

Telemedicine Yes, But No Telepathy

Telemedicina Sim, Mas Não Telepatia

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Palavras-chave: COVID-19; Medicina Interna; Telemedicina

Dear Editor:

With the emergence of new medical specialties, Internal Medicine has been losing a part of its initial identity, even though it maintains the global vision of the patient, since it is the specialty that has greatest proximity with the patient and the respective pathobiography. This essence of Internal Medicine, the common core of medical specialties, should be immutable.¹ Through a close doctor-patient relationship, the internist uses the best diagnostic tools (medical history and clinical thinking) and through empathy and close treatment, based on one or more guiding symptoms, performs a differential diagnosis that allows reaching a definitive diagnosis and a treatment plan for the patient. Since it has an integrative vision, Internal Medicine can quickly adapt to the most varied scenarios,² like the COVID-19 pandemic. In fact, during this period internists have led multidisciplinary teams and have supported a huge healthcare burden while organizing assistance and decision-making to face these extreme circumstances that led to radical changes to the healthcare system. First, two different circuits had to be organized for COVID and Non-COVID patients. Then, hospital demand had to be reduced by the providing of out-of-hospital care whenever possible, either through Primary

Care, home hospitalization, clinical support and advice to geriatric centers or through remote consultations, either by phone call, email or even videoconference with the patient and, ultimately, by postponing medical appointments that were not essential. Now that this initial outbreak of the pandemic has subsided in Spain, we can say that these efforts were highly effective. However, in the face of the new scenario that is presented to us, there is a feeling that these 'extraordinary' measures came to stay permanently. This fact is leading to increasing distance between doctor and patient with the inherent risks that this implies, since the same telemedicine that allows the patient not to go to the hospital, could also cause the quality of clinical care to eventually deteriorate. This could especially occur in our specialty, since touch and other non-visual sensations are distorted through a phone or a screen, hindering empathy and closeness, which can lessen the rigor and effectiveness of a good clinical assessment and, of course, prevent a correct re-physical assessment of the patient, making it impossible to exercise the doctor's 'clinical eye' and whatever 'art' our overlooked profession still retains.³ This is not a criticism regarding telemedicine, which has a key role in any modern healthcare system, but a preventive alert. We must be cautious when using this new option, either by phone or other electronic means, and properly select which specific patients could benefit from it and to whom it could be uncomfortable or even harmful, such as patients with sensory deficiencies or cognitive impairment.⁴

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