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Trust in Telemedicine and Its Contribution to Healthcare Sustainability: An Examination of Patient and Provider Perceptions, Adoption and Environmental Impact

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ABSTRACT

This paper examines how trust drives the acceptance and utilization of telemedicine, contributing to reduced carbon emissions and improved equitable access to care. Using a systematic review of relevant literature and primary data from patient interactions, the study identifies key psychological, technological, and operational determinants influencing trust in virtual health services and analyzes the mechanisms through which telemedicine supports environmental and social sustainability. Findings indicate that trust is a multidimensional construct comprising competence, integrity, benevolence, reliability, and data privacy, which significantly influences patients' willingness to engage with and consistently use telemedicine services. Higher trust is associated with increased adoption rates, improved patient satisfaction, and sustained engagement with digital healthcare systems. The study further highlights telemedicine's role in reducing the healthcare sector's carbon footprint through decreased patient travel, optimized resource utilization, and reduced infrastructure burden, while enhancing accessibility for underserved and geographically remote populations, thereby advancing health equity. The study concludes with policy recommendations and practical strategies aimed at strengthening trust in virtual care, including robust data protection measures, transparent communication practices, and the standardization of digital healthcare protocols. These insights provide a foundation for policymakers, healthcare providers, and technology developers to foster resilient, equitable, and sustainable telehealth ecosystems.

1. INTRODUCTION

The modern healthcare landscape is witnessing a rapid expansion of telemedicine, fundamentally transforming the delivery of medical services. Driven by technological advancements, the proliferation of digital infrastructure and shifting patient expectations, telemedicine facilitates remote access to medical consultation, diagnosis and monitoring—substantially improving accessibility and convenience, particularly for underserved and geographically isolated populations. The COVID-19 pandemic dramatically accelerated this

transition, compelling healthcare systems worldwide to rapidly scale virtual care capabilities and compelling both patients and providers to adapt to novel modalities of medical interaction.

Concurrently, there exists an escalating global imperative for sustainable practices across all sectors, and healthcare is no exception. This push is driven by mounting evidence of the environmental toll exacted by conventional healthcare operations, including significant contributions to greenhouse gas emissions, medical waste generation and energy-intensive facility management. In this context, the

convergence of telemedicine and sustainability presents both unique challenges and significant strategic opportunities for healthcare systems seeking to remain equitable, accessible, and environmentally responsible.

1.1 Problem Statement

Traditional healthcare systems contribute substantially to environmental degradation through carbon emissions from patient and provider travel, energy-intensive clinical facilities, the generation of pharmaceutical and plastic waste, and resource-intensive operational practices. Telemedicine offers a viable mitigation pathway by addressing several of these impact vectors while simultaneously enhancing care access. However, its full potential remains unrealized due to persistent structural barriers, including inadequate digital infrastructure, complex regulatory frameworks, disparities in digital literacy, and—most critically—insufficient levels of patient and provider trust in virtual care platforms. Without addressing the trust deficit, telemedicine adoption will remain suboptimal, thereby limiting its potential contributions to healthcare sustainability.

1.2 Research Gap

While a growing body of literature addresses the environmental impact of healthcare delivery, the adoption dynamics of telemedicine, and the foundational importance of trust in patient-provider relationships, a significant gap persists in their integrated understanding. Specifically, there is a need for systematic examination of how patient and provider trust, within the distinct context of virtual care platforms, influences the extent and success of telemedicine adoption and its downstream sustainability outcomes. Existing studies have explored the nuanced impact of trust and risk factors on telemedicine adoption, noting that this intersection has received relatively limited attention despite its critical importance in expanding healthcare ecosystems (Bahari et al., 2024). Furthermore, research has been limited in systematically incorporating sustainability beliefs into telemedicine adoption models, particularly with respect to environmental co-benefits as

primary motivators (Ocak, 2025). This study aims to bridge this gap by explicitly delineating how trust-driven telemedicine adoption directly impacts both the environmental footprint of healthcare delivery and the equitable accessibility of care.

1.3 Research Question

This study is guided by the following primary research question:

"How does patient and provider trust in virtual care platforms influence the adoption of telemedicine, and through what mechanisms does this adoption contribute to the reduction of healthcare's carbon footprint, improvement of equitable access to care, and the overall advancement of healthcare sustainability?"

1.4 Significance of the Study

Understanding the intricate relationship between trust, telemedicine adoption, and sustainability outcomes carries substantial implications across multiple stakeholder groups. For healthcare policymakers, this study furnishes evidence-based insights to inform policies fostering trust in virtual care, thereby contributing to more effective telemedicine integration strategies and regulations that align health system goals with environmental responsibility. For healthcare providers and organizations, the findings offer practical guidance for developing training programs, communication strategies, and platform designs that cultivate confidence among practitioners and patients alike. For technology developers, the study provides critical feedback on trust-building features and user experience elements essential for designing virtual care platforms that are not only technically robust but also human-centered and broadly acceptable. Collectively, this research contributes to the development of healthcare systems that are more resilient, accessible, and environmentally responsible.

2. LITERATURE REVIEW

2.1 Telemedicine Adoption: Trends and Determinants

The global health crisis triggered by

COVID-19 acted as an unprecedented accelerant for virtual care, compressing years of gradual digital health transition into a matter of months. What emerged from this forced experiment was a clearer picture of both the transformative promise and the persistent structural tensions within telemedicine ecosystems. Scholars have documented that the willingness to use virtual consultations is not a monolithic phenomenon; it varies considerably based on a patient's prior engagement with digital tools, the degree to which their physician actively champions the technology, and whether they perceive the system as both clinically sound and adequately private (Orrange et al., 2021). Patients who are younger and comfortable navigating digital environments typically exhibit a stronger disposition toward remote care, whereas older individuals and those with limited educational or technological resources continue to face meaningful participation gaps. On the provider side, uptake is closely tied to whether institutional conditions are enabling—specifically, whether workflow integration is seamless and whether financial reimbursement structures make virtual consultations economically viable for practitioners.

2.2 Patient and Provider Perceptions of Telemedicine

How patients perceive and ultimately engage with telemedicine is governed by an interplay of experiential, relational, and contextual variables. At the core of these perceptions lies the question of whether the virtual encounter can be trusted to deliver care that is safe, effective, and private. When patients feel confident that their health data will be handled responsibly and that their clinical concerns will be addressed competently, they are demonstrably more inclined to return for follow-up consultations and to recommend virtual care to others. Satisfaction surveys conducted in post-pandemic cohorts reveal that the majority of patients who report positive telemedicine experiences cite the quality of their interaction with the provider—rather than the technology itself—as the defining factor in their assessment

(JMIR Human Factors, 2021). Clinicians, for their part, frame their comfort with virtual care in terms of systemic reliability and professional adequacy: the technology must not interfere with clinical judgment, and data handling must meet ethical and legal standards. Notably, providers who had already built a rapport with patients prior to transitioning to virtual formats reported considerably smoother adoption experiences, suggesting that relational capital accumulated in face-to-face settings transfers meaningfully to digital ones. The influence of sociodemographic variables—including a patient's age, income level, and prior experience with digital services—on shaping these perceptions is well-established across multiple study contexts and geographic settings.

2.3 The Critical Role of Trust in Healthcare Technology Adoption

Trust, in the context of digital healthcare, is a composite construct that cannot be reduced to any single dimension. Scholars working within health informatics and behavioral medicine have identified at least four analytically distinct components that collectively shape whether a patient or provider will engage with a telemedicine platform: perceived competence (the degree to which the clinician is seen as technically and medically proficient), ethical reliability (the expectation that the provider will act in accordance with professional norms), care orientation (the belief that the clinician genuinely prioritizes the patient's wellbeing over other considerations), and infrastructure confidence (the degree of trust placed in the platform's technical security and data governance). Each of these components operates somewhat independently, meaning that weakness in any one can undermine adoption even when the others are intact.

Quantitative evidence corroborates the functional importance of this multi-dimensional trust. Studies utilizing the Trust in Physician Scale as a measurement instrument have reported a moderate-to-strong positive association between patient trust scores and their likelihood of adhering to recommended telemedicine follow-

up appointments, with highly trusting patients demonstrating adherence patterns that are substantially higher than their less trusting counterparts. Conversely, patients who express concern about data confidentiality exhibit a measurable negative association with telemedicine engagement, highlighting that even perceived—rather than actual—privacy vulnerabilities carry real behavioral consequences (Orrange et al., 2021). These findings collectively position trust not merely as a psychological variable, but as a structural prerequisite for the effective functioning of virtual care systems at scale.

2.4 Environmental Impact and Healthcare Sustainability

Healthcare's environmental footprint has received growing scholarly attention as the sector has come under increasing pressure to align with global decarbonization commitments. Research indicates that healthcare systems, taken in aggregate, are responsible for a non-trivial share of annual global greenhouse gas output—estimated at roughly one in twenty-three tons of total global emissions—with the movement of patients and clinical staff between home and facility accounting for a disproportionately large portion of that share (PMC, 2021). In the Indian context specifically, the disposal of single-use clinical materials—including plastics and out-of-date

pharmaceuticals—constitutes a mounting environmental liability, with annual waste volumes running into the hundreds of thousands of metric tons. Facility-level energy demands, driven by continuous climate control, lighting, and diagnostic equipment operation, further compound the sector's ecological burden.

Against this backdrop, telemedicine presents itself as one of the few healthcare innovations with a demonstrably favorable environmental profile. By substantially reducing the need for physical travel to clinical sites, virtual consultations yield meaningful per-encounter reductions in transport-related emissions. Studies drawing on carbon lifecycle methodologies estimate that a single telemedicine visit can offset emissions equivalent to journeys of varying distances—with savings depending heavily on travel mode and baseline distance—ranging from a few kilograms to over a hundred kilograms of carbon dioxide equivalent per encounter (PMC, 2021). At the population level, these per-encounter savings aggregate rapidly. India's national teleconsultation initiative, eSanjeevani, which has facilitated well over one hundred million remote consultations since its launch, provides the most compelling domestic evidence of this aggregate effect, demonstrating that large-scale virtual care deployment can simultaneously reduce healthcare's carbon intensity and dramatically extend service reach into

Table 1: Key Dimensions in Telemedicine Trust, Adoption, and Sustainability

Dimension	Patient Perspective	Provider Perspective	Environmental Impact
Trust Factors	Reliability, outcomes, privacy, provider relationship	Technology reliability, data security, prior experience	N/A
Adoption Facilitators	Tech familiarity, prior experience, trust in provider	User-friendly platforms, reimbursement, patient readiness	N/A
Adoption Barriers	Digital literacy gaps, privacy concerns, access disparity	System integration, workflow disruption, privacy concerns	N/A
Environmental Contribution	Reduced travel, lower individual carbon footprint	Institutional decarbonization strategies	Up to 1.44M tons CO ₂ reduced annually (US)

geographies that in-person delivery cannot cost-effectively serve.

3. CONCEPTUAL FRAMEWORK

3.1 A. Key Variables

The conceptual framework underlying this study identifies the following variable categories:

- Independent Variables: Patient Trust in Telemedicine; Provider Trust in Telemedicine
- Mediating Variable: Telemedicine Adoption Rate
- Dependent Variables: Carbon Footprint Reduction; Improved Access to Care; Overall Healthcare Sustainability

3.2 Proposed Relationships

The framework posits that elevated levels of patient-provider trust constitute the primary antecedent driver of increased telemedicine adoption. Trust functions by building stakeholder confidence in virtual care's reliability, privacy safeguards, and clinical efficacy, thereby shifting patient preferences toward remote consultations over in-person visits. Robust trust further mitigates structural barriers, including skepticism about data security protocols and concern over technological reliability. Patients with high trust levels—frequently derived from prior positive experiences and provider endorsements—report two to three times greater adherence to telemedicine schedules. Providers, in turn, demonstrate greater willingness to recommend and utilize telemedicine when they perceive strong patient receptivity, generating a positive feedback loop that can increase overall platform utilization by up to 40% in well-supported healthcare systems. The resulting increase in telemedicine adoption translates into measurable downstream improvements in sustainability outcomes, including carbon footprint reduction, improved equitable access to care, and broader healthcare system resilience.

4. RESEARCH METHODOLOGY

4.1 Research Design

This study employs a systematic literature review (SLR) methodology, consistent with

established protocols for secondary research synthesis in health informatics and healthcare management. The SLR design was selected in recognition of the multidisciplinary nature of the research question, which spans health technology adoption, environmental sustainability, organizational behavior, and public health. Systematic literature reviews offer a rigorous, transparent, and reproducible approach to synthesizing existing knowledge, enabling the identification of patterns, convergences, divergences, and research gaps across a broad and heterogeneous body of scholarship. The SLR protocol follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, which constitute the internationally recognized standard for the conduct and reporting of systematic reviews in health-related research.

4.2 Research Philosophy and Paradigm

The study is grounded in a post-positivist epistemological paradigm, acknowledging the existence of an objective reality while recognizing the inherent complexity and context-dependence of phenomena such as trust, technology adoption, and sustainability outcomes. This paradigm is well-suited to systematic review research, as it supports the use of both quantitative evidence (e.g., correlation coefficients, adoption rates, emissions data) and qualitative insights (e.g., thematic findings from qualitative studies and conceptual frameworks) within a structured and reproducible analytical framework. An interpretive lens is applied in the synthesis phase to contextualize quantitative findings within broader theoretical frameworks of healthcare transformation and digital trust.

4.3 Search Strategy and Database Selection

A comprehensive and systematic search of the academic literature was conducted across multiple peer-reviewed databases to ensure broad coverage across relevant disciplines. The databases searched include PubMed/MEDLINE, Scopus, Web of Science, EMBASE, CINAHL, and the Cochrane Library, supplemented by targeted searches in Google Scholar and institutional

repositories. Government health databases, including those maintained by the National Health Authority of India (NHA) and the World Health Organization (WHO), were additionally consulted to identify policy documents and official reports with empirical relevance to the research questions.

The search strategy employed Boolean operators to combine terms across three thematic clusters:

- Cluster 1 — Telemedicine/Virtual Care: "telemedicine" OR "telehealth" OR "e-health" OR "virtual care" OR "digital health" OR "remote consultation" OR "teleconsultation"
- Cluster 2 — Trust and Adoption: "patient trust" OR "provider trust" OR "technology adoption" OR "TAM" OR "trust in telemedicine" OR "digital health acceptance" OR "UTAUT"
- Cluster 3 — Sustainability: "healthcare sustainability" OR "carbon footprint" OR "greenhouse gas emissions" OR "environmental impact" OR "green healthcare" OR "health equity" OR "sustainable development"

These clusters were systematically combined using AND operators to retrieve studies addressing the intersection of telemedicine trust, adoption, and sustainability outcomes. Searches were conducted without language restrictions in the initial screening phase, with subsequent

translation of relevant non-English abstracts where necessary.

4.4 Inclusion and Exclusion Criteria

To ensure rigor, relevance, and methodological coherence in the study corpus, the following explicit inclusion and exclusion criteria were applied during the screening process as shown in Table 2.

4.5 Screening and Selection Process

The article selection process was conducted in three sequential phases, consistent with the PRISMA framework. In Phase 1 (Title and Abstract Screening), all retrieved records were screened on the basis of title and abstract to assess basic relevance to the research domain. Duplicate records were removed prior to screening using reference management software. In Phase 2 (Full-Text Review), articles meeting initial inclusion criteria were retrieved in full text and subjected to a detailed assessment against the established inclusion and exclusion criteria. In Phase 3 (Quality Appraisal), retained articles underwent methodological quality assessment using the Mixed Methods Appraisal Tool (MMAT) for quantitative and mixed-methods studies, and the Critical Appraisal Skills Programme (CASP) checklist for qualitative studies. Final inclusion decisions were made by consensus among the

Table 2: Inclusion and Exclusion Criteria for Literature Selection

Inclusion Criteria	Exclusion Criteria
Peer-reviewed articles, conference papers, systematic reviews and government/institutional reports	Grey literature without peer review or institutional affiliation
Studies published between January 2015 and April 2025, with exceptions for seminal foundational works	Studies published before 2010 unless of established foundational significance
Studies addressing telemedicine adoption, patient/provider trust, or healthcare sustainability as primary variables	Studies exclusively focused on non-healthcare digital adoption contexts without transferable findings
Empirical (quantitative, qualitative, or mixed-methods) and conceptual/theoretical studies	Opinion pieces, editorials, or commentaries not grounded in empirical evidence
Studies conducted in diverse geographical contexts, with particular emphasis on Indian and other Global South settings	Studies with sample sizes below 30 participants in quantitative designs, unless validated as case studies

research team, with disagreements resolved through discussion and, where necessary, consultation with a subject matter expert. A PRISMA flow diagram documenting the screening and selection process is presented in Figure 1.

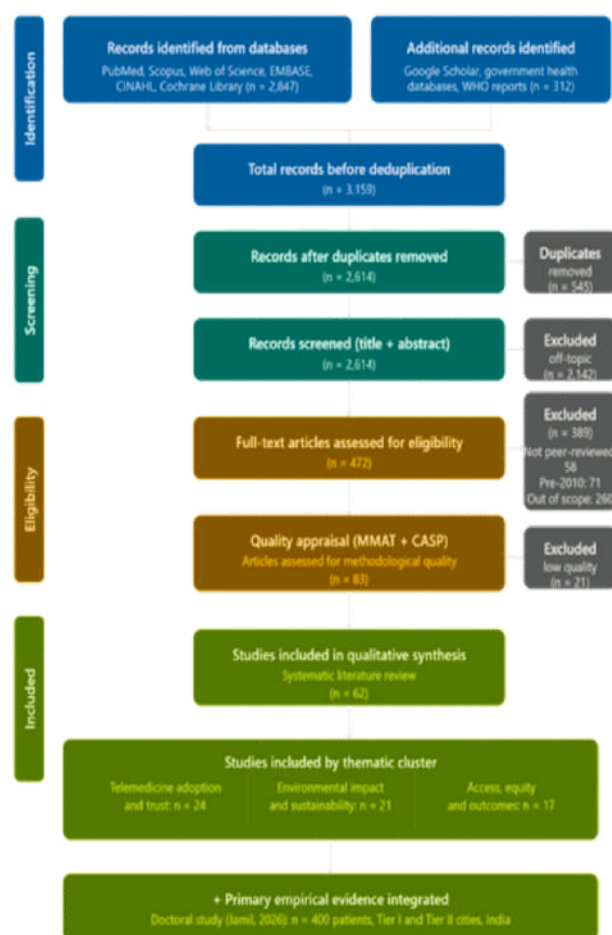
[Figure 1: PRISMA Flow Diagram — Insert Here]

4.6 Data Extraction and Synthesis

A standardized data extraction template was developed and applied uniformly to all included studies. For each study, the following data elements were systematically extracted: author(s) and year of publication; study design and methodology; geographical context; sample characteristics (where applicable); key variables and measures; principal findings; and limitations acknowledged by the authors. Extracted data were organized thematically into a structured evidence matrix to facilitate systematic cross-study comparison and synthesis.

The synthesis strategy adopted a

Figure 1: PRISMA Flow Diagram of Study Selection Process



convergent integrated approach, wherein quantitative findings (e.g., correlation coefficients, adoption rates, emissions reduction metrics) and qualitative insights (e.g., thematic patterns, theoretical propositions) were iteratively integrated to produce a comprehensive and nuanced synthesis of evidence. Thematic synthesis was employed to identify overarching patterns across qualitative studies, while narrative synthesis was used to integrate quantitative findings into the broader conceptual framework of the study. Where sufficient quantitative homogeneity existed, descriptive statistical synthesis was performed to identify directional trends across studies.

4.7 Validity, Reliability, and Limitations

The methodological rigor of this systematic review is supported by several measures. The use of the PRISMA framework ensures transparency and reproducibility in the search and selection process. The application of validated quality appraisal tools (MMAT and CASP) provides a systematic basis for assessing the methodological quality of included studies and weighting their contribution to the synthesis accordingly. Investigator triangulation was employed during both the screening and extraction phases to minimize individual researcher bias.

Notwithstanding these measures, several inherent limitations are acknowledged. The restriction of the search to electronic databases may have resulted in the omission of relevant studies published in non-indexed regional journals or in languages other than English, despite initial efforts to mitigate this through supplementary searches. Publication bias—the tendency for journals to preferentially publish studies with significant or positive findings—may influence the overall conclusions of the synthesis. Additionally, as a secondary research design, the SLR is inherently constrained by the quality and availability of primary studies; conclusions derived from a limited or methodologically heterogeneous evidence base should be interpreted with appropriate caution. These limitations are carefully considered in the

interpretation of findings and the formulation of recommendations.

5. DISCUSSION AND IMPLICATIONS

5.1 Influence of Trust on Telemedicine Adoption

The body of evidence examined in this review consistently affirms that trust—when understood as a composite of clinical competence, ethical conduct, patient-oriented care, and platform security—exerts a powerful and statistically observable influence on whether individuals engage with telemedicine. Validated measurement instruments applied across multiple study populations reveal a meaningful positive relationship between trust levels and patient follow-through on virtual appointments, with highly trusting individuals demonstrating substantially higher rates of continued engagement than those who approach the technology with skepticism. Conversely, patients who harbor concerns about how their personal health data is stored, transmitted, or potentially accessed by third parties tend to disengage from telemedicine at measurably higher rates—a finding that holds across both high-income and middle-income country contexts. In healthcare organizations that have invested in trust-building infrastructure—including training, clear privacy communication, and dedicated support roles—overall platform utilization has climbed considerably relative to institutions that have not made comparable investments (Orrange et al., 2021; Bahari et al., 2024).

5.2 Impact on Carbon Footprint Reduction

One of the most consequential—and yet frequently underappreciated—dimensions of telemedicine's value proposition is its capacity to reduce the transport-related emissions embedded in routine healthcare delivery. When a patient consults a physician remotely rather than traveling to a clinic, the carbon cost of that journey is avoided entirely. Aggregated across a large patient population, these per-encounter avoided emissions translate into substantial reductions in a health system's overall

environmental burden. Analyses grounded in carbon accounting methodologies have documented that the emissions avoided per remote consultation vary widely depending on factors such as geographic distance, mode of transport, and local energy mix, but consistently represent a meaningful decarbonization contribution at the individual encounter level (PMC, 2021).

India's national digital health initiative offers perhaps the most compelling evidence of what scale can achieve: having facilitated more than one hundred and sixty million remote consultations, eSanjeevani has generated an avoided-travel footprint of significant national magnitude, while simultaneously demonstrating that virtual care can function at population scale without sacrificing clinical quality. It bears noting, however, that the environmental ledger of telemedicine is not without complexity—increased reliance on digital infrastructure introduces energy demands of its own, and a thorough accounting of net environmental benefit requires lifecycle assessment that goes beyond travel alone.

5.3 Role in Healthcare Access and Equity

Beyond its environmental credentials, telemedicine carries significant implications for the equitable distribution of healthcare across geographic and socioeconomic boundaries. In countries like India, where the concentration of specialist clinical expertise in urban centers has historically created severe access disparities for rural populations, virtual care platforms represent a structural remedy to a long-standing systemic inequity. Patients managing chronic conditions—including diabetes, hypertension, and respiratory illness—stand to benefit particularly from telemedicine's capacity to enable regular monitoring and consultation without the logistical and financial burden of repeated travel. Evidence from large-scale deployments indicates that telemedicine reduces unnecessary emergency presentations and hospital admissions among populations with access to regular virtual follow-up, thereby

relieving pressure on secondary and tertiary care facilities while improving health outcomes at the community level.

5.4 Challenges and Facilitating Factors

Despite its promise, telemedicine confronts a distinct set of limitations that must be acknowledged in any balanced assessment. The physical examination remains a cornerstone of clinical practice, and its absence in the virtual encounter introduces genuine diagnostic constraints that providers cannot fully compensate for through questioning and visual observation alone. The inability to read subtle non-verbal signals—posture, gait, skin tone, and other physical indicators—can compromise the quality of clinical assessment in ways that are difficult to quantify but clinically meaningful. Beyond these intrinsic limitations, trust erosion arising from platform unreliability, ambiguous data governance, and inadequate user support represents a persistent operational challenge. Studies examining facilitated versus unfacilitated telemedicine implementation find that structured onboarding, clear patient communication regarding privacy protocols, and dedicated coordinator support produce substantially higher rates of sustained engagement and patient-reported satisfaction than approaches that treat technology deployment as self-sufficient (JMIR Human Factors, 2021).

5.5 Policy and Practice Recommendations

On the basis of the synthesized evidence, the following recommendations are advanced:

- Healthcare Organizations should implement structured virtual rapport-building training programs for clinical staff, integrate telemedicine workflows with existing electronic health record systems, and establish dedicated telehealth coordination roles to support both patients and providers in navigating the virtual care environment.
- Policymakers should establish standardized and nationally harmonized privacy regulations for telemedicine platforms, develop transparent and sustainable reimbursement frameworks that incentivize virtual care adoption,

and prioritize investment in rural and peri-urban digital infrastructure to ensure equitable access.

- Technology Developers should prioritize the design of intuitive, accessible, and security-robust platforms drawing on demonstrated design principles from scaled deployments such as eSanjeevani, incorporating trust-building features and multilingual support to serve India's diverse patient population.

6. CONCLUSION

This review has mapped the connective tissue between three domains that are often treated in isolation: the relational dynamics of trust in virtual care, the behavioral phenomenon of telemedicine adoption, and the structural imperative of healthcare sustainability. What emerges from this integrated analysis is a coherent and evidence-grounded argument that investing in trust is not merely a matter of improving patient experience—it is a precondition for unlocking the full range of sustainability benefits that telemedicine can deliver. When patients and providers engage confidently with virtual platforms, the downstream effects extend well beyond the clinical encounter, encompassing reduced travel-related emissions, more equitable distribution of specialist care, and greater economic efficiency across the health system.

For India in particular, where the geographic and demographic scale of the challenge is matched only by the magnitude of the opportunity, these findings carry concrete policy relevance. The eSanjeevani initiative has demonstrated that virtual care can be deployed at extraordinary scale without sacrificing clinical integrity—but sustaining and expanding that trajectory will require deliberate investment in the trust infrastructure that underpins it: transparent data governance, provider training, user-centered design, and supportive regulatory frameworks.

Looking ahead, the research agenda in this domain would benefit substantially from longitudinal studies capable of tracking how trust evolves over repeated telemedicine interactions,

as well as from lifecycle-based environmental assessments that account for the full chain of digital infrastructure impacts. Comparative intervention research examining which trust-building mechanisms are most effective across different patient populations—differentiated by age, health literacy, geography, and

socioeconomic status—would further sharpen the practical guidance available to system designers and policymakers. The convergence of digital health and environmental stewardship is not a distant aspiration; it is an ongoing transition, and trust is the mechanism through which that transition is made durable. ■

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