Online consultations: no substitute for face-to-face appointments

Technology is everywhere. Google processes 40,000 queries every second and Facebook has over two billion active users. A third of the world’s population carry a highly sophisticated and powerful computer in their pocket (it’s called a smartphone). Even autonomous cars are no longer the sole preserve of a 1980s David Hasselhoff. But technology is also now trying to revolutionise the way we practise medicine.

As well as face-to-face consultations, clinical care has been provided by other means for years – the telephone consultation is a standard, accepted aspect of general practice. Indeed, there is even an urban myth that its inventor Graham Bell’s first recorded call was to request medical assistance after spilling sulphuric acid on himself. However, technology now provides us with many more ways of getting in touch with a doctor, and algorithms underpinning patient decision support tools can steer individuals’ health-seeking behaviour, potentially reducing demands on increasingly constrained services.

Is efficiency really improved?

On p27, Joy Ogden examines whether online consultations might be the future of GP appointments. Millions of pounds are certainly being poured into supporting implementation of these systems, and technology is now advanced and widespread enough to allow this to be rolled out in the real world. The companies offering these systems obviously claim they work, but real-world experience is less convincing. Where a telephone call with your family doctor is simply substituted by a video call, then there’s arguably little difference (although based on my own experience of the dreadful image quality on my own personal calls, I’d be regularly over-diagnosing severe jaundice or anaemia). Email, web or other messaging-based systems are largely limited to basic administrative requests or straightforward triage. These may help redirect patients to more appropriate forms of support (for example, self-care, or the local pharmacist or accident and emergency department). But the inability to have an effective two-way conversation can potentially take up more time and result in a phone call or face-to-face consultation anyway.

The replacement of a local GP by an online doctor is another issue. But can such a service provide truly holistic, person-centred care, maintaining patients’ confidence and trust, and provide any sort of continuity of care? I am unconvincing. Indeed, given the strap line of “Your prescription is ready” used by one provider, it would seem that good prescribing decision-making is being subverted by a desire to attract more customers.

Of course, the push behind these innovations is a wish to deliver healthcare in a more efficient manner. But crucially, these services are poorly suited to those most in need: our increasingly old and multimorbid population with complex therapeutic requirements. Furthermore, there is little evidence that the necessary resources will be freed up by promoting online consultations in younger healthier individuals. Yet I don’t believe we should simply dismiss these technologies. Rather, I believe that these systems should be designed to best support the needs of patients and clinicians, and not used by policy-makers to prop up an underfunded health service.

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