

Review Article

Tele-health in the era of COVID-19 pandemic: need, current status, challenges and way forwards

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ABSTRACT

Tele-health is the delivery of health care services by health care professionals, where distance is a critical factor, through using information and communication technologies (ICT) for the exchange of valid and correct information. It is one of the effective option to fight the outbreak of COVID-19. However, its application for patient care during the pandemic times is not without hiccups and problems owing to lack of clarity on its domain and absence of clear guidelines on its use.

Keywords: Tele-health, ICT, Patient care, COVID-19

INTRODUCTION

About once in a generation, a global pandemic emerges and wreaks havoc on the vulnerable world population. The present outbreak of a coronavirus-associated acute respiratory disease called coronavirus disease 19 (COVID-19) is the third documented spillover of an animal corona virus to humans that has caused a major epidemic in the last 2 decades.¹ Recent previous outbreaks such as severe acute respiratory syndrome in 2003 and Middle East respiratory syndrome in 2012 were successfully confined to small regions of the globe.

Our initial response to COVID-19, now that disputes over whether it is real and who is to blame for it are over, was to slow its spread to avoid overwhelming the ability of our health care system to handle sick patients. Without proper containment measures, the fear was that hospitals would be overrun with COVID-19 cases. Not only does this limit our ability to treat seriously ill patients infected with the virus but it also could have prevented uninfected individuals suffering from more routine life-threatening conditions, such as myocardial infarction and stroke from

receiving timely treatment that they would routinely get in normal times.

Tele-health as the new frontier in patient care

The ongoing COVID-19 pandemic has drastically altered how we provide care to our patients, propelling us into the world of virtual healthcare delivery at a dizzying pace. Tele-health is the delivery of health care services by health care professionals, where distance is a critical factor, through using ICT for the exchange of valid and correct information.² Tele-health and its digital accoutrements offer an exciting new avenue for patient care. But the transformation has not been perfect and both patients and providers are learning to navigate a new terrain of care provision, often without clear guidelines or support.

Challenges in delivering patient care through tele-health

This new frontier has brought a virtual twist to the classic patient encounter stories we shared, tele-health providers recount blundered exchanges, gaffs and missed and

misinterpreted nonverbal cues. These stories bring a new flavour to our encounters with patients, they represent the most human interactions, in a time when humanity has been forced to interact in all kinds of new and uncomfortable ways. We are growing and learning with our patients, gradually coalescing around a shared set of practices and beliefs to anchor our virtual community.

But there were also stories about virtual care, which was not so funny, sadly, many of these came from patients. Indifferent-seeming physicians who don't make eye contact or who were distracted by their mobile phones. Concerns about excessively short visit times or what the lack of a physical exam meant, worries about privacy, confidentiality and security, language barriers, hearing, vision and other adaptive needs that weren't being met. These encounters were less humorous when told from the perspective of an anxious or unwell patient and they reflected a darker side of this new world that must be addressed if we expected our patients to continue present to care. Digital professionalism, the adaptation of professional behaviour, codes of conduct and social norms into virtual spaces was being acknowledged by the medical community as an important component of modern healthcare delivery and was one area in which we were building tools to ensure high-quality care for patients.^{3,4} In the United States, the federation of state medical boards offered policy guidelines for appropriate use of the internet, social media and digital social networking in medical practice; the American medical association addressed many elements of digital professionalism including individual behaviour, confidentiality and consent, prescribing and financial disclosures, in its statement on ethical practice in telemedicine.^{5,6} In medical education, there were calls to adapt professionalism milestones for trainees to digital domains.

Need of digital empathy/compassion in tele-health

A related but less recognized concept was that of digital empathy or digital compassion. In their article 'the emerging issue of digital empathy', Terry et al defined digital empathy as traditional empathic characteristics such as concern and caring for others expressed through computer-mediated communications.⁷ Similarly, Wiljer et al identified digital compassion as the experience that an individual had on recognizing and wanting to alleviate the suffering or perceived unmet needs of another in digital space.⁸ These conception went beyond recommendations on how to draft a professional email or curate a social media account; they challenged us to re-evaluate how we connected to our patients.

Both authors pointed to the rapid expansion and adoption of digital technology as a disruptor of patterns in human interaction. This disruption can impact people's ability to connect, empathize and care for one another in detrimental ways, a digital dis-inhibition.⁹

Digital empathy and compassion offer helpful constructs in thinking about virtual healthcare delivery, counteracting the tendencies of digital dis-inhibition and reinforcing caring social relationships between patients and providers. A strong foundation in digital empathy can help us acknowledge challenging moments in virtual encounters and partner with our patients to work through them. But more research is needed on how to conceptualize these constructs and operationalize them in virtual practice. Similarly, the impact of digital dis-inhibition on the patient-provider relationship must be better understood if we were to adequately build and scale virtual health services.

CONCLUSION

The concept of virtual or digital care as the next best thing in healthcare delivery is profoundly tempting. It conjures a world of easy access to high-quality care regardless of demographics or social determinants, a great democratizer. But a virtual healthcare system isn't a panacea. The distance created by virtual health environments tests the limits of our ability to be caring, compassionate providers; this threatens our identity as physicians and places our already vulnerable patients at risk. To address this, we must dispute the assumption that all the work we've done to build ourselves as caring, compassionate providers will simply translate as it is virtualized.

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