

Comments on Ayesha Ahmed et al (J Pak Med Assoc.2018; 68: 1820-22)**The telemedicine landscape in Pakistan - Why are we falling behind?**

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Madam, In the article published by Ayesha Ahmed, the authors have brought attention to an innovative and contemporary scope of medicine.¹ Telemedicine is one of the least known venues of health care provision in Pakistan. This is also reflective in the findings of this survey which was conducted nationwide; however it would be interesting to know the geographical distributions of respondents who participated in the survey. Since it is not possible to generalize recommendations based on a survey on hundred physicians, information regarding number of participants from each province, their age variance and distribution across rural or urban areas may provide some idea about the trends across the country. Also, information regarding validation of the survey questionnaire is important, as the survey tool may be utilized on a larger scale to explore the needs of telemedicine in the country.

As pointed out in the article, there are many considerable barriers for implementation of telemedicine services in Pakistan. Considering that the current health system is significantly deficient to meet merely the basic health care needs of population,² the need of this high-end service is debatable at this stage. One may argue that telemedicine can actually fill up the current gaps in health care system and serve as a bridge between fragmented processes. This may be possible on limited scale, but would ideally require need assessments, feasibility studies and strategic planning prior to its application. Wootton recommends certain circumstances in which telemedicine could be potentially appropriately in developing world.³ Given that there are no regulations or policies governing telemedicine, its implementation renders the need of legislation and

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involvement of experts in the field. Even though there are many projects being carried out using telemedicine platforms with self-proclaimed transformation of health care, the legality of such practices is questionable. There are very few studies demonstrating the effectiveness, safety and outcomes of telemedicine in Pakistan.⁴ Many start-ups are initiated by non-medical entrepreneurs offering physicians to join as service providers without verification of their credentials. Since there is no regulatory authority, this leaves the telemedicine service ill-defined and may actually promote malpractice. Merely using a communication technology, like a mobile application or a computer based program to deliver distant health care does not constitute a telemedicine service in its true entity. It requires a standardized process. Various program specific guidelines have been established based upon recommendations from American Telemedicine Association (ATA).⁵

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