S179

Letters to Editor

Sir,

Due to the outbreak of coronavirus infection, many measures have been undertaken to prevent the spreading of coronavirus infection at Bahrain Oncology Centre, King Hamad University Hospital, Bahrain, to ensure confirmed safety and welfare of our patients, and this reflects a flexible position as we learn more about our invisible enemy.

1. Approval of telemedicine practice from videoconferencing, telephonic consultation, and other online methods such as Zoom meetings
2. Limited and emergency consultation of patients during follow-up visits to allow assessment and providing the best possible care
3. Use of different protective barriers including N95 mask, face shield during consultation and inpatient bed side assessment, use of disposable gowns, and best use of contact precaution
4. Screening of every visitor including health-care workers, patients, and their family entering the hospital premises by detection of temperature by thermal camera and temperature recording by contactless digital infrared thermometer
5. Use of COVID-19 screening questionnaire for patients presenting to the outpatient department for consultation [Table 1]
6. Nurses provide a WhatsApp contact number to patients so that they can communicate with the health-care professionals delivering effective, uninterrupted, and quick medical services
7. The National Tumor Board delivers equal and more structured patient care and holistic management to patients by implementing videoconferencing system. This has turned to the best possible method of delivering tumor board decisions without increasing the risks of coronavirus spread.

Practice through telemedicine should maintain professional standards, with clear documentation in the patient’s progress notes. Opioid prescription has emerged as a huge challenge for patients getting benefit by offsite telemedicine services. With the help of telemedicine practice, it is possible to do assessment of chronic pain to cancer patients, providing nutrition and symptom management so that continuity of care is maintained. This innovative technology has provided patient satisfaction and equal level of good communication between doctor and patient.

These improvement and advances in telecommunications and consultation have shown to improve access to health care without the need to visit the physicians in hospitals, when there always remains a risk to catch coronavirus infection. Though we believe that these telemedicine consultations are not a substitute of real-time clinical visits due to lack of evidence, during this COVID-19 pandemic, this is the best adopted strategy for providing uninterrupted health-care services to anyone, anytime, and anywhere. Our hospital started telemedicine services from March 17, 2020. It helped in minimizing patient transportation to the hospital, supported social distancing, and also helped in minimizing the novel coronavirus spread. We believe that telemedicine in our practice has played a role in crucial timely management of many immunocompromised patients due to geographic isolation and provided continuity of care during this tough time of COVID-19 pandemic.

Telemedicine application in the current COVID-19 pandemic situation has been able to allow an almost accurate patient’s physical and psychological symptom assessment, maintained efficiency of service delivery, and improved patient satisfaction and their family. We also believe that the telemedicine and telecommunication training is essential for the effective delivery of supportive care to maximize benefit and conduct accurate virtual examination.

In conclusion, with a limited access to health-care services during the COVID-19 pandemic, telemedicine has emerged as an important tool to patients, delivering state-of-the-art supportive and palliative care oncology services.

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Conflicts of interest
There are no conflicts of interest.

Table 1: COVID-19 risk for acute respiratory illness: Visual triage checklist used at Bahrain Oncology Centre

| Criteria | Score |
|----------|-------|
| Any history of travel? | 5 |
| Contact with a case of COVID-19? | |
| Worked in or attended any health-care facility where patients with COVID-19 were being treated? | |
| Fever (>38°C) | 1 |
| Cough | 1 |
| Shortness of breath | 1 |
| Sore throat and/or running nose | 1 |

Total score

Score ≥6? If yes: Offer mask and isolate in a single room with standard/contact/droplet precautions. Contact infection control
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REFERENCES

1. The Lancet. Palliative care and the COVID-19 pandemic. Lancet 2020;395:1168.
2. Doolittle GC, Allen A. Practising oncology via telemedicine. J Telemed Telecare 1997;3:63-70.
3. Dhiliwal SR, Salins N. Smartphone applications in palliative homecare. Indian J Palliat Care 2015;21:88-91.
4. Coyle N, Khojainova N, Francavilla JM, Gonzales GR. Audio-visual communication and its use in palliative care. J Pain Symptom Manage 2002;23:171-5.
5. Peate I. COVID-19 and palliative care. Br J Nurs 2020;29:455.

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