



# MY EXPERIENCE with TELEMEDICINE

Text by Dr Ng Chee Kwan

Telemedicine has gained significant traction in Singapore, due in part to the proliferation of private telemedicine providers, the establishment of a regulatory framework and the impetus brought about by the COVID-19 pandemic.

The subject of telemedicine has been in the press again lately, because of concerns that some patients may have been issued medical certificates through telemedicine consultations without proper clinical assessment and/or follow-ups being conducted, or for non-medical reasons. This led me to think about the role of telemedicine in my own practice.

My first experience providing telemedicine services was during the COVID-19 pandemic. Several patients of mine were stuck overseas and were unable to return to Singapore for their follow-up consultation. I found that telemedicine consultations were helpful in enabling me to provide useful advice for these patients. I also conducted a telemedicine consultation for a first-time patient residing in Singapore, but quickly realised that I had to schedule a follow-up consultation in person as my assessment was hampered by the inability to conduct a physical examination or perform point-of-care clinic investigations.

Ever since Singapore re-opened its borders and eased movement restrictions after the pandemic, telemedicine consultations have not been a routine part of my practice. I am mindful of the

following statement in the National Telemedicine Guidelines: "Where face-to-face consultations are reasonably practical, the delivery of care via Telemedicine must not compromise the overall quality of care provided as compared with non-Telemedicine care delivery."<sup>1</sup> Reflecting on the nature of my practice as a urologist, I think the majority of first-time patients would benefit from coming to my clinic for face-to-face consultations, as I could then assess them in a more thorough fashion.

For my practice, telemedicine consultations may be useful for following up with patients who have stable medical conditions and do not require laboratory investigations or scans. These may include elderly patients or those with major comorbidities, who may have logistical difficulties in coming to the clinic. I could offer telemedicine services for these patients so as to reduce the frequency of clinic visits. Teleconsultations may also be useful for patients who would like to have an early review of their test results and scans but are too busy to come down to the clinic.

One hurdle that I face in implementing telemedicine services is that my patients may require scans and laboratory tests, and thus would need to visit the clinic or the radiology provider anyway. Patients or their representatives would also need to come by my clinic to collect their medications. Few patients would opt for the extra cost involved in getting laboratory technicians to go to their

homes to draw blood samples, or to arrange for a courier to deliver their test results, scans and medications to them.

I think the adoption rate of telemedicine by doctors would be dependent on their patients' profile, and hence would be highly variable from practice to practice. I have no doubt that telemedicine has a role to play in healthcare. For me, telemedicine will not be replacing the majority of my face-to-face consultations anytime soon. ♦

## Reference

1. Ministry of Health. *National Telemedicine Guidelines (Jan 2015)*. Available at: <https://bit.ly/37nb7fU>.

Dr Ng is a urologist in private practice and current President of the SMA. He has two teenage sons whom he hopes will grow much taller than him. He has probably collected too many watches for his own good.

