Letters to Editor

Electronic pre-anaesthetic checkups (E-PAC) and digital informed consent before elective procedures: Is it time to break the cliche?

Sir,

Informed consent is a collaborative decision-making process and the patient's voluntary agreement to accept medical and surgical treatment. Preoperative checkups and informed consent necessitate that the routine checkup is done thoroughly and techniques are fully explained to the patients to comprehend the anesthesia management, their untoward effects, and acceptance to undergo them willingly. During the global pandemic, the type of consultations with doctors, including anaesthesiologists, has changed. New ways to get in touch with the patient such as pre-anaesthetic assessment via telephone and online via digital media were implemented.<sup>[1,2]</sup> This invites the question as to why, if conducting electronic (digital) pre-anaesthetic checkups (E-PAC) appears to be trivial and saves time, this was not done earlier. What are the flaws, and are there any legal ramifications? What are the standards for providing appropriate digital anaesthesia informed consent to increase patient safety? Can this be an alternative to personal face-to-face meetings?

Human cognition processes are changing the implementation of novel communication and information technology. Humans have become interdependent with modern artificial intelligence technologies, evolving into networked systems that recall less by knowing information and more by knowing where to find it. The smartphone has become a part of our routine lives, and it is readily available and handy.<sup>[3]</sup> Online/telephone interviews can be beneficial for patients who live in remote locations, as no travel or transportation is necessary. Minimising traveling expenses will reduce overall cost, and patients can be more relaxed in their homes. Time is not wasted waiting in the holding area, thus minimising the anger/stress due to prolonged waiting hours. All information can be obtained if relevant or specific questions are asked. There is a lesser chance of transmitting the virus (in the current pandemic) as the physical contact is reduced.<sup>[4,5]</sup> Together with specially designed written information and professional pre-recorded videos, it might be more efficient than a face-to-face meeting. It can be made more user-friendly by adopting certain measures such as a specific appointment (time and date) for the online PAC, secure data-protected online service, asking if there is a relaxed environment without distraction, and parents' explicit agreement in online or telephone interviews. With the advancement in technology, newer methods for digital communication can be explored in the future such as zoom meetings, informative videos, and Webex platforms. Digital consent forms act as insurance for the doctor. Also, the healthcare provider has required information readily accessible at their fingertips.

There are always two sides to a coin. There can be certain limitations too. Personal relations with patients may not be effectively built as there is a lack of personal contact with the patient and guardian. There can be network issues in remote areas. Poor and illiterate people may not have access to a smartphone or might not use it. Explaining things might be difficult for patients with different levels of education. It is difficult to note clinical parameters such as pulse rate, blood pressure, and technically tricky to examine a difficult airway on a smartphone. Digital media also faces some challenges such as misinformation, lack of guidance, and information leakage. Another important aspect is legality. Whether it is legally allowed to obtain informed consent from the parent/caregiver via the internet or telephone? The digital consent forms must be legally compliant and use digital signatures as per Section 2 (ta) of the Information Technology Act, 2000.<sup>[6]</sup> Digital consent forms should be tamper-proof; once signed, these forms cannot be changed/modified in any way. Digital privacy is of utmost importance, and digital security must be guaranteed. Internet issues in remote locations, handling multiple patients at a single time, and keeping online meetings confidential will be some of the issues in making E-PAC a success.

Although face-to-face meetings with patients build up trust, maintain confidentiality, and allow better clinical examination and assessment of patients, in pandemic situations, E-PAC and digital consent might be utilised in certain conditions and maybe a game-changer in the future if the digital consent is made legal in our country. Financial support and sponsorship Nil.

## **Conflicts of interest**

There are no conflicts of interest.

## Pallavi Ahluwalia, Bhavna Gupta<sup>1</sup>

Department of Anaesthesia, Teerthanker Mahaveer Medical College, Moradabad, Uttar Pradesh, <sup>1</sup>Department of Anaesthesiology, AIIMS, Rishikesh, Uttarakhand, India

## Address for correspondence:

Dr. Pallavi Ahluwalia, Professor, Department of Anaesthesia, Teerthanker Mahaveer Medical College, Moradabad - 244 001, Uttar Pradesh, India. E-mail: drpallaviahluwalia@yahoo.com

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