Comments on: Teleconsultation at a tertiary care government medical university during COVID-19 lockdown in India – A pilot study

Dear Editor,

While telemedicine has been around for three decades now, it has taken great importance and prominence in recent times.[1] Teleophthalmology acted as a boon for all the ophthalmologist during the COVID-19 lockdown.[2] We read the interesting and novel study by Pandey *et al*.[3] and congratulate them for bringing out this important clinical survey, probably the first teleconsultation survey during the pan-India lockdown.

However, we have few important observations and suggestions to make and would like the respected authors to shed some light on that. First, in the methodology, the annexure question 8 reads "follow up" as the diagnosis that can be a reason for presentation but not diagnosis. Moreover, also how did the authors diagnose any retinal pathology and did all retinal pathologies were referred for physical examination to the base hospital. The survey annexure also does not mention anything on corneal ulcers, which was one of the most common ocular emergency encountered at our center during the lockdown.[4]

Second, it will be good to know for the readers that among the 40 invited members how many were faculty and how many were residents. This we feel is important since three doctors did not respond to the survey due to concern for possible legal implications and also the residents are not barred under legal jurisdiction.

Third, authors also mention that "the patients reached out to the doctors directly or through the departmental landline number through which they were redirected to the respective clinician." If the patients reached directly to the doctor, how the details were recorded (EMR based, in register or in mobile), and if they reached through landline, was the data recorded in the hospital also. This needs clarification as it will help for enhancing the eye care through teleconsultation in remote areas and during tough times like COVID pandemic.[5]

Lastly, the authors mentioned that the most common clinical diagnosis made through teleconsultation were dry eyes, conjunctivitis, and refractive error. These will be provisional diagnosis as diagnosis was based on history only and cannot be labeled as clinical diagnosis as patients were not physically examined. Moreover, we would also like the authors to clarify how did they diagnosed refractive error in new patients specially, since diagnosis of refractive error needs optometry examination, which is not feasible over phone or WhatsApp call.

Acknowledgements

Aravind Eye Hospital and Post Graduate Institute of Ophthalmology, Pondicherry.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online	
Quick Response Code:	Website: www.ijo.in
	DOI: 10.4103/ijo.IJO_2701_20

Cite this article as: Kaur K, Gurnani B. Comments on: Teleconsultation at a tertiary care government medical university during COVID-19 lockdown in India – A pilot study. Indian J Ophthalmol 2021;69:161-2.