[2023] (12) *Journal of Sensor and Actuator Network* 1.
[10] Ukaoha and Egbokhare's 'Prospects and Challenges of Telemedicine in Nigeria' [2012] (3) (1) *Journal of Medicine and Biomedical Sciences*, 66.
[11] ibid.
[12] ibid

communities distant from established medical facilities.[13]The telemedicine initiative in Nigeria initially depended on NigComSat-1, which connected eight fixed terminals and one mobile unit to provide remote medical services from professionals in Abuja and Lagos. However, the project faced setbacks after NigComSat-1 suffered solar array failures in 2008, leading to its collapse.[14]

Subsequently, a replacement satellite, NigComSat-1R, was launched in December 2011.[15] Despite such advancements, the design and sustainability of telemedicine systems remain a major challenge for many developing countries Nigeria inclusive.[16]In recent years, technological innovations have significantly reduced the barriers confronting telemedicine in Nigeria. Zycom GlobalMed, in partnership with GlobalMed, has harnessed the nation's fiber-optic infrastructure to establish a wireless node network capable of delivering virtually unlimited bandwidth. This advancement has strengthened network reliability, enhanced the quality of video conferencing, and substantially improved both the efficiency and the reach of telemedicine services across the country.[17]

4. Current Usage and Adoption of Telemedicine in Nigeria

The shortage of qualified medical practitioners in Nigeria has contributed significantly to rising mortality rates. In Nigeria's public health sector, there are 13 doctors, 92 nurses and midwives, and 64 community health workers (CHWs) per 100,000 people.[18]In light of this disparity, telemedicine serves as a vital mechanism for enhancing healthcare delivery across the country, effectively bridging the gap between medical professionals and underserved populations. Premised on the above, telemedicine has the potential of serving as a vital tool for improving healthcare delivery in Nigeria.

Telemedicine affords remote consultations, diagnostic evaluations, and therapeutic interventions through digital communication technologies, thereby extending healthcare access to regions constrained by inadequate medical personnel and limited infrastructure. As a discipline, telemedicine provides scope for enhancing medical practice through telecommunication devices, either functioning independently or integrated with specialized software applications.[19]

In Nigeria, the adoption of telemedicine has emerged as a promising yet insufficiently realised avenue for advancing healthcare delivery. Despite its transformative potential, widespread implementation has been hindered by challenges such as inadequate digital infrastructure, unreliable electricity supply, limited internet penetration, insufficient funding, and gaps in regulatory frameworks. These obstacles have slowed its integration into mainstream medical practice. Nevertheless, telemedicine remains a powerful tool capable of enhancing the efficiency

[13]Mugglestone,G,'TelecommunicationsInfrastructure'<http://www.aurecongroup.com/en/markets/telecommunication s-infrastructure.aspx/ June 2016> accessed 29 January 2026.
[14] ibid.
[15] ibid.
[16] OK Cole and others, 'Barriers and Facilitators of Provision of Telemedicine in Nigeria: A systematic Review' [2025] (4) *PLOS Digit Health* 3.
[17] ZYcom Global Med (Africa) Ltd, 'About us' <www.zycomglobalmed.com> accessed 26 January 2026.
[18] Uneke C and others, 'The Nigeria Health Sector and Human Resource Challenges' [2007] (8) (1) *The Internet Journal of Health* 2.
[19] KI Adenuga, NA Lahad and S Miskon, 'Telemedicine System: Service Adoption and Implementation Issues in Nigeria' [2020] (13) *Indian Journal of Science and Technology* 1322.

of healthcare professionals and improving the quality of services provided.[20] Its significance in Nigeria is particularly pronounced for populations in remote and underserved regions, where access to quality healthcare is often scarce. Through timely consultations, specialised medical expertise, and alternative channels of care, telemedicine has, albeit to a limited extent, helped bridge significant inequities in healthcare delivery and has facilitated the attainment of more equitable healthcare across Nigeria.[21]

Sadly, in Nigeria today, available data suggest less than 5% utilisation of any form of hospital information system in a country of more than 150 million people.[22]Although, the Nigerian government has introduced a Health Information and Communication Technology strategic framework designed to address barriers to telemedicine. However, investigations reveal that much of the equipment deployed during the pilot phase in several federal medical centres has remained underutilised over the years.

Undoubtedly, telemedicine is a thriving area of health information systems currently implemented and proven to be a success in developed countries and some developing countries. Some African countries such as South Africa, have also embraced telemedicine and the impact of same have been acknowledged.[23] Although, the adoption of telemedicine cannot be said to have totally gained significant recognition in Nigeria currently, the country has gained notable advancement in her use of Information Communication Technology in healthcare; although, full potentials of this application have not been realized due to several factors.[24]

5. The Role of Telemedicine in Nigerian Health Care Sector

Telemedicine initiatives have increasingly shown positive outcomes across key areas such as cardiology, dermatology, mental health, and primary care.[25]The adoption of telemedicine in Nigeria has markedly enhanced timely diagnosis and interventions and has advanced the management of chronic illnesses such as diabetes and hypertension, enabling patients to benefit from continuous remote monitoring and virtual consultations with healthcare providers, an innovation particularly vital in geographically isolated and underserved communities.[26] Within the domain of mental health, telepsychiatry has proven instrumental in broadening access to care, facilitating timely therapeutic interventions, and mitigating the stigma often associated with traditional hospital visits. Moreover, the application of telemedicine in Nigeria's emergency care settings has showcase its potential to optimize prompt medical interventions, triage procedures,

[20] PA Anawade, D Sharma and S Gahane, 'A Comprehensive Review on Exploring the Impact of Telemedicine on Healthcare Accessibility' [2024] (16) *Cureus* 1.
[21]ibid.
[22] M. Benson, AC Dha, 'Hospital Information Systems in Nigeria: a Review of Literature'[2011] (1) *Journal of Global Health Care Systems* 1.
[23]AO Agbeyangi, JM Lukose, 'Telemedicine Adoption and Prospects in Sub-Sahara Africa: A Systematic Review with a Focus on South Africa, Kenya, and Nigeria' [2025] (13) (762) *Healthcare* 1.
[24]ibid
[25] MG Rabbani, A Alam, and VR Prybutok, 'Digital Health Transformation Through Telemedicine (2020–2025): Barriers, Facilitators, and Clinical Outcomes—A Systematic Review and Meta-Analysis' <https://doi.org/10.3390/encyclopedia5040206> accessed 26 January 2026.
[26] Emmanuel Ukpe, 'Transforming Healthcare: Telemedicine's Role and Impact in Nigeria' (2025) (30) *IOSR Journal of Humanities and Social Science* 24.

streamline referral pathways, and curtail avoidable hospital admissions, all within the constraints of limited healthcare resources.[27]

Telemedicine adoption in Nigeria has been advanced through industry-led pilot projects tackling healthcare gaps in remote settings. One key example is a partnership between Barton Associates and VSee, a HIPAA-compliant telehealth company, which tested a telemedicine field kit at Shell's offshore Bonga Field, home to the Sea Eagle rig where only one staffer could offer basic first aid. The kit allowed workers to undergo full remote medical evaluations using portable devices like a pulse oximeter, e-stethoscope, and EKG monitor. In one case, a worker with high blood pressure consulted a U.S.-based cardiologist remotely, receiving both diagnostic feedback and lifestyle advice on diet and exercise. This case highlights how telemedicine bridged a major healthcare access gap for offshore workers who would otherwise have no specialist care available.[28]

Another example of telemedicine adoption in Nigeria emerged at Obio Cottage Hospital in Port Harcourt, where a one-month-old infant hospitalized with persistent cough and fever showed only partial improvement on antibiotics. Suspecting a respiratory infection due to the baby's rapid breathing, doctors ordered a chest x-ray and sought a virtual consultation with Dr. Michael Parrino. Using an e-stethoscope and pulse oximeter, Dr. Parrino confirmed the treatment plan but also detected an abnormally elevated heart rate, prompting him to recommend an echocardiogram to rule out congenital heart disease. The case illustrates how telemedicine enables local and remote clinicians to collaborate for more accurate diagnosis and care.[29] These cases exposed the value of telemedicine in providing specialist medical supports.

While telemedicine is still at a nascent stage in Nigeria, it has begun to alleviate challenges in healthcare access. As observed earlier, rural and remote communities often contend with geographic isolation and limited medical information, making it difficult to reach healthcare providers. Telemedicine enables patients consulting general practitioners to access specialist expertise remotely, offering support where in-person care is constrained. Though, still developing, this approach is beginning to save time, reduce travel burdens, and provide a foundational level of specialist care. It exposes the potential of telemedicine to progressively enhance healthcare accessibility across Nigeria.[30]

An Internet-based telemedicine system in Nigeria has the potential of enabling a large number of patients to receive targeted medical care and monitoring from home, allowing healthcare providers to deliver consultations, guidance, and follow-up services remotely, especially to those who cannot easily access hospitals or clinics.[31] Currently in Nigeria, telemedicine serves as an important communication link between general practitioners and specialists located in different regions of the country. It has also functioned as a training platform, allowing experienced healthcare professionals to demonstrate and instruct medical staff in other locations on more

[27]ibid
[28] Ekanoye F and others, 'Telemedicine Diffusion in a Developing Country: a Case of Nigeria'[2016] (5) *Science Journal of Public Health* 344.
[29]*Ibid*
[30] Olumide Sunday Adewale, 'An Internet-Based Telemedicine System in Nigeria' [2004] (24) *International Journal of Information Managemen*t 222.
[31]Ibid

effective and advanced examination techniques, helping to build capacity and improve the quality of care across the healthcare system.[32]

Similarly, telemedicine has been helping to reduce the burden on the healthcare system in Nigeria by providing continuous monitoring and timely interventions for patients with chronic conditions such as diabetes, hypertension, and cardiovascular diseases. Through remote consultations, regular follow-ups, and real-time monitoring of vital signs, healthcare providers have been trying to identify early warning signs of deterioration to prevent acute health emergencies.[33] This approach has been easing pressure on overburdened and unevenly distributed healthcare facilities while gradually improving patient outcomes. As such, telemedicine is steadily supporting chronic disease management and enhancing healthcare delivery across the country.[34]

To add, telemedicine adoption in Nigeria has been enabling different categories of healthcare workers to collaborate and interact, allowing them to share vital medical information, exchange current health practices, and learn from each other's clinical experiences.[35]

Furthermore, telemedicine platforms have facilitated the transmission of medical images and diagnostic data in Nigeria, enabling timely remote analysis and interpretation, especially in areas with limited access to healthcare facilities and specialists. Although, the system is still developing and has not been entirely seamless or fully effective, it has nonetheless eased healthcare delivery, reduced delays in diagnosis, and provided critical support to both patients and medical practitioners across the country.[36]

Lastly, telemedicine has been adopted to monitor blood pressure and even used for antenatal care in Kano and Lagos states respectively. These have in turn assisted in decentralizing health care delivery generally.[37]

6. Legal Frameworks on Telemedicine in Nigeria

As noted earlier, Nigeria currently lacks a specific legislation governing telemedicine; however, existing laws and regulations in sectors such as healthcare, data protection, and related areas are applied to aspects of telemedicine practice. Some of these relevant provisions include the following:

[32] Boulanger B, Kearney P, Ochoa J, Tsuei B, & Sands F, 'Telemedicine: a Solution to the Follow-up of Rural Trauma Patients?' [2001] (192) *Journal of the American College of Surgeons* 447-452.
[33] Battineni G and others, 'The Benefits of Telemedicine in Personalized Prevention of Cardiovascular Diseases (CVD): a Systematic Review' [2021] (11) *Journal of Personalized Medicine* 658.
[34]ibid
[35]K I Adenuga, N A Iahad , Miskon S, 'Telemedicine Adoption among Nigerian Clinicians: Development and Validation of the Clinicians, Telemedicine Adoption Model (CTAM)' <Telemedicine Adoption among Nigerian Clinicians: Development and Validation of the Clinicians' Telemedicine Adoption Model (CTAM). | Medical Research Archives> accessed 22 February 2026.
[36]Almathami HKY, Win KT and Vlahu - Gjorgievska E, 'Barriers and Facilitators that Influence Telemedicine-Based, Real-Time, Online Consultation at Patients' Homes: Systematic Literature Review' *Journal of Med Internet Res*., (2020) 22 <e16407. https://doi.org/10.2196/16407 PMID> accessed on 15 January 2026.
[37] Idris U and Abdulkarim L, 'Remote Patient Monitoring in Nigeria' [2022] (7) *Telehealth and Medicine Today* 359.

i. Section 17(3) (d) of the Constitution of the Federal Republic of Nigeria[38] which provides that "the State shall direct its policy towards ensuring that: …there are adequate medical and health facilities for all persons."Section 17 of the Constitution generally sets out a range of social objectives that guide State policy in promoting the welfare of citizens.[39] It subsection 3 addresses economic security, equality, and social well-being by encouraging the government to ensure that citizens have fair opportunities to secure livelihoods, work under just conditions, and enjoy social protection without discrimination.[40]

Sadly, this constitutional recognition of the right to health is significantly limited by its placement under the Fundamental Objectives and Directive Principles of State Policy, a chapter rendered non-justiciable. Consequently, the right lacks enforceability, as individuals are precluded from invoking it directly before the courts to compel governmental compliance.[41]

The emphasis on adequacy and universality by the constitution suggests that healthcare services should be sufficient in quality, reach, and availability to meet the needs of the population, including those who may be disadvantaged by geography, disability, or socioeconomic status.

These provisions of section 17 of the constitution collectively reflect the constitutional commitment to human dignity and an acceptable standard of living for all persons, of particular significance is paragraph (d) of the subsection, which obliges the State to ensure that there are adequate medical and health facilities for all persons Thus, the paragraph (d) does not confine medical and health facilities to physical hospitals or face-to-face consultations. Its open-ended language allows for flexibility in the methods through which healthcare is delivered, so long as such methods effectively provide medical care. Thus, telemedicine falls within the scope of constitutionally permissible healthcare delivery.By enabling medical consultations, diagnosis, monitoring, and follow-up care through digital means, telemedicine serves as a legitimate mechanism through which the State can fulfil its obligation to ensure adequate health facilities for all persons, on the same legal footing as traditional physical consultations.

Despite the implied constitutional support for alternative forms of healthcare delivery under Section 17(3)(d), the Constitution does not contain specific or detailed provisions regulating telemedicine. Its wordings are broad and non-technical, offering no guidance on the legal, ethical, or operational issues associated with digital healthcare.

ii. Similarly, section 37 of the Constitution of Nigeria provides for the protection of privacy. The section which guarantees the privacy of citizens, their homes,

[38] CFRN 1999, as altered.
[39] Kivanonyi, Know your Constitution, Section 17 & 18 of the 1999 Constitution: State Social Order and Government Policy available at <Section 17 & 18 of the 1999 Constitution: State Social Order and Government Policy -> accessed 17 February 2026.
[40] *Ibid*.
[41] B Odunsi and A Raimi, 'Right to Health: Interfacing Nigeria's National Health Act and the Constitution', (2017) (1) *Crescent University Law Journal* 126.

correspondence, telephone conversations, and telegraphic communications,[42] is also relevant in the context of telemedicine. Telemedicine relies heavily on digital platforms for consultations, diagnosis, and the transmission of patients' medical records.[43] These processes inevitably involve the collection, storage, and exchange of sensitive personal and health information. Consequently, the constitutional right to privacy imposes a legal obligation on healthcare providers, telemedicine platforms, and other relevant stakeholders to ensure that patients' data are protected against unauthorized access, misuse, or disclosure.[44]Accordingly, medical practitioners who deploy telemedicine in the provision of consultations, diagnoses, treatment, and prescriptions bear a stringent obligation to safeguard the privacy of patients in the course of service delivery. All medical records, health data, and therapeutic interventions must be treated with the highest degree of confidentiality and protected against unauthorized access or disclosure.[45] Any breach of confidentiality in telemedicine practice may therefore amount not only to professional misconduct but also to a violation of patients' constitutional right to privacy under section 37.

However, despite its relevance, the Constitution does not contain provisions that specifically address telemedicine or the complexities arising from modern technological interrelations. Section 37 offers only a general guarantee of privacy without regulating digital health platforms, data sharing, or virtual medical consultations. As a result, constitutional protection remains broad and insufficient for the peculiar challenges posed by telemedicine.

iii. The Nigeria Data Protection Act,[46]constitutes a comprehensive legislative regime establishing a legal framework for the protection of personal information, including the personal data of patients.[47]The Act extends its protective scope to both sensitive and non-sensitive categories of patient data, encompassing medical histories, laboratory test results, treatment records, clinical annotations, and demographic particulars.[48]The relevant sections of the NDPA, 2023 are:

Section 24, which is to the effect that personal data must be processed lawfully, fairly and transparently, collected for specified and legitimate purposes, kept accurate and up to date, retained no longer than necessary, and handled with accountability on the part of the controller/processor. Regarding telemedicine, this means a platform should collect only what a consultation requires symptoms, history, prescription details and

[42] Moroom Africa Legal Consults and Dayo Adu, 'Fundamental Human Rights under the 1999 Constitution (as amended)' available <Fundamental Human Rights Under The 1999 Constitution (As Amended) - Human Rights - Nigeria> accessed 17 February 2026.
[43] Ezeamii V Cet and others, 'Revolutionizing Healthcare: How Telemedicine Is Improving Patient Outcomes and Expanding Access to Care'(2024) (16) *Cureus* 1.
[44] Timi-Koleolu S and Imonitie M**,** **'**Telemedicine Practice in Nigeria: Navigating Compliance, Data Protection, And Licensing', <Telemedicine Practice in Nigeria: Navigating Compliance, Data Protection, and Licensing available at <Article | Chambers And Partners> accessed 17 February 2026.
[45]ibid
[46] Nigeria Data Protection Act (NDPA) Act No. 3, Laws of the Federation of Nigeria, 2023.
[47]Aniukwu C and others, 'A Review of the Nigerian Data Protection Act 2023: Highlights And Limitations' <A-Review-of-the-Nigerian-Data-Protection-Act-2023-Final.Pdf> accessed 17 February 2026.
[48]ibid.

should not keep patient records indefinitely or repurpose them for unrelated commercial use.

Section 25, which is to the effect that processing of personal data must be based on a lawful ground, such as performance of a contract, compliance with a legal obligation, protection of a vital interest, performance of a public-interest task, or consent. Regarding telemedicine, delivering the consultation itself is typically justified as contractual necessity, but any further use of the patient's data, for research, analytics, or third-party sharing, needs its own separate lawful basis.

Section 26, which is to the effect that consent, where relied upon, must be freely given, specific, and informed, and that silence or inactivity does not amount to consent. Regarding telemedicine, this means a platform cannot rely on a pre-ticked box or terms buried in on boarding; the patient must be clearly and specifically asked to consent to the collection of their health data.

Section 27, which is to the effect that a data subject must be informed of the identity of the controller, the purpose of processing, their rights, and the retention period for their data. Regarding telemedicine, this requires the platform's privacy policy to plainly state who has access to a patient's consultation notes and prescriptions, and for how long those records are kept.

Section 28, which is to the effect that a Data Protection Impact Assessment must be carried out where processing is likely to result in high risk to the rights and freedoms of data subjects and defines a Data Privacy Impact Assessment as a process designed to identify the risks and impact of the envisaged processing. Regarding telemedicine, health data is widely treated as a paradigm example of "high risk" processing, so a DPIA should be conducted before deploying an AI symptom-checker, integrating with third-party labs or pharmacies, or storing patient data on foreign servers.

Section 29, which is to the effect that where a controller engages a data processor (or a processor engages a sub-processor), it must ensure the engaged party complies with the Act's principles and implements adequate technical and organisational safeguards, typically through a written data processing agreement. Regarding telemedicine, platforms routinely rely on cloud hosts, payment gateways, and SMS or notification services, each of these needs to be bound contractually to NDPA-equivalent obligations.

Section 30, which is to the effect that health status is classified as sensitive personal data, and its processing is prohibited except on specific grounds such as explicit consent, protection of vital interests, or necessity for medical care. Regarding telemedicine, this is the central provision, since medical history, lab results, diagnoses, and prescriptions all fall squarely within this category, requiring a stricter and more explicit lawful basis than ordinary personal data.

Section 32, which is to the effect that a data controller or processor of "major importance" must appoint a Data Protection Officer responsible for monitoring compliance and acting as the Commission's point of contact. Regarding telemedicine, a platform that scales up its patient base, or is designated as processing data of

significant value, would need a formally appointed DPO rather than informal privacy oversight.

Section 39, which is to the effect that a data controller or processor must implement appropriate technical and organisational measures to ensure the security, integrity, and confidentiality of personal data, including protection against unauthorized access, loss, or misuse. Regarding telemedicine, this translates into encrypted video consultations, secure storage of records, and access controls ensuring only the treating doctor can view a given patient's file.

Section 40, which is to the effect that a data processor must notify the engaging controller upon becoming aware of a breach, and the controller must, within 72 hours of becoming aware of a breach likely to result in a risk to data subjects, notify the NDPC, and notify affected data subjects directly where the risk is high. Regarding telemedicine, if a platform's database of patient records is compromised, this 72-hour window becomes the operative compliance deadline.

Sections 47 and 48, which are to the effect that the NDPC may issue compliance orders requiring remediation, and enforcement orders imposing penalties, compensation to affected data subjects, or disgorgement of profits, with fines reaching the greater of ₦10,000,000 or 2% of annual gross revenue for controllers/processors of major importance, or the greater of ₦2,000,000 or 2% of annual gross revenue for others. Regarding telemedicine, a company handling a large volume of sensitive health records is likely to be assessed toward the higher end of enforcement given the sensitivity of the data involved.

Section 51, which is to the effect that a data subject retains the right to institute civil proceedings for damages independent of any NDPC enforcement action. Regarding telemedicine, a patient whose health data is breached can therefore sue a provider directly, in addition to any penalty imposed by the Commission.

Section 53, which is to the effect that liability for an offence committed by a body corporate can extend to its directors, officers, or persons acting on its behalf. Regarding telemedicine, founders or technical leads of a company could face personal exposure, not just the corporate entity itself.

Taken together, the various sections explored above shows that, while the NDPA gives telemedicine providers in Nigeria a fairly comprehensive set of obligations around lawful collection, consent, risk assessment, vendor management, security, and breach response, and backs these up with real enforcement teeth, the Act was never drafted with telemedicine specifically in mind. It sets no clinical-grade technical standards for electronic medical records, offers no telemedicine-specific licensing or practice framework, and is silent on matters unique to remote care such as cross-jurisdictional practice, remote prescribing, or platform liability for clinical errors, leaving providers to piece together compliance from the NDPA alongside separate instruments like the National Health Act and the Medical and Dental Practitioners Act that were not designed to interlock with one another. This shows that despite the protections the NDPA affords, a dedicated telemedicine-specific legal framework remains necessary in Nigeria to comprehensively regulate the practice.

iv. The National Information Technology Development Agency (NITDA) Act,[49]also have provisions relevant to telemedicine services in Nigeria. Under Section 1 of the Act, the National Information Technology Development Agency was formally established as the primary governmental body responsible for overseeing information technology initiatives nationwide. Broadly, the Act mandates NITDA to formulate policies, develop standards, and issue regulations governing electronic governance, the secure management of electronic data, and the overall application of information technology across various sectors.[50] By extension, this regulatory mandate encompasses the digital infrastructure and data systems critical to telemedicine.

v. Section 84(1) of the Evidence Act, 2011,[51] which is to the effect that a statement in a computer-produced document is admissible as evidence, provided the conditions in subsection (2) regular use, proper functioning, and information supplied in the ordinary course of activity are met. Regarding telemedicine, this gives legal standing to the electronic records a teleconsultation naturally generates doctors' notes typed during a video call, e-prescriptions, chat transcripts, appointment logs, and app-based consent forms. Without it, such records could be challenged as inadmissible if a dispute over misdiagnosis, negligence, or a data breach reached court; with it, they can be tendered as valid proof of what occurred during a remote consultation. This also reinforces the NDPA's consent requirement under Section 26: because electronic documents are admissible, a patient's consent captured via a checkbox, e-signature, or recorded verbal confirmation at the start of a consult can be proven in court without needing a wet-ink signature. In effect, Section 84(1) is what makes the entirely digital consent and record-keeping architecture the NDPA requires actually enforceable in a Nigerian court, rather than just a compliance formality.

vi. In addition, the Medical and Dental Practitioners Act[52] makes no explicit mention of remote consultations or telemedicine in any section, this has over the years led to uncertainty in the adoption of telemedicine in the country, guidelines on issues around it such as licensure, professional liability, jurisdiction etc., are equally not explicitly legislated upon, creating avenue for doubt and uncertainty in its adoption and practice.[53]The is a significant legal gap in Nigeria's healthcare framework. While the Act regulates the practice of medicine and dentistry in conventional settings, it does not address modern digital healthcare practices, leaving critical issues unregulated. For instance, there is no clear guidance on licensure for medical practitioners providing remote consultations, raising questions about who is legally authorized to offer telemedicine services across different states or internationally.[54]

Professional liability is similarly ambiguous, as it is unclear how accountability is determined in cases of misdiagnosis, medical errors, or breaches of patient safety during virtual consultations. Overall, the gaps expose the urgent need for legislation or guidelines specifically tailored to

[49]National Information Technology Development Agency Act (NITDAA), ACT NO. 28, 2007.
[50]ES Ahanwa and HC Okoloma, 'Telehealth in Nigeria: a Legal Perspective' (2023) (4) *International Journal of Law and Clinical Legal Education* 141.
[51]Evidence Act, Act No. 18, LFN, 2011.
[52]Medical and Dental Practitioners Act, Cap M8, LFN, 2004.
[53]Victor Okeke, 'Nigeria's Telemedicine Regulatory Framework Needs Urgent Reform' <Nigeria's telemedicine regulatory framework needs urgent reform - Blueprint Newspapers Limited> accessed 24 February 2026).
[54]ibid

telemedicine, to provide clarity, ensure professional accountability, and promote safe and effective delivery of remote healthcare in Nigeria.

As mentioned earlier, the sections of the various laws (discussed above) stipulate on issues around telemedicine, none addresses telemedicine distinctively or in its entirety. Similarly, it shouldbe mentioned that, although, certain policy initiatives have been introduced, including the Nigeria Digital Health Initiative and the Nigeria Data Protection Regulation,[55] these frameworks remain fragmented and fall short of establishing a comprehensive, binding legal regime specifically designed to govern telemedicine practice.

Given the significant role telemedicine plays in improving healthcare access and delivery in developing countries like Nigeria (explored in preceding sections of thispaper), there is a pressing need for the enactment of a distinctive comprehensive law to govern its practice, the absence of which creates legal uncertainty, risks to patients, and a lack of standardised guidelines, all of which hinders the safe and consistent delivery of telemedicine services in the country.[56]

Similarly, the lack of a dedicated law regulating telemedicine in Nigeria gives rise to issues such as cross-border medical licensure, patient confidentiality in digital consultations, uncertainties regarding informed consent, data protection issues when telemedicine is adopted, professional liability in cases of malpractice, and jurisdictional authority in disputes.[57] In the absence of a clear and adaptive legal framework, healthcare providers and patients are equally left operating in a legal grey area, which can erode confidence and trust in the delivery of digital healthcare services. The absence of clear legislative direction discourages investment and stifles innovation, thereby constraining the scalability and long-term sustainability of telemedicine in Nigeria.

Therefore, cogent Inquiries arising from the Regulatory Gaps in Nigerian Telemedicine are:

i. Uncertainty Over Liability for Medical Errors in Telemedicine

In the absence of specific regulation, it is unclear whether liability rests with the healthcare provider, the telemedicine platform, or both. This creates uncertainty for patients seeking redress and for practitioners offering remote care. Clear rules are needed to determine accountability in cases of negligence.

ii. The Undefined Standard of Care in Telemedicine Practice

Telemedicine may require different clinical judgments from in-person care, yet no law defines its standard of care. Courts may struggle to assess negligence without guidance tailored to virtual consultations. This exposes both patients and practitioners to legal uncertainty.

iii. The Legal Validity of Electronically Obtained Informed Consent

There is uncertainty as to whether digital or verbal consent satisfies legal requirements for the purpose of medical treatment. Patients may not fully understand the risks and limitations of remote care. This raises concerns about autonomy and lawful medical practice.

[55] National Information Technology Development Agency, 'Nigeria Data Protection Regulation 2019' <https://nitda.gov.ng/wp content/uploads/2020/11/NigeriaDataProtectionRegulation11.pdf> accessed 26 January 2026.

[56] Torrent-Sellens JJ, 'Framework for the Implementation of a Telemedicine Service' <www.academia.edu/29664637> accessed 12 January 2026.

[57] Bello S, 'Telemedicine and Health Law in Nigeria: Regulatory Challenges and Global Lessons', <https://ssrn.com/abstract=5386358> or <http://dx.doi.org/10.2139/ssrn.5386358> accessed 26 January, 2026.

iv. Safeguarding Patients' Confidentiality and Data Protection

Telemedicine relies heavily on digital data transmission, increasing privacy risks. Without specific regulation on telemedicine, existing data protection laws may be inadequate or poorly enforced. This threatens patient trust and confidentiality.

v. The Question of Jurisdiction over Telemedicine Disputes

Telemedicine often involves cross-border or inter-state interactions. It is unclear which court has authority when disputes arise. This complicates litigation and enforcement of rights.

vi. The Legal Validity of Prescriptions Issued via Telemedicine

The legality of remote prescriptions, especially for controlled drugs, is uncertain. Existing laws often assume physical consultations. This creates risks of abuse and legal challenges.

vii. Cross-Boundary Practice by Healthcare Professionals via Telemedicine

Licensing laws are typically territorial and do not clearly address virtual practice. Practitioners may unknowingly violate professional regulations. This restricts the full potential of telemedicine.

viii. The Absence of a Clear Regulatory Body for Telemedicine Services

There is no clear framework assigning oversight responsibility. This leads to gaps in quality assurance and patient safety. Effective regulation is essential for accountability.

ix. Regulating Telemedicine Platforms for Quality and Safety

Many platforms operate without uniform standards. This raises concerns about competence, reliability, and ethical practice. Patients may be exposed to substandard care.

x. Telemedicine's Impact on Equitable Access to Healthcare

While telemedicine can expand access, digital illiteracy and poor connectivity may exclude vulnerable groups. Without regulation, inequalities may deepen. Legal frameworks are needed to ensure inclusive access. Above are the pressing issues for which Nigerian statute currently offers no clear answers.

7. The Islamic Law (Sharīʿah) Perspective on Healthcare and Telemedicine

In Nigeria's pluralistic legal system, Islamic law provides a relevant normative framework for regulating healthcare relationships involving Muslims, particularly in matters of professional responsibility, patient welfare, consent, confidentiality and the prevention of harm. Although Nigeria has no specific Sharīʿah legislation regulating telemedicine, the existence of Sharīʿah-based legislation in several northern states demonstrates the place of Islamic law within Nigeria's plural legal landscape. For instance, the Zamfara State Sharia Penal Code Law 2000 and the Kano State Sharia Penal Code Law 2000 form part of the statutory Sharīʿah framework applicable in those states.[58] These enactments should not, however, be regarded as specific telemedicine legislation. Rather, the principles of Islamic jurisprudence provide a useful normative basis for addressing ethical and legal questions arising from remote healthcare delivery.

[58] Zamfara State Sharia Penal Code Law 2000, Law No 10 of 2000; Kano State Sharia Penal Code Law 2000. The enactments form part of the statutory Sharīʿah framework in the respective states but do not constitute specific legislation on telemedicine. The Zamfara enactment came into operation on 27 January 2000, while the Kano law was signed into law in November 2000.

The adoption of telemedicine is broadly consistent with the objectives of Sharīʿah (*maqāṣid al-sharīʿah*), particularly the preservation of life (*ḥifẓ al-nafs*). Al-Shāṭibī identifies the *ḍarūriyyāt* as essential interests whose preservation is necessary for the proper functioning of human life and religious and worldly affairs, including the preservation of life among the five essential interests.[59] Telemedicine may advance this objective by facilitating timely access to medical advice, diagnosis, specialist expertise and follow-up care, particularly for persons living in remote and underserved communities. The use of telemedicine may therefore be supported by *maṣlaḥah* where it produces a genuine benefit and does not conflict with an established Sharīʿah principle.

The Islamic principle of preventing harm is equally important. The Prophetic maxim *lā ḍarar wa lā ḍirār* prohibits the infliction of harm and reciprocal harm and underlies the juristic maxim *al-ḍarar yuzāl* (harm must be removed).[60] Applied to telemedicine, the maxim requires healthcare providers and other responsible actors to take reasonable measures to prevent avoidable harm arising from negligent diagnosis, inadequate clinical assessment, unreliable technological systems, poor communication or inadequate protection of patient information. Where a practitioner or other responsible actor causes injury through negligence, misconduct or failure to observe the applicable standard of care, the Islamic law of *ḍamān* and the rules of causation become relevant in determining responsibility. The occurrence of an adverse medical outcome, however, should not by itself establish liability; the nature of conduct, the existence of fault or legally relevant causation, and the connection between the conduct and the resulting harm must be examined.

The principles of *mubāsharah* (direct causation) and *tasabbub* (causing harm through an intervening act or circumstance) may also provide a useful conceptual basis for analysing responsibility in telemedicine. This is particularly relevant where harm results from the interaction of several actors, such as a medical practitioner, telemedicine platform, technology provider and internet service provider. Islamic jurisprudence does not necessarily attribute every harmful consequence to the same actor. Rather, responsibility may depend upon the nature of the conduct, causation and the circumstances in which the harm occurred. This provides a useful basis for developing clearer rules on the allocation of responsibility where telemedicine involves multiple technological and professional actors.

Informed consent is likewise significant from an Islamic-law perspective. Consent to medical treatment should be based on adequate information and should not be obtained through deception, undue pressure or coercion. In the context of telemedicine, practitioners should therefore explain the nature of remote consultation and its limitations, including circumstances in which physical examination, diagnostic testing or referral for in-person treatment may be necessary. This requirement is consistent with the Islamic emphasis on protecting patients from avoidable harm and respecting their autonomy and dignity. It also complements the concern identified earlier in

[59] Abū Isḥāq Ibrāhīm ibn Mūsā al-Shāṭibī, *al-Muwāfaqāt*, ed Abū ʿUbaydah Mashhūr ibn Ḥasan Āl Salmān [Dār Ibn ʿAffān, 1997] (2) 17–18. Al-Shāṭibī explains the *ḍarūriyyāt* as interests indispensable to the proper functioning of religious and worldly affairs. See also Aasim I Padela, 'The Essential Dimensions of Health According to the Maqasid al-Shariʿah Frameworks of Abu Ishaq al-Shatibi and Jamal-al-Din-ʿAtiyah' *IIUM Medical Journal Malaysia,* [2018] 17(1).

[60] Jalāl al-Dīn ʿAbd al-Raḥmān al-Suyūṭī, *al-Ashbāh wa al-Naẓāʾir* (Dār al-Kutub al-ʿIlmiyyah, 1990) 52; Zayn al-Dīn ibn Ibrāhīm ibn Nujaym, *al-Ashbāh wa al-Naẓāʾir* (Muʾassasat al-Ḥalabī wa Shurakāʾuh, 1968) 85. See also the discussion of *al-ḍarar yuzāl* in Wahbah al-Zuḥaylī, *al-Fiqh al-Islāmī wa Adillatuh*.

this paper regarding uncertainty surrounding the validity and adequacy of electronic or verbal consent in telemedicine.[61]

Islamic law also places considerable importance on the protection of privacy and medical confidentiality. The doctor-patient relationship involves a position of *amānah*, and information acquired during professional treatment should not ordinarily be disclosed without legitimate justification. Contemporary Islamic medical-ethics scholarship recognises medical confidentiality as an important means of protecting patient dignity and preventing harm, while also acknowledging that disclosure may be permissible where necessary to prevent serious harm or protect a more compelling interest.[62] This principle has particular significance in telemedicine because medical information is transmitted, stored and potentially accessed through digital platforms and third-party technological infrastructure. Appropriate technical and organisational safeguards are therefore consistent with both Islamic ethical requirements and contemporary data-protection principles.

The Islamic approach to confidentiality should not, however, be understood as absolute. Where maintaining secrecy would result in serious and preventable harm to the patient or another person, disclosure may become permissible or even necessary. This application of the maxim *al-ḍarar yuzāl* is particularly relevant to telemedicine, where healthcare providers may have to determine whether information should remain confidential or be disclosed for a legitimate protective purpose.[63] Thus, Islamic law provides not merely a rule of secrecy but a structured approach for balancing confidentiality against the prevention of serious harm.

Questions concerning interaction between male practitioners and female patients may also arise in virtual consultations. Although telemedicine may reduce some concerns associated with physical *khalwah* (seclusion), it does not remove the broader Islamic requirements concerning modesty, professional necessity and appropriate conduct between members of the opposite sex. Such consultations should therefore be conducted within the limits of medical necessity and professional propriety. The principal Islamic-law concern in relation to digital consultations, however, is not *khalwah* as such but the preservation of privacy, dignity, confidentiality and legitimate medical necessity.

The foregoing demonstrates that Islamic law does not necessarily constitute an obstacle to telemedicine. Rather, its principles of *ḥifẓ al-nafs*, *maṣlaḥah*, *lā ḍarar wa lā ḍirār*, *al-ḍarar yuzāl*, *amānah*, informed consent, confidentiality and *ḍamān* provide a normative framework for responsible digital healthcare. In Nigeria, these principles can complement existing statutory frameworks while also highlighting the need for a comprehensive telemedicine regime capable of addressing professional liability, informed consent, patient confidentiality, digital security, platform responsibility and access to healthcare. The Islamic-law perspective therefore adds an important dimension to the development of a culturally responsive and legally coherent framework for telemedicine in Nigeria.

8. Conclusion

[61] The present paper identifies uncertainty regarding the validity and adequacy of electronic or verbal consent in telemedicine. See Part 6 above.

[62] G. Bouhedda and Others, 'Medical Ethics in the Light of Maqāṣid al-Sharīʿah: A Case Study of Medical Confidentiality' [2018] 26(1) *Intellectual Discourse,*133–160; 'Medical Confidentiality Ethics: The Genesis of an Islamic Juristic Perspective' (2021).

[63] See Muhsin Sayyed Mohammad 'Islamic Jurisprudence on Harm Versus Harm Scenarios in Medical Confidentiality' <https://pmc.ncbi.nlm.nih.gov/articles/PMC9825058/> accessed 10 September, 2026 which examines circumstances in which confidentiality may be breached to prevent serious harm to the patient or others.

From the discussions in this paper, it is evident that telemedicine holds significant potential to enhance Nigeria's health care sector outcomes, provided that infrastructural limitations and other impeding limitations are adequately addressed. It has the potential of serving as a critical link between healthcare specialists and underserved rural communities. By leveraging telemedicine, physicians in all the corners of the country can collaborate with specialists in treating patients even in remote areas, eliminating the need for long and often impractical travels.

Nigeria's telemedicine landscape (though still evolving) is fragmented and lack legislative backups. Comparatively, countries such as the United Kingdom, India, South Africa, have clear national policies or legislation on telehealth, providing legal guidance on licensing, patient rights, and liability. In contrast, Nigeria's telemedicine growth is occurring in the absence of legal safeguards, creating an urgent need for a modern, enforceable framework that can keep pace with digital healthcare innovation.

The Islamic-law perspective further demonstrates that the development of telemedicine can be accommodated within established Sharīʿah principles. The objectives of preserving life and securing legitimate benefit support the responsible adoption of telemedicine, while the principles of *lā ḍarar wa lā ḍirār*, *al-ḍarar yuzāl*, *ḍamān*, informed consent, *amānah* and medical confidentiality impose important limits on its practice. These principles are particularly relevant to the prevention of avoidable harm, protection of patient information and determination of responsibility where remote healthcare results in injury.

Considering the foregoing, it is further recommended that for a more progressive telemedicine practice in Nigeria and to optimize its potential, there is a pressing need for improved public enlightenment programs to educate Nigerians on the vital role telemedicine plays in enhancing timely diagnosis and treatment, especially for patients in remote areas. The challenges posing as barriers to the full implementation of telemedicine in Nigeria, such as inadequate infrastructure, poor internet connectivity, limited public awareness, underutilization of pilot equipment, shortage of trained personnel, and weak regulatory oversight should equally be addressed by the government. There is also an urgent need for the establishment of a Telehealth Regulatory Commission to be empowered to oversee telemedicine practice nationwide, license platforms, set malpractice rules, and enforce data protection. Most imperative is the drafting of a comprehensive and distinct law specifically on telemedicine to regulate professional conduct, safeguard patient rights, ensure data privacy, and provide accountability mechanisms for practitioners and platforms. These measures will help optimize the inherent benefits telemedicine has to offer a developing country like Nigeria.

In states where Sharīʿah-based legal institutions operate, relevant regulatory and professional bodies should consider Islamic medical-ethical principles in developing guidance for Muslim healthcare providers and patients. Principles such as *ḥifẓ al-nafs*, *maṣlaḥah*, *lā ḍarar wa lā ḍirār*, *ḍamān*, *amānah* and informed consent can provide a useful ethical foundation without displacing Nigeria's general statutory regulatory framework. This approach would make telemedicine regulation more responsive to Nigeria's plural legal and cultural environment.