EDITORIAL

Whats(h)app(ening) in Telemedicine?

The Journal of the International Society of Telemedicine and eHealth (JISfTeH) moves into its fourth year as the International Society of Telemedicine eHealth (ISfTeH) also moves into a new era – life without Mr. Frank Lievens. Frank has finally passed on the reins of Secretary and Treasurer of the ISfTeH and stepped down from the Board. The name Frank Lievens is synonymous with both the ISfTeH and Med-e-Tel. There are few in the field of telemedicine, anywhere in the world, who have not met or heard of Frank. This journal was conceived in Freemantle, Australia, in 2010 and would not exist but for Frank’s support, enthusiasm and enduring commitment to its neophyte manager and editors. Frank, we salute you, thank you, and wish you well. We doubt that you will be lost to telemedicine, it’s in your genes.

The 2015 meeting of the ISfTeH was held in Rio de Janeiro. The extent to which telemedicine has been introduced in Brazil and particularly the use of ICT for technology enabled learning for health professionals is impressive. As the biggest of the nine Lusophone (Portuguese speaking) nations of the world their work is not widely disseminated in the English telemedicine literature. We are pleased to share with you nine papers in a themed section of the journal on telemedicine in Brazil. It is important to note that in Brazil they differentiate between teleconsulting and teleconsultation. As clarified in the paper by Haddad et al, only ‘teleconsulting’, doctor to doctor, is legally permitted, as opposed to ‘teleconsultation’ which would also involve patient interaction with a doctor at a distance.

It is our intention to highlight telemedicine activities in other developing world nations and regions in the future.

So what is happening in telemedicine? The buzz word remains ‘mHealth’. But mHealth is nothing new. When the term was first coined it was broad and simple in its definition – mobile health. This initially included any mobile device, laptop computer, personal digital assistant (PDA), tablet computer, and cellular phone. Early advocates of mHealth argued that there was no longer a need for telemedicine because it was all covered by mHealth. Older and more experienced heads thought otherwise. The hype of telemedicine/telehealth was dying, and a new term was required to maintain interest in the field. eHealth had replaced it, albeit it on a far wider scale, but in the absence of major uptake, a new catch term was required - that was where mHealth came in. There appear to be several movements to introduce yet other components to the alphabet soup of ICT in health; these include dHealth (digital health) while others are talking about pHealth (personal health) or even uHealth (ubiquitous health). Perhaps next there may well be nHealth (nanoHealth). What about wHealth for wearable health sensors or hHealth for home health? As we have previously stated, we believe that there should be only one definition for the use of ‘ICT for health’, eHealth, as per the WHO definition.

Focussing again on what has happened in eHealth - the modern smartphone meets all the requirements of the early definition of mHealth. Indeed, mHealth is really now just a very convenient way of moving data from point A to B using an increasingly common piece of technology - the cell phone. But how modern is this ICT tool? Like Alexander Graham Bell with the telephone in 1876, Martin Cooper was the father of the cell phone nearly a century later in 1973. Now, forty-three years on, the first signs of the cell phone beginning to change the face of healthcare in the developing world are being seen. Smartphone social media applications like WhatsApp, which has one billion users, are being used in unplanned and unregulated telemedicine services, mostly as intradepartmental “group chats”, and mostly in the developing world. These are used to enable junior staff to seek advice from all the seniors in their service, provide telemedicine services, provide logistical and
planning information for operations, give administrative and educational support, and provide teaching and education.

But what of data stewardship - confidentiality, privacy and data security - when using WhatsApp? Where do the data go? Are the data encrypted? Are they secure? How is confidentiality maintained? What happens to data on clinicians' phones? What if a phone is lost or stolen? How are medical records kept?

There is a critical need to learn from history. But who to believe? George Bernard Shaw, “We learn from history that we learn nothing from history”, or Churchill, “Those that fail to learn from history are doomed to repeat it”? Where does eHealth stand?

Reflecting on the early use of the telephone what is there to learn? Aronson, in his review of the first 100 years of papers reporting the use of the telephone in Lancet, provides interesting insight to problems that would make modern regulators and legislators squirm. Should it be obligatory for doctors to have a telephone? If so, how do you maintain confidentiality on shared party lines? If you do not have and use a telephone are you failing to meet basic healthcare standards?

Similar dilemmas face modern regulators in the face of mHealth. In the same way that solutions were found to the disruptive technology of the telephone, we need to find pragmatic solutions to the use of social media apps like WhatsApp in modern day (tele)medicine. It is here. There are at least 32 papers reporting the use of WhatsApp for telemedicine, with most from the developing world where regulatory issues are seemingly less of a concern. With over a billion users of WhatsApp, it - and similar social media apps - will be used more frequently in future eHealth implementations. Doctors are discovering ‘tele’medicine for themselves because apps like WhatsApp are easy to use, free, and ubiquitous. These implementations are likely to be sustainable because the needs, ideas, and solutions are the physicians’ own: they own them. They are their own champions. No one has forced their hand. This spontaneous innovation must be nurtured and guided.

eHealth was expected to revolutionise health and health care. Perhaps the revolution has finally begun. Where to next?

References


Maurice Mars
Richard E. Scott
Malina Jordanova