COVID-19 is accelerating the acceptance of telemedicine in India

Dear Editor,

In their recent article, Chellaiyan, Nirupama, and Taneja[1] have elaborately discussed the current scenario of telemedicine in family medicine as well as public health in India. It has been duly noted by the authors that the practice of telemedicine is still in its infancy as far as Indian health care system is concerned. Lack of awareness as well as acceptance both on the part of patients and professionals has been cited as the principal reason behind the delay in full-fledged development of telemedicine in India. Authors have duly speculated that it will take a few years for this branch to reach its true potential given the steps being adopted by the Government in recent times.

The practices of telemedicine, eventually, have assumed extreme relevance in the current global health situation since the outbreak of COVID-19 pandemic. As far as the transmission dynamics of the disease is concerned, social distancing has been prescribed by different authorities including WHO as one of the most effective ways to fight back the calamity. The recommendation has been so strong that several nations have taken resort to lockdown to break the chain of transmission. India, in view of rising case numbers, has also presently adopted the lockdown strategy since the last week of March, which means that public transport has become unavailable to the general population. In consequence, the out-patient departments of Government hospitals have suddenly seen very low attendance. The scenario is not much different in private set ups as well. Majority of the physicians across the nation have had to keep their private consultation clinics closed. The situation has become even more complicated with several hospitals being designated as the Coronavirus treatment hospitals to combat the anticipated rise in the cases.

Being a neurologist amidst the outbreak of COVID-19 has its own implications. Neurology as a field has been little late in comparison to other fields to adopt the idea of telemedicine.[2] Practice of general neurology is to a great extent dependent on clinical history taking which lends itself naturally to the idea of telemedicine. However, our observation in Indian context is somewhat different. Accuracy of clinical history is heavily dependent on the patient's or relatives' description of the disease onset, course, and symptoms. The first author (DL) serves in a government hospital that caters to a large number of neurology patients coming from rural part of Bengal. History taking is a job that becomes increasingly difficult with the lower level of education on part of the patient or relatives. As a result, it becomes often confusing for a neurologist to decide the trajectory of the illness. More often than not it is detected that a disease described as acute onset by the patient's relative displays ominous features of a chronic neurological illness, for instance muscle atrophy and fasciculations. Therefore, we would recommend that at least inspection of a patient through video calling might be particularly helpful for a neurologist in Indian context to avoid diagnostic errors. Subtle neurological signs noted and communicated to the neurologist by the primary care physician can render additional support in this regard.

The second author (SM) of this correspondence, who works as a pediatrician in a government hospital, recommends that symptomatic assessment in a child, particularly below 1 year of age, can be particularly misleading. Diagnostic fallacy has been cited by Katz as a frequent occurrence (68%) in the practice of telemedicine in child health.[3] Therefore, prescribing drugs other than antipyretics and anticolics over telecommunication can sometimes be detrimental. Once again video conferencing and communication with primary care physician would be of utmost importance in such situations.[4] Utilized appropriately, telemedicine in pediatrics has the potential to prevent unnecessary exposure of newborns and children to the risk of infection.

In the face of COVID-19 pandemic, telemedicine is expected to assume more importance in Indian context and the above observations can be meaningful to the physicians fighting the battle. Government of India has also recently emphasized the matter by publishing appropriate guidelines toward streamlining the practice of telemedicine.[4] The primary care physicians are supposed to play an important role in this context as majority patients, in absence of public transport, will be visiting them instead of specialists at secondary and tertiary care centers. This group of patients will include those with various chronic neurological illnesses who thus far have been receiving treatment at tertiary care centers for their ailments. Appropriate neurological history taking and examination, as mentioned earlier, will hold the key in such circumstances both from diagnostic and therapeutic perspectives. In addition, practicing telemedicine in child health is supposed to have important implications and once again, primary care physicians will be at the forefront more than ever in the coming days. Despite multiple utilities, telephonic consultation carries the hazards of misdiagnosis, wrong interpretation of drug dosage and malpractice such as imposters. The vitality of basic inspection of the patient, even in the age of telemedicine, cannot be underestimated, for it can give a wealth of information and render clinical decision making way less fallacious.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.
Durjoy Lahiri¹, Sonali Mitra²

¹Department of Neurology, Bangur Institute of Neurosciences, Institute of Post Graduate Medical Education and Research, Kolkata, West Bengal, ²Department of Paediatric Medicine, Nil Ratan Sircar Medical College and Hospital, Kolkata, West Bengal, India

Address for correspondence: Dr. Durjoy Lahiri, Bangur Institute of Neurosciences, Institute of Post Graduate Medical Education and Research, Kolkata, West Bengal, India. E-mail: dlahiri1988@gmail.com

References

1. Chellaiyan VG, Nirupama AY, Taneja N. Telemedicine in India: Where do we stand? J Family Med Prim Care 2019;8:1872-6.
2. Larner AJ. Teleneurology: An overview of current status. Pract Neurol 2011;11:283-8.
3. Katz HP, Kaltsounis D, Halloran L, Mondor M. Patient safety and telephone medicine: Some lessons from closed claim case review. J Gen Intern Med 2008;23:517-22.
4. Burke BL Jr, Hall RW; SECTION ON TELEHEALTH CARE. Telemedicine: Pediatric applications. Pediatrics 2015;136:e293-308.
5. Board of Governors (In suppression of Medical Council of India). Telemedicine Practice Guidelines. 2020. Available from: https://www.mohfw.gov.in/pdf/Telemedicine.pdf.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Received: 08-04-2020 Revised: 27-04-2020
Accepted: 18-05-2020 Published: 30-07-2020

How to cite this article: Lahiri D, Mitra S. COVID-19 is accelerating the acceptance of telemedicine in India. J Family Med Prim Care 2020;9:3785-6.

© 2020 Journal of Family Medicine and Primary Care | Published by Wolters Kluwer - Medknow