Dear Editor,

Modern digital literacy has increased tremendously in India due to the ongoing information technology revolution. In the present era, whenever people have any health problem, many of them try to seek related information from internet-based sources before taking any preventive action or medical consultation. Often, they end it up with self-medication. However, there is a problem of the authenticity of sources. The diagnosis made by “Google Doctor” can be devastating, if public follow some wrong advice given on the internet or due to their misinterpretations.

To address the critical gaps in disease related communication in India, the Postgraduate Institute of Medical Education and Research (PGIMER) website is experimenting with uploading authentic medical materials for patient empowerment through self-care.

To our knowledge, this unique approach is the first of its kind in India, giving a global exposure to the efforts of PGIMER, Chandigarh. People from anywhere in the world can access the uploaded health educational materials in the form of short videos, books, pamphlets, and booklets by a single click of a computer.

It is a humble contribution towards patient empowerment. These uploads also have a disclaimer – “Readers may go through the uploaded material for their health-related issues. Concerned doctors/departments may be contacted for further guidance or clarification.” It is assumed that this novel approach of sharing medical information through PGIMER website may help patient empowerment to a larger extent.

Since then, this concept has been replicated in several medical colleges in India.

However, there are some limitations of this recently developed concept: (a) digital literacy has increased in India, but most of the public use the mobile internet over computers; (b) PGIMER website is tailor-made for computer/desktop view, and not for mobile view at this time; (c) Penetration to such webpages is suboptimal for the vast majority because of lack of awareness and differences in digital literacy among the masses; (d) lack of interest among the common public about health-related messages on internet. This may be due to, the institutions are using the same website for patient empowerment along with advertisements about continuing medical education (CMEs), conferences, and workshops which might not be useful for the common public. Quite often, these webpages give a reflection of a bureaucratic formality rather than a holistic digital empowerment for common public; and (e) the worrisome issue is the accountability, i.e., now, very few people are willing to take the responsibility for handling the webpage for health promotion activities.

Several medical institutes have social media pages that are currently used for advertising conferences, CMEs, and workshops unrelated to the common public. One solution to the problem of disease-related communication can be by sending health education messages or videos through these social media pages such as Facebook, Instagram, Twitter, and many others.

The frequency of health educational message broadcasting can be increased in special circumstances. Beyond this, a signal or sign can be used to check the authenticity of the browsing materials. Finally, there may be a social media manager for each medical institutions’ content who will be accountable for all types of health communication activities.

In addition, apex institutes in India, such as National Institute of Virology, Indian Council of Medical Research, and the All India Institute of Medical Sciences and many more can spread the health information via social media for a particular disease. Information regarding Do’s and Don’ts may also be promoted in regional language for better understanding by the common people. Moreover, the spread of health-related information should be mandatory for all; the idea is to spread the message to the common people.

We assume that these steps can profoundly help in delivering seamless continuum of care with focus on health promotion and prevention. In our opinion, this simple yet innovative approach can be effective. It is high time to experiment with this, which, in turn, can prevent adverse health outcomes for the common health-related problems. We assume that this innovative, yet simple concept has multiple benefits-firstly, it can empower patient with authentic medical information, secondly, it can improve doctor-patient relationship and lastly it can reduce the burden of out patient departments.

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Conflicts of interest
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