

LETTER

How can I take care of you? The dermatologist meets patients' needs during the COVID-19 pandemic

Dear Editor,

During the on-going coronavirus disease 2019 (COVID-19) pandemic, several Dermatological Clinics, around the world, have reconsidered their routine activities with two purposes: to reduce the risk of contagion by preventing patients crowding, and to free up health resources (eg, hospital beds and personnel) to deal with the emergency situation. In detail, in Dermatological Clinic of United Hospitals of Ancona, all deferrable clinic visits and surgical interventions have been postponed, while dermatological first aid services and follow-up of oncologic dermatology patients continued.¹ Therefore, both acute and chronic onset skin diseases, for which continuity of treatment must be ensured, have continued to be taken in charge.

Reduction in outpatient services has been possible because, although skin diseases have a strong impact on the quality of life and they become disabling by limiting the activities daily living, only few among them, are able to put the patients' lives at risk.²

In our experience, we have observed that the main concern of the patients we have in charge is to be reassured not to be abandoned during the pandemic: "When can I come back to visit without taking risks? How can I get my medicines? How can I contact you if I need to? A new lesion appeared ... can I send you a photo?" These the questions most commonly asked by patients.

Restriction measures adopted during the pandemic made it difficult to perform a live dermatological examination and they enhanced the telematic and computer channels, feeding the phenomenon of teledermatology.³ The major positive aspect of teledermatology is that it keeps alive the therapeutic alliance between doctor and patient, by ensuring patients continuous access to dermatological care, through photos, videos and messages. Moreover, it offers a safer way to evaluate patients, including those with confirmed or suspected COVID-19, sharing clinical cases among colleagues, even at a distance.^{4,5} This strategy also allows for the preservation of resources, including personal protective equipment, in order to prevent their depletion, if they become increasingly scarce.⁶ However, some open questions still remain on teledermatology: are clinical photos and videos really valid substitutes for accurate clinical evaluation of skin diseases we cannot see directly live? How many patients and/or doctors are actually familiar with the necessary devices?

When teledermatology was born, in the absence of restrictions, it was seen as an aid tool in triaging, diagnosing, and managing many dermatologic conditions, ranging from inflammatory to neoplastic

diseases.³ Recent review on teledermatology, conducted in normal, nonemergency settings, have demonstrated comparable results between the live-interactive and the traditional live in person care, in terms of feasibility and accuracy. The evidence to date supports both its diagnostic and treatment accuracy and its cost effectiveness.⁷ However, there is a high risk of neglect and medical error for dermatologist if photos, videos or images are unclear or misleading. Moreover, the patient could risk providing incomplete information, leaving out details relevant to diagnosis, which would not have escaped the dermatologist if he had performed a live physical examination. During pandemic emergency, patients and doctors may not have adequate available devices and software or may not be sufficiently confident in their use.

In Italy, telemedicine services are regulated by the Ministry of Health's Guidelines on Telemedicine issued in 2010.⁸ They must comply with all laws concerning the protection of privacy and the processing of sensitive data, as required by Italian and European laws and they define that the dermatologist is responsible for taking care of the patient regarding treatment, prescriptions and consultations whether they are done electronically-online, or according to appropriate traditional practices (ie, face-to-face). Therefore, for his own and patients' protection, dermatologist should be concerned with the presence of the necessary and sufficient technical conditions to perform a visit electronically: images quality, patient compliance, easiness, and effectiveness of the telecommunication in respect of privacy. Otherwise, it is mandatory to refer the patient to a dermatological visit in presence, in order to prevent neglect or medical errors related to technical issues of teledermatology.

Nowadays, telemedicine can be considered a useful resource for overcoming urgent concerns in a safe regimen for both doctors and patients, and for carrying out a preliminary screening, to distinguish those patients who actually need a clinical visit, from those who can also benefit from remote assistance. However, this system can only be adopted temporarily since institutions and patients may not have infrastructures or technologies required to continue pursuing this modality. It is desirable to define a protocol providing the updating of infrastructures, the financing program for remuneration of telematic services, as well as training for doctors and patients on the use of telemedicine, if the restriction measures are not dissolved in the short term.⁹

The COVID-19 pandemic made it necessary to implement alternative strategies to take care of patients. During this time of rapid change, Dermatologists must simultaneously aim to protect themselves and

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remain available to patients, while preserving their and others own safety in compliance with the restriction measures in force.

CONFLICT OF INTEREST

None declared.

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