Teledermatology: The New Normal?

Modern-day telemedicine could find its roots in the handwritten letters sent back and forth from patient to physician in the eighteenth and nineteenth centuries.¹ In the recent decades, growth in the practice of telemedicine has been fueled by rapid advances in the field of information and communication technology.² The arrival of the COVID-19 pandemic only served to accelerate its development and utilization. With social distancing guidelines in place and community quarantine being strictly implemented, people found themselves with limited access to hospitals and clinics. Thus, many physicians have resorted to using telemedicine to provide medical care while mitigating exposure risks for both patients and medical personnel. Recognizing this, the Department of Health as well as the University of the Philippines Manila Medical Informatics Unit issued guidelines regarding the use of telemedicine.^{3,4} Likewise, the Philippine Dermatological Society conducted a series of webinars and published interim recommendations to help guide member dermatologists in the use of telemedicine.⁵

Teledermatology is defined as the use of telemedicine techniques to deliver remote dermatological services (clinical and laboratory) to patients located at a distance.² Of the various medical specialties, dermatology is particularly well-suited to telemedicine, mainly because it is a highly visually-dependent field that relies heavily on images that may be easily captured and transmitted. Teledermatology can be carried out via asynchronous visits (i.e., store-and- forward technologies), synchronous visits (i.e., real-time audio or video teleconferencing) or a hybrid of the two. ⁶ Two studies on teledermatology done in the UP-PGH Department of Dermatology have been published thus far. Lansang et al. demonstrated a high agreement between face-to-face and store-and-forward teledermatology, while Carpio et al. did not find mobile teledermatology to be inferior to face-to-face consultations.^{7,8}

There are some limitations and challenges, however, with the use of teledermatology. Virtual consultations do not allow the dermatologist to see, feel, and examine the patient's skin and lesions fully. One may also not be able to perform necessary diagnostic procedures such as biopsies or even therapeutic procedures such as surgery at the time of consult, which could translate into delayed delivery of medical care.⁹ Both physicians and patients may either lack access to the necessary technological devices, have difficulty using them, or encounter technological issues such as bandwidth limitations during online "visits."¹⁰ Data privacy and security is also a major concern, especially with the use of commercial messaging platforms.¹¹ While bills have been filed to develop and support telemedicine in the country, none of these bills have so far been passed into law.¹²⁻¹³ Thus, as of this writing, there is still no specific regulatory framework to guide the utilization of telemedicine in the Philippines.^{3,5}

Although the pandemic seems to have made the world smaller by limiting our movement, teledermatology allowed us to expand our reach and see patients from distances farther than we previously could. Indeed, a whole new world of possibilities has been opened with telemedicine. Not only can it be used to improve access to clinical services and allow continuity of care, but it can also be used to provide patient education, and conduct research, among others.¹⁴ Moreover, teledermatology may provide a means to address the shortage of dermatologists in some provinces by overcoming the geographical barriers that limit access. Ultimately, the hope is that these will translate to improved access to health care and reduced costs for Filipinos. Even when the pandemic is over and the practice of dermatology shifts back to the regular mode of face-to-face consultation, I do believe that the practice of telemedicine and teledermatology will be here to stay. A well-established teledermatology system could complement conventional face-to-face dermatological consults, enhance access for those in geographically isolated and disadvantaged areas, and supplement traditional medical care.¹⁵

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