Freedom for Vacation with Telehealth

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My opinion

Documentation in recent medical literature about successful exploration of telehealth for distant and poorly accessible geographical regions’ patients’ primary care’s continuity has intrigued us.1 It has made us wonder if this avenue can be explored from primary care physicians’ personal perspective wherein telehealth based healthcare continuity is allowed to expand even for the non-distant and fairly accessible geographical regions’ patients’ primary care. When all geographical regions’ patients whole-heartedly explore and embrace the feasibility of telehealth to safely meet their primary care needs, their family physicians may evolve their primary care practices into allowing provisions for expanded vacations among themselves almost to the tune of what other medical specialists are currently able to afford and enjoy.2-3

Traditionally, family physicians take less vacations and even those get marred secondary to being digitally accessible to the patients via secure emails/texts/apps.2-4 However, if family medicine evolves to incorporate telehealth from the get-go to triage all patients’ primary care services, a futuristic model may flourish with patients getting most of their health care from home while family physicians will be able to afford to being at home or on vacation more often.5 Although this may systematically evolve work-from-home into work-at-vacation, longer vacations will at least be feasible and may even be at par with medical specialties like anesthesiology, emergency medicine and radiology.2-3

Despite the fact that the specialties with provision for longer vacations may have teams managing patients round-the-clock without expectation of continuity care from individual physicians, the advent of telehealth and percolation of electronic health records (EHR) can deliver team-related benefits to family physicians if patients’ rapport with digitally accessible teams of physicians makes face-to-face rapport with individual physicians inessential. This may NOT be utopia/dystopia because heavily regulated healthcare delivered with essential attitude of professionalism has evolved as much more standardized care with much less uniqueness in the case than ever wherein EHR documentation of each patient encounter being inclusive of extraordinary detailing may preclude the essentiality of same physician providing face-to-face primary care for continuity of care especially when telehealth can additionally allow as a backup connection with the vacationing physicians in case if the need so arises.

Intuitively, long vacations may still remain elusive among the practitioners in interventional procedure based specialties wherein patients may regard individual proceduralists’ skills as essential ingredients for successful executions of performed procedures. Anyhow, the standardized knowledge based healthcare may still be effectively delivered by telehealth supported primary care teams despite the provision of longer vacations for their team members unless the time zone differences between the workplace and the vacation spots start playing the spoilsport, possibly deterring an effective delivery of telehealth by the jetlagged vacationers.

Reference(s)