

The Telemedicine “Bubble”

Sucharita Ray¹, Dheeraj Khurana²

Journal of Postgraduate Medicine, Education and Research (2021): 10.5005/jp-journals-10028-1441

The COVID-19 pandemic has restructured the priorities and practices in clinical medicine. The relentless spread and continuation of the disease has enforced a physical distancing and necessitated the need to improvise our digital preparedness. Telemedicine has been recommended by the World Health Organization and the Centers for Disease Control to provide a safe and effective alternative to physical visits. The use of technology to share and transmit patient records, establish a communication link between patients and healthcare providers has emerged as a new paradigm in clinical practice.¹

Telemedicine is not a new concept in the world and India. But there has been an exponential rise in the use of telemedicine in all aspects of medicine, including neurology since the COVID-19 pandemic. It is being increasingly used in conducting outpatient clinics in many educational institutions. Elsewhere, it has been put to use to deliberate on triage and referral. Besides, many hospitals have shifted to a fully online system of examination and assessment for their students.²

Gone are the days when telecommunication meant cumbersome and often unavailable communication systems like the television or the telephone. The advent of the integrated service digital network (ISDN) technology now permits the simultaneous transmission of voice, video, and biomedical data at relatively high speed within a “universal” network. Newer technology has enabled the digitization of records, and this has greatly reduced the speeds of communication between people. All this is done with the preservation of patient confidentiality and identity. Additionally, there is a sense of exclusivity in the physician–patient interaction because the platform often ensures face-to-face interaction from the comfort of a patient’s home environment. In other words, this can be equated to a virtual “bubble” within which the patient communicates his problems to the doctor and seeks advice or treatment in return.

This practice with an insulated and protected seamless communication link between the physician and the patient is progressively becoming more efficient and interactive with greater bandwidth and internet speeds available over technology like 4G. India has one of the cheapest costs of data available in mobile networks. The Internet revolution of India has also coincided with the ever-increasing outreach of high-speed mobile networks. The biggest advantage of telemedicine lies in its convenience and cost-efficacy when we consider that the money spent by patients in securing physical visits to the hospital has been effectively circumvented with the use of technology. The biggest advantage of using telemedicine in neurology rests on forwarding triage, which is the sorting of patients which can be done even before their arrival at the emergency.³

^{1,2}Department of Neurology, Postgraduate Institute of Medical Education and Research, Chandigarh, India

Corresponding Author: Dheeraj Khurana, Department of Neurology, Postgraduate Institute of Medical Education and Research, Chandigarh, India, Phone: +91 9815066990, e-mail: dherajk@yahoo.com

How to cite this article: Ray S, Khurana D. The Telemedicine “Bubble”. *J Postgrad Med Edu Res* 2021;55(2):63.

Source of support: Nil

Conflict of interest: None

Following travel restrictions and the lockdown, norms laid down by the Government of India in March 2020, the Ministry of Health and Family Welfare (MOHFW) gave its nod to the use of telemedicine in supplementing the health services in India during the prolonged lockdown owing to the pandemic.⁴ During this time, telemedicine established itself as not only an efficient means of dispersal of healthcare but also in collecting information and dispersal of healthcare and patient awareness. It has even substituted the in-person presence of examiners for the evaluation of candidates during the examinations.⁵

The world is not got rid of the pandemic yet and many phases are yet to come. However, the world is gradually stepping out to public life. This is not without its risks. Telemedicine with its promise of the secure communication bubble needs to be integrated into the regular practice paradigms of our health systems to reinforce the concept of social distancing and avoiding in-person consultation.

REFERENCES

1. Ganapathy K. Telemedicine and neurological practice in the COVID-19 era. *Neurology India* 2020;68(3):555. DOI: 10.4103/0028-3886.288994.
2. Misra UK, Kalita J, Mishra SK, et al. Telemedicine in neurology: Underutilized potential. *Neurology India* 2005;53(1):27. DOI: 10.4103/0028-3886.15047.
3. Hollander JE, Carr BG. Virtually perfect? Telemedicine for COVID-19. *N Eng J Med*. 2020;382(18):1679–1681. Available from: <https://www.nejm.org/doi/10.1056/NEJMp2003539>.
4. Ministry of Health and Family Welfare, Government of India. Telemedicine practice guidelines. <https://www.mohfw.gov.in/pdf/Telemedicine.pdf>, Accessed 18th Mar 2021.
5. Sagaro GG, Di Canio M, Talevi E, et al. Telemedicine for pre-employment medical examinations and follow-up visits on board ships: a narrative review on the feasibility. *Healthcare*. 2021;9(1):69. DOI: 10.3390/healthcare9010069.