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Platinum Priority – Editorial

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Introduction of Telemedicine During the COVID-19 Pandemic: A Challenge for Now, an Opportunity for the Future

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The ongoing COVID-19 pandemic is having a dramatic impact on the availability of both inpatient and outpatient health care services. In order to maintain the consistency of ambulatory care in view of strict social distancing measures being enforced, much of patient counseling is now being performed with the use of telemedicine. This means of communication was formerly considered as relatively novel and uncommon, but is now becoming increasingly widespread, having been suddenly implemented in clinical practice. This unprecedented increase in the role of telemedicine and resulting concerns with regard to the principles, safety, and efficacy of remote medical counseling have become a major point of interest in the medical community. In this issue of *European Urology*, two trailblazing articles with regard to the use of telemedicine in urology are published.

Novara et al [1] present results from a systematic review of the efficacy and safety of various electronic-based health-related interventions for patients with urologic conditions. As demonstrated in the text, the available evidence, although heterogeneous and mainly limited to particular groups of patients, shows that telemedicine should be considered at least noninferior to traditional counseling in terms of both effectiveness and maintaining proper clinical judgment, as well as patient-perceived quality of the consultation. In order to provide urologists with a guideline on how to safely and efficiently perform consultations via telemedicine, Socarrás et al [2] describe the principles of several significant aspects of telemedicine, especially with regard to maintaining professionalism, privacy, confidentiality, high quality of data transmission, and adequate levels of comprehension.

The abrupt need to adopt telemedicine in everyday outpatient practice has been a major challenge for urologists, as many have not been trained in and are not experienced in the field of electronic counseling. Therefore, increasing awareness of the safety and efficacy of telemedicine, as well as providing urologists with guidelines and practical aids in regard to this form of practice, is a desirable aim to pursue. However, we should keep in mind that it is not only physicians who may find the field of telemedicine new, as a great majority of urology patients might have never experienced an electronic consultation. This is of special concern for elderly individuals, who may account for as much as half of the total population of urology patients [3]. Given that they may present variable degrees of cognitive impairment, the novelty of a consultation via electronic communication may cause significant confusion or distress to them, especially in cases of concurrent hearing loss or other forms of disability.

Therefore, as an addition to recommendations by Socarrás et al [2], we would like to emphasize the major role of the urologist in adjusting the consultation process to best fit the variable needs of the patient. It is important to choose the communication tool in accordance with the capabilities and preferences of the patient. We should allow, encourage, and enable the person accompanying the

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patient to participate in the encounter in order to provide emotional support, improve the effectiveness of communication, and help in decision-making. If necessary, information should be repeated as many times as needed, for it is the responsibility of the physician to make certain that the communication was effective. Patients should not be left without instructions on how to make contact if any problems arise. Early follow-up should be scheduled in cases of any doubt regarding a patient's comprehension or compliance. All of the cardinal principles of patient-centered medicine should be followed when providing care via telemedicine, especially in view of the significant psychological burden of the ongoing pandemic and widespread social isolation, which may further increase the high rates of depression and anxiety disorders among elderly and cancer patients [4]. We should keep in mind that a patient for whom electronic counseling is suddenly rearranged in lieu of a traditional visit may experience significant concerns regarding the consistency of their care and it is the role of the physician to provide comfort and reassurance.

Although the current widespread adoption of telemedicine has been imposed by the ongoing crisis rather than being voluntarily introduced, which undoubtedly appeared to be a significant challenge, we believe that once these difficulties have been successfully overcome, there is a chance that electronic consultations will become a routine means of communication within medical care. After gaining expertise with telemedicine, both physicians and patients will probably discover the opportunities of remote medical counseling in everyday practice, namely the convenience of smart working (for the physician), time and resource savings (for the patient), better availability and accessibility of consultations, and improved follow-up and contact possibilities. Moreover, as demonstrated by Novara et al [1], electronic-based systems have potential not only for medical counseling but also in monitoring lifestyle interventions. Telemedicine could also become useful in online patient self-education and in improving other aspects of care delivery [5]. We believe that the pursuit of novel applications of remote health care systems other than just medical counseling is a promising open-ended field of investigation.

In our opinion, all reasonable efforts should be now aimed at training health care practitioners in providing best-quality patient-centered care via telemedicine. Technical aspects of training should not be neglected, as technical issues were reported to be a relevant factor impacting the efficacy of consultations [6]. Further studies should assess the safety and efficacy of ongoing experiences with telemedicine during the COVID-19 pandemic, both in terms of the current quality and efficacy and the long-term outcomes of widespread adoption of remote health care systems. These endeavors could help us not only in better preparing for possible crises in the future but also in developing the best standards of care while establishing the role of telemedicine for contemporary practice.

We hope that on the basis of the new experience and challenges we are facing today, we will soon be able to raise medical care in urology to a new level.

Conflicts of interest: The authors have nothing to disclose.

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