

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

Ayesha Ahmed,<sup>1</sup> Mamoon Ahmed,<sup>2</sup>

Madam, It was a pleasure to read through the commenter's response to my article. The individual has provided a good summation of the telemedicine industry in Pakistan. I will attempt to address the points raised.

1) The breakdown of the respondents of the survey:

The survey included respondents from across all four provinces in PK. 40 from Punjab, 30 from Sindh, 15 from KPK and 15 from Balochistan. The survey was also done across a range of experience levels, from medical students to consultants and heads of departments. No category had less than 10 or more than 30 respondents. The age of the physicians was not captured in the survey, but their designation was. If we were to divide the ages in brackets, house officers would fall within the ages of 23-26. Residents fall within the bracket of 25-32. These numbers are assumed from the normal progression of a medical career for the majority of physicians.

2) The debatability of the need for high end telemedicine services:

The author agrees that with an infrastructure so poor in which the very basic health needs are not being met, we might wonder if we should invest in such advanced technological services. For one, not all telemedicine services are high end, some being very basic to set up and easy to use. But as the commentator has mentioned, the role of telemedicine in such environments is to bridge gaps where feasible. It can not, as a stand alone service, be a solution to the challenges our healthcare system faces.

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Yet, as we have seen with some government projects running in remote areas, it can serve to diminish the starkly unequal distribution of doctors between urban and rural areas, and increase accessibility to qualified medical professionals in rural areas. The availability of a medical professional over a telemedicine consultation is still much better than the patients resorting to quacks.

3) The need for legislation and self-proclaimed transformers in the field:

The author has through her work been engaging with government officials and regulatory bodies, in an attempt to provide the urgency to develop some solid legislation in the field. However, it does not seem to be high on the government's list of priorities at the moment. Without a doubt, as with all medical related issues, there needs to be strict quality controls and regulations in place to make sure the service is above all, safe for patients.

There are many startups who are, as the commentator describes, proclaiming to revolutionise healthcare using their models. It is disappointing to see companies exaggerate their customer numbers and usefulness of their services in a field that has such strong emphasis on ethics and above all, transparency. Whether startups are exaggerating numbers to gain funding or to attract partnerships, the prevalence of the practice reinforces the point made earlier that there need to be strict checks and balances on any entity who makes an appearance in the healthcare space, since patient safety and integrity of data is paramount.

Thank you again for your valuable comments.