Editorial

Telepsychiatry – few clinical and ethical dilemmas

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The COVID-19 pandemic has resulted in a widespread lockdown across India and thus there was a closure of many private clinics except for cases that needed emergency treatment. The Government and Medical Council of India had advised doctors to see patients via telephonic consultation as far as possible [1]. The biggest problem during faced during the COVID-19 pandemic has been access to proper mental health care. Patients have not been able to reach a mental health professional and multiple relapses and acute exacerbations of psychiatric illness have occurred. While mental health services have been provided via a telemedicine format there are many clinical, public health and ethical dilemmas that have arisen in the practice of telepsychiatry some of which are highlighted in this commentary.

In the view of telemedicine being practiced, majority of psychiatric consultations would happen over the phone. In India, telepsychiatry as a modality is yet to kick off in a big way although mental health telephone helplines have existed [2]. The psychiatric examination and mental status examination are best done in person and a teleconference video call may not suffice for the same in all cases. Many voluntary agencies have started telepsychiatry services offering free mental health services during the COVID-19 lockdown. Thus, while services are available, there is no stringent body, guidelines or regulations that would monitor the quality of these services and whether ethical standards are adhered to. It is important that professionals and agencies offering telepsychiatry services have professionals who are qualified and trained in this regard to some extent. Different clinicians may have different telepsychiatry approaches which may result in non-uniformity of telepsychiatry services [3].

Even though medications have been prescribed and prescriptions sent in a pdf format to patients via email, there have been issues of chemists not honoring the prescription due to the need for an original physical copy of the prescription when it comes to their guidelines. There has also been an acute shortage of many psychiatric medications due to non- availability and short supply from the drug distributors. Thus, many patients though wanting to be compliant and even after seeking a consultation online or via telephone and after procuring a fresh prescription from their doctor still have to face a shortage of medication. Thus, we will have unprecedented rise in relapses of psychiatric illnesses not due to non-compliance but due to a short supply of medication [4].

Many people have developed what has been called Corona-anxiety or Corona-phobia and they feel that they may contract the virus. Mild fever and cough may be thought of as COVID and anxiety may develop. The thought of stepping out may precipitate anxiety and this will be more in people with personalities that are predisposed to anxiety and worry [5]. Excessive protection and obsessiveness about social distancing and protection may also develop in people. Thus, first time cases where there was no history of psychiatric illness earlier, in anxiety may also call the telepsychiatry services and the dilemma arises in distinguishing them as having pure psychological issues while also referring them to another helpline where they may be medically guided. The medical helpline may also serve to increase their anxiety and stress if they are told to go in for a check-up [6].

The ethical dilemma that also may arise which is a personal one is whether one must charge for a telephonic consultation or not. On one side we have many non-governmental organizations and

voluntary agencies that along with professional bodies are offering telepsychiatry services free while the challenge for private practitioners is whether they must charge for telepsychiatry services or not. Many doctors who never charged for telephonic advice may have to charge now as their telephone consultations are the only source of income for them. The other dilemma is whether the charges would be time based or less than a face to face consultation fee and on what yardstick must these charges be based. It is important to understand that doctor's while having their own house to feed would have to maintain a fine balance between professional aspect of being a doctor and also being altruistic and maintaining the ethical standards of medicine as a noble profession [7].
The other concern is handling of psychiatric emergencies. How does one handle a patient that may be suicidal and about whom we have no details except the number he called from. Suppose he calls a psychiatrist for a telephonic consultation and expresses suicidal ideation. Then he cuts the call and switches off the mobile phone. We have no clue of what may happen to him. Do we collect names, address proofs and numbers of a relative before the telepsychiatry consultation? This may be prudent and just but may also drive away patients from seeking help who do not wish to inform family members and prefer to maintain anonymity to some extent while seeking telepsychiatry consultations. There is a need for the development of guidelines for the same [8]. The same holds true when someone on the phone may disclose domestic violence and child sexual abuse and under the law we are supposed to report such matters to local authorities. Do we refer such patients to specific helplines for these causes or do we take it on ourselves to report such matters in the wake of the already testing nature of an existing pandemic? [9].
One issue that has arisen due to the teleconsultation procedure is the rise in fake calls with the aim to seek prescriptions for benzodiazepines and other drugs of abuse including cough syrups. Many patients who may be abusing these drugs often phone multiple doctors on the phone with different names and may claim to have insomnia and panic attacks or may pose as old cases of anxiety and mention names of drugs that they were taking in order to procure a prescription for the same. They thus procure a prescription for 10 days each from 5 different doctors and get a large number of tablets of the benzodiazepines that they need and this leads to them either abusing the drug or selling it a higher price to fellow substance abusers. Thus, there is no method to monitor this and who takes up the blame of any mishap that may happen due to these prescriptions like a drug overdose [10-11].
Another ethical dilemma about responding when an adolescent calls up with a psychological problem and does not want the family members to be involved. The adolescent has probably wanted to seek psychological help always but now decides to do so with the free service. Telepsychiatry has been used with adolescents, juveniles and in school mental health but there are no guidelines for the same in India. How does one offer intervention even if counseling without parental consent and what should be the course of action in such cases [12].
The lack of availability of a standard portal to carry out telepsychiatry during the pandemic is another reason why a certain problem could arise. Telepsychiatry portals advertise using names of doctors and their personal phone numbers and use WhatsApp or Skype as a medium for communication. The lack of privacy and chances of these accounts being hacked is another issue as many times personal chats here are intertwined with personal chats and groups. Guidelines on storage of records of teleconsultations, chats and legal aspects of these services is another dilemma of the telepsychiatry movement [13-14].
There is a need for developing software packages with codified medical knowledge as an aid to assessment, diagnosis, and management and a logical decision support system for diagnosis and management will have to be incorporated. Robust facilities for video recording, tele-conferencing, and creation of electronic medical records will be required. Telepsychiatry, thus, holds enormous potential and needs to be permanently available rather than just in times of emergencies and pandemics. We must also set up procedural guidelines and recommendations as the field grows. Indian studies on reliability, efficacy, and cost-effectiveness of telepsychiatry also need to be carried out in the future in both rural and urban settings [15-16].
There is a need to seriously look at telepsychiatry as a means to reach the unreached and exploit the potential of mobile telepsychiatry in India. Telepsychiatry facilities needs to operate around the clock and must look after psychiatric emergencies all over India [17]. Thus, these dedicated

telepsychiatry consultation facilities need to be set-up in cities to provide consultation and also guide the primary care physicians in making community mental health stronger and more durable. While doing so, many of the ethical and public health dilemmas discussed above also need to handled and solutions for the same must be provided.

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Acknowledgements – Nil
Source of Funding – Nil
Conflict of Interest – Nil