

# The Editors' Musings

## DR TINA TAN

Editor

Dr Tan is a psychiatrist in private practice and an alumnus of DukeNUS Medical School. She treats mental health conditions in all age groups but has a special interest in caring for the elderly. With a love for the written word, she makes time for reading, writing and selfpublishing on top of caring for her patients and loved ones.



The COVID-19 pandemic has arguably been the prime catalyst in fuelling the rise of telemedicine. Now that social distancing measures are a thing of the past (and let us hope it stays that way), what is next for telehealth and telemedicine? A/Prof Low Cheng Ooi and Dr Low Yi Mei discuss tele-collaboration as an area of medical advancement while Dr Wong Tien Hua highlights the perennial issue spotlighted in our local media in 2024: telemedicine abuse.

Telemedicine abuse – in particular, the repeated issuance of medical certificates (MCs) – has resulted in the suspension of one telemedicine platform and the referral of multiple doctors to the Singapore Medical Council for alleged professional misconduct.<sup>1</sup> Another area of concern was of telehealth providers promoting weight-loss drugs at the risk of violating Health Sciences Authority regulations.<sup>2</sup>

Telemedicine is not without its thorns, but the technology is here to stay, and the benefits of remotely consulting doctors and healthcare teams cannot be denied. It is a matter of using the technology wisely and in a manner that prioritises patient safety. As Dr Sabrina Haroon sums up: "... it is essential to build a strong infrastructure that addresses the changing needs of both healthcare providers and patients. ... The ultimate goal is to create an innovative system that enhances patient flexibility and improves their overall experience."

### References

1. Lim V. Patients 'clearing MCs' or taking sick leave for holidays: Doctors speak out about telemedicine abuse. CNA [Internet]. 4 November 2024. Available at: <https://bit.ly/4iEgBFh>.
2. Lee LY. Ads for prescription-only medicines, such as weight-loss drugs, prohibited in all forms of media: MOH. The Straits Times [Internet]. 2 December 2024. Available at: <https://bit.ly/3Fx7fg8>.

## DR JIMMY TEO

Guest Editor

Dr Teo is an associate professor in the Department of Medicine, NUS Yong Loo Lin School of Medicine, and senior consultant in the Division of Nephrology at National University Hospital. He is an active member of the Singapore Society of Nephrology.



Recently, a telemedicine operator was suspended for, among other things, inappropriate issuance of MCs. Telemedicine came to the forefront during the pandemic restrictions on physical meetings, rendering routine outpatient consultations and visits problematic. Now, telemedicine is fast becoming an accepted mode of clinical management where appropriate. Technology platforms are still being refined to improve the ease of access, security, comprehensiveness and fidelity of the doctor-patient encounter – to equal the quality of physical visits.

In this issue, we get perspectives of telemedicine from practitioners in primary care and specialty services, including discussion of the regulatory updates needed. Dr Wong Tien Hua discusses the use of telemedicine in primary care and touches on the topic of MC issuance, while Dr Sabrina Haroon shares her experience of adopting telemedicine in a haemodialysis centre.

One use of telemedicine Dr Wong highlights is load balancing in multi-doctor multi-location clinics to improve clinic efficiency and productivity. In my opinion, this may work for routine reviews and prescription refills resulting from changed visit schedules. However, this approach may be suboptimal at times for patients with chronic conditions as a lack of detailed knowledge of the patient and/or physician inertia may result in fewer or delayed interventions. This can be true even for simple conditions like hypertension, the prevalence of which has increased based on the National Population Health Survey 2023!

Watch this space for further commentary as more areas of work continue to be slowly integrated with telemedicine formats. Telemedicine will not render a doctor obsolete, but the doctor who avoids telemedicine entirely may find himself or herself falling behind. ♦