

Before we get rid of our examination tables

by Julie Ramkumar MD BMSc



During my family medicine rotation these past 4 months, it was announced that the province of British Columbia is in a state of emergency due to the COVID-19 pandemic. Along with thousands of other medical offices across the country, this led to numerous changes in the family medicine clinic. We have shifted to virtual visits to diagnose and treat our patients, which is now being viewed as the *future of medicine*. While this switch has been necessary during the pandemic, I'm concerned about idea of a permanent shift to telemedicine in the family medicine setting. While this idea presents as innovative, could lead to more efficient visits, and increase accessibility, I worry about possible harmful consequences that could result.

At initial glance, virtual family medicine visits seem like a ground-breaking idea. Most patients are happy to stay in the comfort of their own home to receive medical advice. Physicians can provide more timely appointments and perhaps "see" more patients in a day. However, we unfortunately have to sacrifice some important elements of practice. There is more "guess-work" involved, one result of which is treating more patients pharmacologically than we perhaps would with in-person visits. For example, if a patient's virtual appointment is leading to a diagnosis of otitis media, some physicians will opt to prescribe antibiotics after 48 hours of watchful waiting, without even assessing the patient's ear. Physicians must weigh the risk of patients coming into a clinic during a pandemic versus treating empirically- this is the reality of family medicine in today's current state. This especially holds true in the cases of more vulnerable populations, such as the elderly, pregnant women or the immunocompromised.

However, in the future, post-pandemic world, the thought of continuing virtual care must be approached carefully. With the convenience of virtual visits, there is a potential of less patients coming in for examinations as often as is needed. With in-person visits we examine our patients more regularly and it's part of our routine care. At times, we are surprised by what we find on physical exam and it can change management. While for the majority of these cases, the diagnosis from history-taking is often right, imagine the percentage of more worrisome diagnoses that could be missed if we choose not to examine our patients. This could include missing a malignant melanoma that was dismissed as a benign skin lesion over video without proper lighting; a foreign body in a child's ear causing long-term damage which was mistaken for otitis media; or rectal bleeding that was dismissed as hemorrhoids, but is found to be a cancer that would have been palpable on physical examination. Is this small, yet serious percentage of misdiagnoses worth it to switch to exclusively virtual visits in family medicine?

When we graduated from medical school, we all pledged to the Hippocratic Oath which includes remembering "there is art to medicine as well as science, and that warmth, sympathy and understanding may outweigh the surgeon's knife or chemist's drug". We have to remember how privileged we are as family physicians to have people willing to share their private health issues with us, looking to us for support and treatment. I fear that virtual visits may take away from the therapeutic relationship between a patient and a family physician, which in turn could lead to less compliance or understanding of one's health, resulting in worsened health outcomes.

While there is a place for virtual medicine, I beg us to reflect on our core values as family physicians and think twice before getting rid of that examination table and replacing it with the newest webcam technology.

Dr. Ramkumar is a PGY2 in Family Medicine at the University of British Columbia and completed her undergraduate medical education in Sudbury, ON, at The Northern Ontario School of Medicine. Prior to that, she was born and raised in Kapuskasing, ON and completed a degree in Biomedical Sciences, with an honours specialization in Physiology at Western University. She has an interest in rural health, travelling, spending time with my family, and maintaining an active lifestyle.