



# 新肺炎大流行： 冠炎 1人1講

## COVID-19: IN and OUT

### Telemedicine by a Family Doctor – First In, Last Out

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**Telemedicine** is not new, and is not started but catalyzed by COVID-19. The practice of telemedicine internationally was happened for long, e.g. patients may not easily access to the physician due to geographical limitation, more commonly in United States, United Kingdom, Australia than Hong Kong. In HK, especially in private setting, dialogue or advice via a phone call by physician and patient is bread and butter.

My questions are:

1. Is telemedicine a demand/ want/ need? Is it good for patients? Is it good for doctors/ providers/healthcare system?
2. Is it safe, useful, efficient, cost-effective?
3. Why is telemedicine evolving so slowly and conservatively in HK?
4. Will telemedicine just a measure to help in Pandemic era/ COVID-19? Will it be discouraged again after 28 days of zero case of COVID-19?

As a family physician, the aim is simple and straightforward: to help everyone as much as I could within my scope. Every family physician should do a lot and more in guarding our patients **First In Last Out**, and we have a social responsibility in managing COVID-19.

*“Billy, I would like you to prescribe one year stock of HT/DM/lipid medicine to me as I’m old la, I’m not good, strong & my OA knee limited me a lot.”*

*“Little boy, tell Dr Billy where you feel hurt ? ....(kid keep silent)... Ms helper, can you pls tell me what’s the problem/symptom ...(mum did’t say, I don’t know sir)...call mum (Dr chiu, just give some medicine to my son, he just got fever & rash, sorry IA have to rush to meeting now.)”*

*“Dr Chiu, why I have to wait for 1 hour every time to see you?”*

*“Dr Fai, my auntie, live in Africa, suffer from medical unexplained*

*symptom, is it possible for you to help by consulting her via ZOOM ? Can you deliver medicine to her?”*

**One good answer to the above could be **telemedicine**.**

【智慧醫療時代】唔想全副武裝出入診所，又或者花半日時間搭車來回仲要喺診所等好耐？香港中文大學醫務中心推出遠程醫療服務，病人只需安坐家中就可透過Microsoft Teams接受醫生評估病況，特別方便患有糖尿病、高血壓等慢性病嘅病人。雖然遠程醫療有一定限制，譬如須觸診檢查或新症病人就唔可以使用，但服務仍然讓適用的病人受惠。除咗遠程醫療，科技亦為醫學界帶來了不少新變革，了解更多：  
<https://aka.ms/AA8266k>



*“Ben, your appointment is due for 6 month, anything we could help or we schedule Dr Chiu’s appointment for you? ...No need, I self-prescribed already, I don’t feel any, I don’t think I need medicine, I don’t want to rely on medicine, I changed to see homeopathy.”*

*“Billy, I can do tele-consultation, but how you’re going to examine me? How’s you going to charge me? Can I Payme? Can you courier medicine to me? Can you*



*please post me 20 tabs Valium that I'm taking on prn basis, will my insurer not reimburse the bill?"*

I don't have wise answers for the above and I'm not in a good position to solve all these as I'm sure there will have more & more discussion from provider, DH (Department of Health), MCHK (Medical Council of Hong Kong), insurers, other stakeholders. Just hope the progress would aim at helping the public & serving their need as the primary outcome (although I understand it's not easy to safeguard the whole process). Likely the process will be slow again, but hope less slow!

Healthcare system is evolving, disease spectrum is shifting, more chronic disease are being categorized, population aging & advanced technology both trigger different health demand & supply. Telemedicine is just one of the team-player of **health related technology**. In order

to optimize the total patient journey & benefit from the smart healthcare logistic & advancement, telemedicine has to marry with medical technology, e.g. ambulatory monitoring, wearable device, AI, big data, cybersecurity, etc. We are looking forward & keen to learn from more sophisticated technology on Internet of Thing, data analytic, biologic, synthetic biology, genomic, virtual/ augmented reality, digital medicine, precision medicine, Robotic, etc.

Traditionally believed, the process of seeing & consulting a doctor already carry a healing effect. Some said "I feel I'm recovered a lot when I stepped in your hospital/clinic!" The key message is not to shift in-person to tele-consultation, but just provide one more good alternative to serve different need & preference.

~ THE END ~

