

Telemedicine: An Underutilized Tool
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The Editor,

Sir,

Telemedicine is a rapidly growing field in healthcare. Its utilization was recorded as early as 1906 with transmission of electrocardiogram [ECG] (1). It has since expanded to include patient and physician education, data sharing for specialist opinion, research and health screening on rural populations (2) and has been endorsed by the World Health Organization (3). In the West Indies, the healthcare system is plagued by increasing costs and difficulties with managing patients in rural and low resources areas. Improved access to medical care can reduce morbidity and mortality in the West Indies where the geography limits movement of medical personnel and the indigent patient population. Telemedicine therefore, seems attractive. Our universities in the region may be able to lead this initiative and the integration and collaboration of the region will move one step further.

Despite this method being effective as described in the literature (4), there are a number of limitations. Lack of legislation and fear of medico-legal risks in our region pose hindrances. Recently, the American Heart Association recognized in an article the passing of legislation supporting increased access to telemedicine in the United States of America for stroke and cardiovascular disease (5). This included benefits for patients from urban, suburban as well as rural regions on insurance reimbursement. Reimbursement was previously limited to patients in rural areas alone, however, long transportation times and lack of specialized services in some hospitals

were identified as limitations to efficient healthcare even in those living nearby. Our governments need to institute the necessary legislation.

There is uncertainty regarding the cost-efficiency of telemedicine and further research is warranted. Reyes *et al* reported a case that highlighted post-stroke complications were often managed at home by the use of laptops, smart phones and internet suggesting that telemedicine may decrease cost of consultations (4). Technophobia is another limiting factor and would require education on use of tools of communication for telemedicine delivery to be efficient. Development of a framework and rapport between physician and patient is important to maintain confidentiality with data sharing. Extensive review of literature showed telemedicine can be cost-effective, safe and systematically utilized tool for better healthcare. The overwhelming literature available has a common factor: With the increasing use of telemedicine, its limitations seem to be more and more manageable (1–5).

In a region plagued by high healthcare costs and limitations, and also widespread use of smart phones, internet and computers, telemedicine may prove to be a useful tool. We wish to remind healthcare providers of the utility of telemedicine and its potential role in the delivery of health services in the West Indies and other low resource regions of the world.

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