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Editorial

Editorial comment to Finkelstein et al. — Original reference JPUROL-D-20-00181

Finkelstein et al. have produced a piece that is of interest on a number of levels; at its most fundamental, it represents a positive response to the current Covid-19 situation. To the uninitiated, the present scenario, with a rapid move to telephone/telemedicine may feel a little like being given a parachute on a troubled plane - it is your only option and whether it works or not you have to give it a go!

There are important, positive aspects to it - patients are probably reassured that we are in touch with them and they are not forgotten, during this crisis. It is a useful screening tool to try and detect urgent clinical issues, in the absence of such contact, patients may have deferred for fear of bothering their healthcare team in such busy times or contracting Covid-19 themselves. Amongst the conflicts for current clinicians are the difficulty with full clinical assessment and examination, it is also true that some of the other aspects of a consultation are limited — including family interpersonal interaction (ie what can you not see 'behind the camera'), watching how a patient moves in a waiting room, the logistics around investigations are difficult and there is (often) something important about being in the same room if communication is challenging, in any way.

It may be that, with experience, we develop and replace some innate skills like 'the end of the bed test'. In order to understand that things will change, we just need to see the puzzled look on the face of a four year old child who picks up an 'old-fashioned' photo frame and tries to swipe for the next picture — only to learn that there was a time before smart screens. Perhaps medics of the future will be equally confused by our reliance on face to face clinical assessment, in times to come. We are certainly not there yet.

We must be open to the fact that the current situation may well accelerate the use of technology in medicine and that certainly has its place. However, we also need to ensure that this should not be the default for all as it may become a patient expectation (when it is not appropriate for everybody), managers and payers also need to be educated and receptive to the limitations of its role.

Dan Wood
University College London Hospitals, UK.
Tel.: 02034479422; fax: 02034479303.
E-mail address: dan.wood1@nhs.net

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