

# Option of Online Internet Medical Consultations for the Elderly



**Rajesh Chauhan\*, Shruti Chauhan and Ajay Kumar Singh**

*Rational Professor IMA CGP, India*

**Submission:** October 04, 2017; **Published:** November 01, 2017

**\*Corresponding author:** Rajesh Chauhan, Family Healthcare Centre, India, Tel: +91 9760021192; Email: [drrajeshchauhan@gmail.com](mailto:drrajeshchauhan@gmail.com)

## Editorial

Online consultations with geriatrician can be a good option for elderly patients, if the doctor on at the other end is quite experienced and can give some of his or her precious time for online consultations. Essentially, the doctor at the other end must be sufficiently updated with the current medical literature, knowledgeable, polite, non-judgmental, not overtly patronizing, and will know and respect his or her limits on the subject. Being prepared to follow up with the elderly patient could be all the more better. There are some free sites online, and the others are paid sites where one has to sign up and pay. Getting prescriptions may not be possible in many parts of the world, as one is not actually 'seeing' the patient as such, and has not performed a detailed clinical examination to rule out or confirm a problem. Nevertheless getting an advice is possible, which could be helpful for the following reasons:

- (a) To ignore a symptom or not (even if it happens to appear as a minor problem), especially at odd hours, or being far away from a medical facility, or the necessity of having to skip an important or urgent work, etc
- (b) From evaluating current symptoms to reviewing test results and offering second opinions.
- (c) To explore possible differential diagnosis & preventive aspects
- (d) To get outline of the possible steps, treatment options, and further management
- (e) To get more insight of the problem or morbidities that the elderly may have
- (f) To get some genuine views and advice about possible misses and gaps in investigations, treatment, etc.
- (g) Care givers can upload documents, x-rays, scans, MRI, lab reports, etc, and get a fair idea of the prognosis and any pitfalls, etc
- (h) Compare medicines, and decide what could be the best choices for their elderly patients

- (i) Whether to check in immediately with a doctor, or it can wait
- (j) Can get suggestions for some OTC medicines for minor problems
- (k) Can get suggestions for when one or more medicine is unavailable

Telemedicine and e-health have been suggested as additional measures in management of health, and in implementation of various government run programs. Left to individual choice, there has been not much advance in these modalities, where primarily the individuality is lost, and at times suggestions & advices could be taken as something being dished out unseen and therefore lacking that personal touch. At times the necessary responsibility and accountability on both sides may be lacking. Patient does not know how much to tell, and what all to tell, and may have certain reservations.

If the telemedicine, e-health or internet consultations are being provided by government resources, then the quality, punctuality, reliability, responsibility, etc, need to be deliberated upon. On the other hand, there are many private sites available over the internet. For a patient to differentiate one from another when in need would be quite a deal, and simply put this will be confusing. Getting fleeced off money is somewhat different, whereas getting erroneous or an incorrect advice at a crucial time may turn out to be costly on the health.

So, what can be done? Seeking online medical consultations from reliable online resources and background would be a good option, especially for the elderly. Best option would be for the governments around the globe to plan and start building up meticulously planned and managed internet web sites. All specialists should be available at all times 24 X 7. For this more number of doctors will have to be trained to become specialists and super-specialists, and be given their proper dues, satisfactory remunerations, respect, etc, so as to accept the round the clock availability on the internet. Online translations

or availability of translators should be ensured for this facility to be really helpful to everyone. For example Japanese, Mandarin, Russian, Scandinavian, Latin, Tamil, etc, is not understood by everyone, and therefore any such facility will fall flat for those elderly people if what they say or ask is not being understood properly, or being misunderstood.

Presence of specialists and super-specialists from all fields of medical sciences would be ideal. Otherwise ensuring availability of specialists in Geriatrics, and / or Family Medicine could be suitable alternative. By virtue of their training and adequate knowledge about diseases and morbidities of the whole body, and especially of the elderly population, they are the best around to understand and capable to handle any problem. They are not super-specialists, and will have their handicap on that front. We feel that any well trained and well qualified Geriatrician or a specialist in Family Medicine would be handle nearly 95 percent of the queries online with élan, and can also help the remaining 5 percent as best as they can. Individual reputation and feedbacks could also be taken as guides for making choices. This subject was presented by the prime author at the Annual Conference of the "Commonwealth Medical Association" in Sept 2012, where he was one of the invitees and also the Chairman of their first Scientific Session. He had covered the plight of elderly,

& especially the incapacitated who will continue to need special care and support.

This way we can perhaps reduce costs of healthcare, reach farthest and inaccessible corners, and can cut across all barriers of race, cultures, and economic levels. Timely and correct advice, pruning of costs & wasteful expenditures will be of considerable help. Health insurance and legal issues must not be restraining, and should instead try and open up avenues for help and in not letting the costs to overrun. Geriatricians and Family Medicine specialists must not feel unduly restrained or constrained due to terms and laid down conditions in health insurance and other legalities. Managing the 'big 4', namely the cardiovascular diseases (including heart diseases and stroke), diabetes, cancer, chronic respiratory diseases (including COPD and asthma), should be prioritized as these 'big 4' contribute 80% of the total mortality from NCDs. Availability of real time data, remote monitoring, remote diagnosis and follow up care, which are newer developments, can be added on for more benefits. This new trend and facility of online medical consultations through internet has the potentials of adding a much needed succor for elderly patients. Finally, it must be remembered that internet consultations cannot be true substitutes for actually checking in with a doctor.



This work is licensed under Creative Commons Attribution 4.0 License  
DOI: [10.19080/OAJGGM.2017.03.555603](https://doi.org/10.19080/OAJGGM.2017.03.555603)

### Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats  
( Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission  
<https://juniperpublishers.com/online-submission.php>