

Letter to the Editor: 'The Role of Digital Health in Emergency Education'

Dear Editor,

In a recent article, titled 'The Role of Digital Health in Emergency Education', Sarbadhikari and Sarbadhikari highlighted the crucial role of digital health solutions in enhancing the capabilities of clinicians in handling clinical emergencies.^[1] The article emphasised the need to integrate digital health education into the existing postgraduate (PG) medical curriculum.^[1] While the article certainly raises valid and significant points, none of which I disagree with, there are some points related to this topic that warrant further consideration.

While the potential benefits provided by digital health interventions are perhaps undeniable, there are numerous challenges impeding the successful implementation of such technologies. For instance, the effective use of such digital health tools is contingent on the accessibility and availability of sufficient digital infrastructure and resources in various areas, which in turn depends on government planning and funding. It's vital to recognise that not all areas of a country may receive equal attention and resources when it comes to healthcare infrastructure development. Rural healthcare entities, including hospitals, clinics and organisations, encounter significant challenges in securing sufficient funds for implementing local health initiatives.^[2,3] This results in limited access to quality primary healthcare services for residents in these communities.^[3] Therefore, the broader insights from the article on the impact of digital health solutions should be considered within the context of regional disparities in healthcare infrastructure funding. Unequal resource allocation may perpetuate disparities, favouring some areas over others in the adoption of digital health tools, further exacerbating existing inequities in patient care quality and outcomes.

I argue that the introduction of digital health competencies into existing curricula should not be just limited to PG curricula. Novel digital health solutions, including artificial intelligence-powered tools, will soon become a key part of patient care. For instance, a study found that an AI-based fully automated CT image analysis model demonstrated performance in detecting pulmonary

tuberculosis comparable to that of human physicians.^[4] Given the growing reliance on technology in healthcare, integrating digital health competencies into medical education is crucial. This exposure equips future practitioners with the confidence and skills needed to navigate modern healthcare, ensuring they are proficient in using these tools to enhance patient care across all types of specialities.

Undoubtedly, a prominent challenge faced by medical educators in modernising the existing curriculum is the necessity to adjust competencies and learning objectives to match the rapid advancements in digital health solutions. How can we develop a programme that ensures current and future clinicians can stay updated with this technology without imposing an additional burden on them? Lastly, it is essential to investigate the enduring effects of digital health interventions on the interpersonal skills of physicians. Specifically, there is a need to examine how the range of digital health tools available at their disposal might influence the patient-clinician relationship. More research is certainly needed to fully understand these dynamics.

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Conflicts of interest

There are no conflicts of interest.

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References

1. Sarbadhikari A, Sarbadhikari SN. The role of digital health in emergency medicine education. *J Family Med Prim Care* 2023;12:2201-3.
2. Meit M, Ettaro L, Hamlin BN, Piya B. Rural public health financing: Implications for community health promotion initiatives. *J Public Health Manag Pract* 2009;15:210-5.
3. Dutta M, Mohan P, Mohan SB, Ponnappan V, Satyavageswaran P. Financing primary healthcare for rural areas. *J Family Med Prim Care* 2020;9:5516-22.

4. Yan C, Wang L, Lin J, Xu J, Zhang T, Qi J, Li X, Ni W, Wu G, Huang J, Xu Y, Woodruff HC, Lambin P. A fully automatic artificial intelligence-based CT image analysis system for accurate detection, diagnosis, and quantitative severity evaluation of pulmonary tuberculosis. *Eur Radiol* 2022;32:2188-99.

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