

COVID-19: are the elderly prepared for virtual healthcare?

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We follow with interest the unprecedented shift towards virtual healthcare during the COVID-19 pandemic. We echo concerns reported by colleagues of the fine balance between a need for global initiatives in cutting traditional red tape to enable rapid deployment of virtual health infrastructures versus the potential risks to quality of patient care that might occur when the patient is not physically in the same room as the clinician.¹

We have also highlighted the potential clinical, socioeconomic and environmental benefits of virtual consultations in secondary care.² However, with approximately one million consultations occurring each day in primary care in England alone, and 60% of primary care service users above the age of 60 years, there is a concern that elderly populations throughout the world will be disadvantaged in access to these virtual services due to lower proficiency with the tools of communication technology.^{3,4} For instance, the UK Office of National Statistics reports only 50% ownership of smartphones in those aged 55 and over versus up to 95% in the 16–24 age group.⁵

Besides the potential for accrued health risks from reduced physical interactions with healthcare services, we are concerned that older patients are at greater risk of social isolation and potential worsening mental health. If the sudden transition to remote consultations, rightly necessitated by a pandemic, is continued, then these patients may miss out on essential physical encounters including those crucial for chronic disease management. Indeed, for many patients who live alone, visits to health clinics constitute a social occasion to connect face to face with peers and carers.

So, when planning for a digital healthcare system beyond the immediacy of the COVID-19 pandemic, and which incorporates a greater role for remote consultations, careful consideration as to the impact to elderly and vulnerable populations is required. This is especially relevant during a second COVID-19 peak of infections and new local lockdown measures. Health policies can support this necessary technological revolution

in this age group with special consideration to their pre-morbid conditions, such as arthritis, visual impairment, or cognitive impairment. If planned well and delivered robustly, this virtual shift could also represent a fortuitous opportunity to widen access for the elderly in both ownership and use of information and communication technology. Access to virtual consultations, in the ageing population, emphasises the quality of life benefits, fostered through the adoption of technology. It is part of a growing trend of elderly people who not only receive healthcare but also stay in touch with friends and family at distance and reduce isolation.

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