

The Virtual Physician: Good or Bad

I recently read an interesting article in the *New York Times* about how many cosmetic surgeons are offering virtual consultations for patients.¹ The surgeon and patient are connected via a webcam and a telemedicine consultation is performed, frequently for a fee. A group called SurgeonHouseCall.com has recruited 55 plastic surgeons to provide online consultations for cosmetic surgery. This got my mind churning about the pros and cons of this technology.

If someone told me 30 years ago that all the music from my record albums and cassettes could be put on my pocket-sized telephone, I would have thought that was a radical statement. Admittedly, when I purchased my 100-disc-capacity compact disc player, I never saw the digital music revolution coming. We can all relate similar stories about the fax machine, e-mail, and Internet surfing. So when someone suggests that cosmetic surgeons someday (or currently) may be performing consultations via a computer screen, I must consider this plausible and possibly a paradigm shift for medicine and surgery, though it rubs me the wrong way.

Medicine and surgery historically are based on “the laying of the hands,” and for the past thousand years they have been practiced in that manner. Not actually being able to see and touch a patient probably makes any surgeon feel at a disadvantage. We use all of our senses to consciously and subliminally formulate thousands of impressions about a patient and his or her diagnosis and treatment. A flurry of information streams through our brain through sight, touch, smell, hearing, and analysis. Much of this sensory input is lost when we stare at a 2-dimensional picture on a monitor. Regardless of your surgical discipline, there are many cases where an accurate diagnosis and treatment plan could be formulated via a videoconference. Personally, I could probably perform a relatively accurate consult for blepharoplasty, face-lift, skin resurfacing, or fillers by looking at a patient on a monitor and talking to them over the Web, but would I feel comfortable enough with this information to meet him or her in the operating room the next day? Probably not. There simply is not enough

sensory input to cover the minute specifics that are imperative during consultation. Does the patient have lower eyelid laxity? How much of the submental excess is fat versus skin? Is the skin pigment epidermal or dermal? How many syringes of filler will the patient need? This is information that I would be lacking.

I do not think the surgeons who advocate or currently are performing online consultations intend for the consults to be final or comprehensive but rather to serve as a general informational or screening tool in advance of an actual personal consultation. From that aspect, this process has merit. Whether we realize it or not, many of us are already performing some form of digital consultation. I routinely look at patients' pictures that are e-mailed to me for informal discussion. It is important that I do not render an official medical opinion; thus, I have the following disclaimer on my e-mails:

Notice—Electronic message exchanges to, from, or with Dr. _____ do not constitute medical advice, an evaluation, or consultation and must not be considered a replacement or substitute for a formal evaluation in the office. Information and correspondence in this and future e-mails do not form and will not result in a doctor-patient relationship. If you desire an evaluation or consultation, contact our office for an appointment. Recommended changes to your present treatment plan or therapy must be approved by your physician in writing. Explanation and/or discussion of off-label services and/or products, if mentioned, do not reflect endorsement or promotion by Dr. _____ and must not be construed as such.

Clinicians must be careful not to construe casual opinion as formal medical consultation for numerous reasons. If you do not have a license in the state or country of the client, you may be in violation of the law. Secondly, if you offer an opinion that turns out to be incorrect or damaging, you may find yourself named in a lawsuit. As far-fetched as this sounds, I have a colleague in this exact position—so it can and does happen. Also, you must be concerned about patient confidentiality and the Health Insurance Portability

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and Accountability Act, or HIPAA, as you never know who may obtain this sometimes confidential information or pictures by hacking into your computer. Given all of these potential problems, we have to wait for medical societies, state boards, and possibly the federal government to set standards on how this activity should or can occur. Right now, the cart is in front of the horse.

I was surprised to see some well-known clinicians currently have free or fee-based video consultations available on their Web sites. This bothers me because I consider myself and my Web site to be technologically advanced. "How did I miss that boat," was my first thought. My second thought was, "I am not sure I want to be part of that boat at this time." It makes me wonder if clinicians that offer these online video consultations are hurting for business and need this marketing tool to stay alive. It also begs the question, "When would I find the time to offer this service in my practice?" I already spend too much free time in the evenings updating my Web site, blog, etc, so I don't want to be "seeing patients at home." At work, I am too busy with face-to-face patients to incorporate this technology into my hectic surgery and consultation schedules. Additionally, there is the reality that if online consultations become popular, I will have to do it to maintain a competitive edge. This bothers me the most, as I don't enjoy doing something just because everyone else is. Finally, there are many "tire kickers" in cyberspace that are not serious about having a procedure but would relish the opportunity to obtain a free video consultation "just in case" or "just for the fun of it." I already have too many of those in my real-time practice.

So I ask myself, is this a flash-in-the-pan marketing ploy for clinicians that are not busy enough, or is it the crest of a paradigm shift in digital medicine whereby in the future, I will be intentionally leaving open spaces in my schedule for my "virtual patients"? I have never charged a fee to look at patients' e-mail images and I don't charge for in-office consultations; however, if this technology becomes mainstream, I will have to be compensated for my time.

I believe an accurate diagnosis requires a hands-on approach and that the doctor-patient relationship should be personal. I think that unregulated virtual consultation cheapens this relationship. On the other hand, I have always been an early adopter of technology and in the past have eaten my words concerning "I will never do that" dogma. I think telemedicine is great for emergency

scenarios and underserved areas or populations that may otherwise not have access to care. I frequently have out-of-town as well as local patients send me digital or cell phone pictures to address concerns, and more than once I have seen an impending problem and was happy to have this early intervention opportunity. Having said this, I guess I am talking out of both sides of my mouth. In many ways, being able to see a patient before an actual consultation may save time for both the patients and surgeon, as the proposed surgery may be out of the question. Seeing postoperative patients that either cannot come in for consultation because of geographic, transportation, or scheduling difficulties may head off a potential serious problem, such as a hematoma or infection. So there is merit to this technology.

There is no doubt that telemedicine will become a part of contemporary surgical practice. But I am not sure that I want to begin seeing online consults just because other surgeons are. I think this process needs standardization, regulation, and security measures before it becomes mainstream. Does a patient who gets a plastic surgeon's recommendation *before* a face-to-face visit really "win"? Can poor-quality videos or pictures result in an inaccurate diagnosis or misinformation? Will the "best" surgeons be available or just those who aren't busy? I also fear that virtual consultations may become bidding wars for patients looking for the cheapest fee.

Supporters of this technology cite that shy patients or others may desire a semi-anonymous consultation, and they want to know what it costs and what they'll get for that cost before they make a commitment, or walk through the office door. Undoubtedly, some early adopters will encounter problematic aspects, including lawsuits, while the points I raised get sorted out. I love technology and gadgets and am sure that online videoconferencing will impact my practice in my working lifetime. It is an exciting thought but it is still disconcerting as to when and how I will find time to put this technology into practice and protect myself and the patients in cyberspace.

Time will tell. ■

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Reference

1. Saint Louis C. Should surgeons meet patients online. *New York Times*. January 21, 2010;E3.