EDITORIAL

Telemedicine and the older patient

Telemedicine can be defined as ‘medicine practised at a distance’. It encompasses diagnosis and treatment, as well as medical education.

The first clinical uses of telemedicine to incorporate visual images emerged during the 1950s. Despite their apparent success, few early programmes are still in existence. The main reason for their demise was dependence on external funding. In relation to scientific evaluation, telemedicine is still in its early stages, but a dramatic increase in publications occurred in the last decade (Figure 1) [1].

Telemedicine liaison may be classified on the basis of the client/expert interaction and the type of information being transmitted. The interaction can be classified as either pre-recorded or real-time. In the former, information is acquired and stored before being sent for expert interpretation. In real-time interactions, there is interactive communication between individuals at the main site and remote site. In the UK, the legal duty is the same as for those offering advice or opinions by telephone, fax or e-mail, but many of the medico-legal implications of telemedicine will be determined by litigation as they arise [2].

If telemedicine programmes developed in the 21st century are to survive the test of time, it is vital that lessons are learned from earlier programmes [3]. Telemedicine programmes are generally small. Small size, limited time, and limited resources often stand in the way of attempts to measure clinical utility, safety, efficacy and cost effectiveness. Useful conclusions from any individual site are rarely attainable in less than a year [3]. Measuring these factors outside of a laboratory environment is extremely difficult, and this type of investigation is beyond the scope of most clinical telemedicine pilot projects [4].

Psychology and teleconsultation

Psychology is one among many disciplines that look to modern technology to provide health services to remote communities. Videoconferencing can provide psychological assessment (both initial mental health interviews and psychometric testing), psychological interventions and supervision of psychologists practising in isolation. [5]. Psychometric testing is a skill for which psychologists are in great demand, but appropriately trained psychologists are rarely available in small towns. Clients have traditionally been required to travel to cities for testing and the concept of bringing these services to the elderly person living in isolated communities is very exciting. Some patients state that they actually prefer this method of communication to a conventional interview [6].

In this issue of Age and Ageing, Tyrrell and colleagues review psychological teleconsultation for elderly subjects [7]. The review is timely, as it brings together the limited literature on the use of videoconferencing for interviewing and assessing elderly patients (telegerontology) and suggests further areas for research. The current challenge is to determine the feasibility, acceptability and effectiveness of using videoconferencing to provide a psychology service that has traditionally been provided in person. Tyrrell et al. present evidence of feasibility, but recommend further evaluation to prove acceptability and effectiveness for patient, caregiver and clinical specialist. The review also supplies a list of practical tips with regard to the teleconsulting process which will prove invaluable to those new to the subject.

In the UK, the Government's vision is a National Health Service that offers the people of the country the treatment they need, where they want it and when: a modern, ‘designed’ health service which puts patients first [8]. The Government proposals for modernizing the National Health Service include the introduction of telemedicine applications where appropriate. However, these will only be widely introduced where there is a clinical need and where evidence from research and standardized systems of evaluation indicates that it is appropriate to do so [9]. The concept of telemedicine is

Figure 1. Twenty years of telemedicine publications, 1977–1996.
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particularly attractive at a time when the need for de-centralization of healthcare is increasing and providers are looking for alternatives to our present modes of healthcare delivery.

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