



## Quō vādis? Imbibing Medicine through Telemedicine in COVID Era

Sunil Chaudhry

*Honorary Medical Director, Bioclinitech Technologies Pvt Ltd & GPATtutor.com, Mumbai, India*

\*Correspondence to: Dr. Sunil Chaudhry, Honorary Medical Director, Bioclinitech Technologies Pvt Ltd & GPATtutor.com, Mumbai, India.

### Copyright

© 2022 Dr. Sunil Chaudhry. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Received: 07 January 2022

Published: 11 January 2022

**Keywords:** *Telemedicine; COVID; Healthcare*

“The safety of people shall be the highest law”

### Prologue

The countries with the most cases of COVID 19 after the U.S. are India, Brazil, the U.K., and Russia. The International Committee on the Taxonomy of Viruses selected the phrase (SARS-CoV-2) to represent that the new virus is relative of the original SARS virus. The COVID-19 global recession is the deepest since the end of World War II. The global economy contracted by 3.5 percent in 2020, causing considerable stress in population across the world. Students from the low-income group are known to struggle more as the resources such as laptops, tablets, or touch mobiles may not be easily accessible. Most of the students faced social isolation and boredom during the pandemic which was psychologically traumatizing. Telemedicine is simply defined as, “the remote delivery of healthcare services is a significant tool in COVID Era where the social

distancing norms are eventually met. Telemedicine is the need of the hour and will not wither in the next decade even where COVID recesses due to its numerous advantages such as Cost factor, Quick access, Recordability, and mass appeal. Concept of the telemedicine is not new as in 1879, as a report mentioned in Lancet showed Telephone could reduce unnecessary clinic visits. In 1922, Dr. Hugo Gernsback predicted that Physicians could see their patients on screen Telemedicine provides rigid benefits to patients, such as transportation costs can be avoided, individuals can schedule a consultation during a work break or even after work hours. Remote patient monitoring is possible in cases where ECG, ultrasound, and pulse oximeter data need to be transmitted. The disadvantages of Telemedicine include as there are fewer face-to-face consultations, technology is costly as screen devices and software are necessary.

## Epilogue

### Physician Care Imparted for Chronic Disorders

75% of the United States healthcare spending is dedicated to treating heart disease, cancer, and diabetes, which comes under chronic care. The holistic approach to healthcare for those above 50 is most effectively managed through telemedicine. Studies have shown self-monitoring improves both BP measurements and medication adherence. When coupled with telemonitoring, patients who take their own blood pressure at home have shown statistically significant improvement in their hypertension.

### Remote Patient Monitoring (RPM)

Services are generally the collection and analysis of patient physiologic data from one location and securely transmitted electronically to providers in a different location, that is used to develop and manage a treatment plan related to chronic and/or acute health illnesses or conditions.

Telemedicine brings adequate patient satisfaction, as during specified time the queries are handled and there is no waiting of patients inside the clinic.

### Clinical Trials in the COVID Era

Ensuring the safety of trial participants is paramount. Sponsors should consider each circumstance, focusing on the potential impact on the safety of trial participants, and modify study conduct accordingly.

Since trial participants may not be able to come to the investigational site for protocol-specified visits, sponsors should evaluate whether alternative methods for safety assessments (e.g., phone contact, virtual visit, alternative location for assessment, including local labs or imaging centers) could be implemented when necessary and feasible, and would be sufficient to assure the safety of trial participants.

Sponsors and clinical investigators should document how restrictions related to COVID-19 led to the changes in study conduct and duration of those changes, indicate which trial participants were impacted, and how those trial participants were impacted.

### Training of Medical Representatives in COVID Times

They can be well trained through digital training. Use of Program CDs for Training are effective, way of training. Most of Atlas in Anatomy, Applied Anatomy, ECG Reading & interpretation, Radiology are available in CD ROM. Atlas of surgical pathology, Orthopaedic pathology, Implants, Management of chronic orthopedic infections, Clinical orthopedics are available on the net from which simple presentations are prepared for Business Executives or Medical Representatives.

## Summary

The COVID-19 pandemic might be the long-awaited and much-needed catalyst for a new online teaching era in medical education. Furthermore, the current situation gives students as well as teachers a unique opportunity to create and further advance innovative learning and teaching concepts together.

## Bibliography

1. Elham Monaghesh, Alireza Hajizadeh. The role of telehealth during COVID-19 outbreak: a systematic review based on current evidence. *BMC Public Health*. 2020;20:1193. Available from: <https://pubmed.ncbi.nlm.nih.gov/32738884/>. doi: 10.1186/s12889-020-09301-4

2. Veena Singaram S, *et al.* Self-directed learning during the COVID-19 pandemic: perspectives of south african final-year health professions students. *Advances in Medical Education and Practice*. 2022 Jan 6;2022(13):1-10. Available from: <https://www.dovepress.com/self-directed-learning-during-the-covid-19-pandemic-perspectives-of-so-peer-reviewed-fulltext-article-AMEP>. <https://doi.org/10.2147/AMEP.S339840>
3. Conduct of Clinical Trials of Medical Products During the COVID-19 Public Health Emergency, Guidance for Industry, Investigators, and Institutional Review Boards. Updated on August 30, 2021.
4. Divyansh Sharma, Sonu Bhaskar. *Frontiers in Public Health*. 2020 Nov;8.
5. Catherine Lucey R. The transformational effects of COVID-19 on medical education. *JAMA*. 2020 Sep 15;324(11):1033-1034. Available from: <https://pubmed.ncbi.nlm.nih.gov/32857137/>. doi: 10.1001/jama.2020.14136
6. Suzanne Rose M. Medical student education in the time of COVID-19. *JAMA*. 2020 Jun 2; 323(21):2131-2132. Available from: <https://pubmed.ncbi.nlm.nih.gov/32232420/>. doi: 10.1001/jama.2020.5227
7. Sunil Chaudhry E. Media and pharmaceutical sales representatives in COVID era. *Journal of Management Research and Analysis*. 2021;8(2):98-100. Available from: <https://www.jmra.in/article-details/14092>
8. Fabian Stoehr, *et al.* How COVID-19 kick-started online learning in medical education- The Digi Med study. *Plos One*. 2021 Sep 21;16(9):e0257394. Available from: <https://pubmed.ncbi.nlm.nih.gov/34547031/>. doi: 10.1371/journal.pone.0257394. eCollection 2021