


Digital Clinician–Patient Consultation for Dermatology Care in Stressful COVID-19 Environment

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The coronavirus disease 2019 (COVID-19) pandemic has led global health systems and providers to adapt their workflows and practices. After a long period of restriction (1), the Brazilian Federal Council of Medicine granted approval for telemedicine-based patient–clinician interaction during the COVID-19 outbreak. The authors argue that this regulatory amendment has allowed clinicians to timely and safely assist patients during this stressful COVID-19 scenario.

The combination of uncertainty regarding the development of a vaccine and effective treatments for COVID-19, combined with mass quarantine, creates conducive conditions for psychosocial stress (eg, fear, boredom, loneliness, insomnia, anxiety, and depression) (2) which could be potential triggering factors for onset or exacerbation of a variety of dermatological disorders (3). Intriguingly, an increase in requests for consultations from new patients has been observed, with dermatological complaints such as mask-related facial skin damage, dermatitis associated with frequent hand washing, herpes, urticaria-like lesions, hair loss problems, and worsening of acne, vitiligo, and rosacea being addressed. Through digital technology-assisted visual examination of these patients, condition-specific therapeutic interventions are being implemented accordingly. Digital clinician–patient consultation has also allowed not only the answering of commonly recurring patient questions (such as whether they should use alcohol on their hands if they have psoriasis) but also for proactive provision of focused information (eg, avoid touching the face, maintain physical distancing, handwashing—preferably with nonfragranced soap or syndet instead of alcohol—and repeated moisturizing for dry hands). These digital consultations have also permitted for the postponement of scheduled in-person appointments and elective surgeries, delivery of regular follow-up for established patients, and postoperative monitoring. The remarkably rapid rate of COVID-19-based data generation has been helpful for shared decision-making processes in challenging scenarios, such as the use of immunosuppressive and immunomodulatory therapies (4).

Overall, these digital clinician–patient encounters have aided in achieving a relevant advocated goal (5): the provision of essential patient care while avoiding nonurgent in-person visits, contributing to social distancing as an attempt to suppress or, at least, mitigate human-to-human transmission of coronavirus. If a face-to-face consultation cannot be postponed during a teleconsultation triage, public health precautions are being rigorously followed by patients (no accompanying person or only one per patient as needed, compliance with hand hygiene protocol, and the wearing of masks) and clinicians (wearing of face shields, N95 masks, and gowns). Waiting rooms and offices have adopted similar precautionary measures, including screening prior to entering the building for patient’s symptoms and contact with any positive COVID-19 individual, spaced appointments to avoid people agglomeration, and regular disinfection of surfaces and materials.

Laws and regulations for virtual consultations vary among countries, however (1). Hopefully, the digital platform for patient–clinician interaction will be maintained as a powerful additional tool within the armamentarium of clinician’s who, like us, did not have this alternative strategy for consultation available to them prior to this ongoing pandemic, with the current stressful COVID-19 environment generating the background necessary for regulatory changes and their implementation. Future investigations may determine not only the human, economic, and social impact of COVID-19 but also the potential correlation between this stressful period and dermatological conditions. For this, clinicians should now

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accurately collect data to then draw hypothesis-driven conclusions.

Authors' Note

Both authors have contributed to the writing of this letter.

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Author Biographies

Karin Milleni Araujo is a dermatologist who offers a broad dermatology care in Brazil. Dr Araujo's research experience includes the outcome-based research and patient-reported outcome focused on dermatological conditions.

Rafael Denadai is a board-certified craniofacial and plastic surgeon who offers both general and specialist cleft-craniofacial and plastic surgical care in Brazil. Dr Denadai has been recognized among his national and international peers as a highly productive surgeon-scientist who is comminuted with a broad range of research pathways in the cleft-craniofacial field, targeting the delivery of high-level surgical care. Dr Denadai's extensive research experience includes the outcome-based research, patient-reported outcome, patient-centered care, and patient-specific surgical planning and execution. Dr Denadai is passionate about using patient-focused and data-driven elements to implement changes in surgical practice over the care cycle within the fields of cleft-craniofacial, pediatric plastic surgery, and reconstructive plastic surgery.