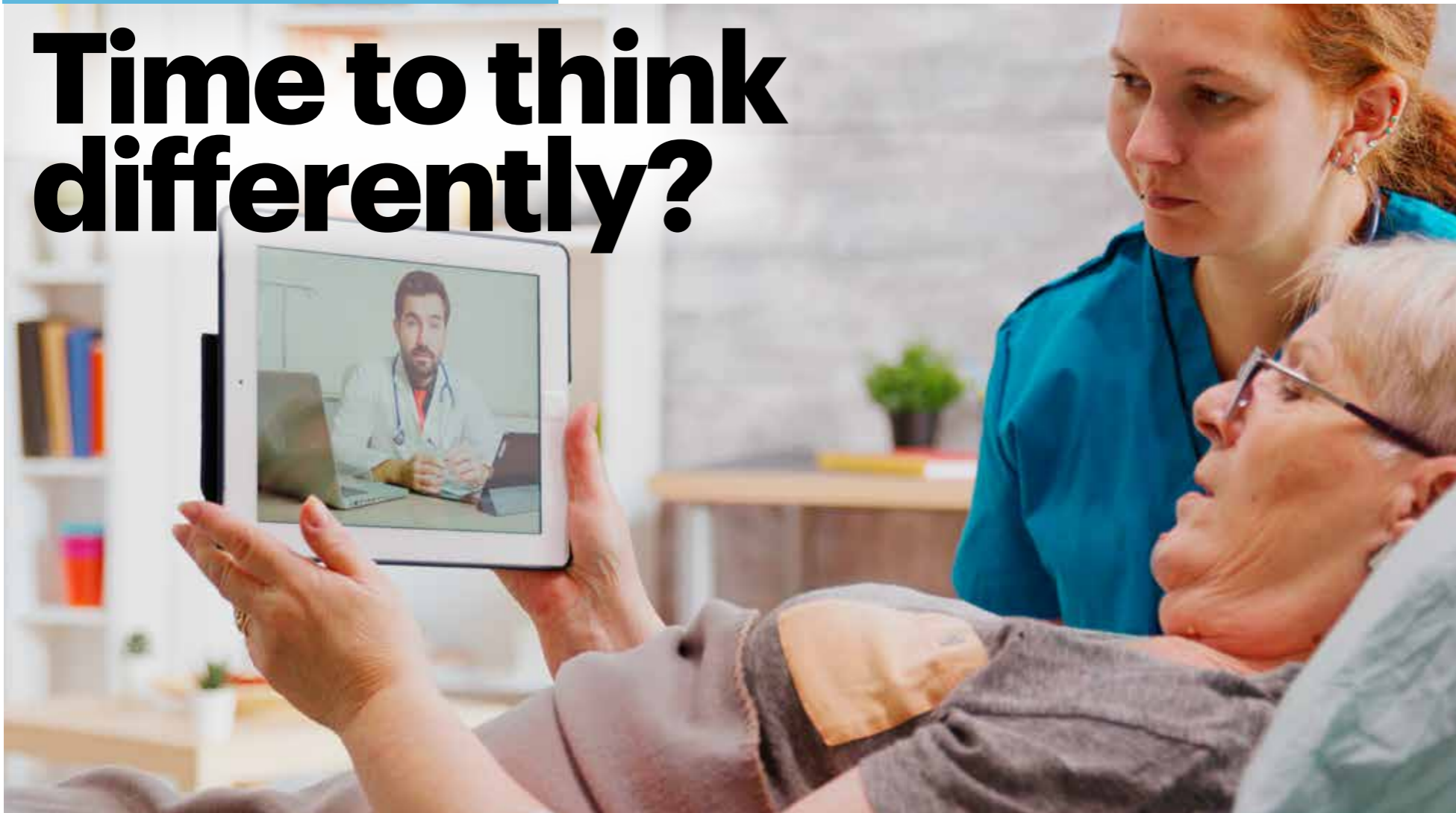


VIRTUAL CONSULTATIONS

# Time to think differently?



Never let a good crisis go to waste, argues **Angus Watson** (and Churchill), as we navigate our way out of the pandemic and look to a more convenient and environmentally friendly way of doing things

Virtual consultations have been hitting the news recently, with some tabloids suggesting that our community-based colleagues should be ‘returning to normal’ and offering face-to-face consultations again. However, I wonder if these journalists have actually stopped to seek out the views of patients? In a recent public consultation performed

by NHS Scotland, 87% of patients and 94% of clinicians gave video consultation their ‘strong support’. In truth, it needs to be a choice (pandemic allowing). For many patients, being offered the chance to have a virtual consultation with any healthcare professional is a good thing. Travelling across cities, or across seas, finding transport, sourcing care for children and relatives, seeking a parking space in a full



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hospital car park, or waiting in a busy, poorly designed outpatient department for ‘15 minutes of fame’ with a health professional may not be the choice of many. Of course, there are times when it is essential for patients to be physically in the same room as the doctor, either to be examined or to have longer and nuanced discussions with family present. But I sometimes wonder who the health service is set up for – healthcare professionals or

patients? Where are the evening and weekend clinics, when roads are less busy, car parks more empty and partners home from work to do child care? What about the environmental cost of millions of tonnes of carbon from millions of patients travelling to face-to-face appointments? It is time to think and do differently. **OPPORTUNITY KNOCKS** Never let a good crisis go to waste<sup>1</sup>. The pandemic forced many healthcare systems to think and organise differently. The industry, globally, was forced ‘online’ with meetings, courses, conferences and eventually patient care moving to a

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variety of digital media. Pre-pandemic there had been some early adopters of telephone and video clinics, with the enthusiasts recognising that this non-patriarchal way of delivering healthcare would be preferred by many patients. When asked (and few have!), patients express a mild preference for a video rather than a telephone consultation, but are strongly in favour of being offered the choice to have a virtual call. The telephone – a Scottish invention, after all – is ubiquitous. Indeed, the World Health Organization reports that there are more phones in the world than toilets, which you can imagine is disappointing news for this colorectal surgeon! Secure software systems have burgeoned, and companies such as Attend Anywhere have produced user-friendly video consultation platforms that even technophobes can use. Often resistance to the adoption of innovations in healthcare comes from the professions themselves and not the patients. ‘Innovation’ is not in many healthcare systems’ DNA. I suspect if patients were to design health services, they would look radically different to what we currently offer. Patients would invest in preventative, not reactive, healthcare. They would choose an online booking system or call centre to make their appointment, and they would like to be offered the choice of face-to-face or virtual consultations. Some patients would choose an ‘asynchronous’ consultation where they could answer diagnostic questions and upload photographs to a portal, which could be viewed by a healthcare professional

potentially working from home (or an artificial intelligence algorithm). Digital applications with self-management options would certainly be available. Diagnostic hubs, away from hospitals and closer to home would be popular, and/or point-of-care tests could be done in a patient’s own home. Patients would be empowered to initiate their own follow-up, if appropriate, rather than being given the ‘four to six weeks card’, and they would have full access to their own health and social care record too. Nothing about me – without me! **COMMUNICATION IS KEY** Virtual consultations are here to stay. They should not be mandated, but instead offered as an option. However, the professions don’t only need to be trained in how to use this ‘new’ medium – they need consultation-communication skills for every circumstance<sup>2</sup>. Indeed, hospital-based clinicians need to follow the lead from primary care where consultation skills are taught seriously. Most skills in patient consultation are still absorbed by osmosis and are never formally taught to surgeons. Concepts such as shared decision-making and informed consent need postgraduate attention, happily now being addressed in the excellent College ICONS course, a skills webinar [\(add link here\)](#) and the new CoSMoS consultations course being piloted next year. If the patient’s voice isn’t persuasive enough, the 2021 United Nations Climate Change Conference in Glasgow this November should focus the minds of the healthcare profession. Healthcare damages the environment. If global healthcare were a country, it would be the fifth largest contributor to climate change on this planet. We desperately need to change the way we do things. Virtual consultations can help do this. For example, the travelled miles saved from 229 video consultations was an astonishing 72,245<sup>3</sup>. It is definitely time to consult differently.

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