

From: Iliya Englin
To: [medboardconsultation](#)
Subject: Telehealth consultation
Date: Thursday, 22 December 2022 12:58:55 PM

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

"Prescribing or providing healthcare for a patient with whom you have never consulted, whether face-to-face, via video or telephone is not good practice and is not supported by the Board."

It is not ideal practice, but your stance is impractical. Example of a common and dangerous situation:

Contact is made by a mother of a young man, both of whom live on a farm. He is gradually becoming suicidal and is reluctant to seek help, but has agreed to a phone interview. He has made an appointment a week earlier but hasn't shown up.

He has not seen any doctors since he was a small child.

A lot of young people actually prefer a technology-based contact.

Any need for a physical examination is improbable, and if there is an indication, the need for it is far outweighed by the requirement to ameliorate his risk of self-harm.

Many younger patients in Australia have not seen the same doctor twice. Likewise, there is a substantial turnover in the workforce, and even if the patient always attends the same practice, they may not be able to see the same doctor. Many family practices have closed in rural areas.

The previous consultation is likely to be unrelated to the current presentation and therefore not relevant. History has to be taken appropriately regardless of whether the same patient has been seen by anyone before because, as outlined above, the medical record of a younger patient often doesn't contain anything pertinent, and only a minority of Australians actually have a 1:1 relationship with the same doctor.

There are many small towns with a pharmacy outlet but no doctor. Many residents of such towns simply fail to attend when required, and lately, they have a good economic reason to avoid travel. The disadvantaged populations may not even have the means to travel outside their immediate location. Many migrants prefer a doctor who speaks their language, and that often means consulting one who is some distance away.

The reason for telehealth should be recorded (and should be valid). Reasons why a desired examination is deferred should also be recorded - but I believe that the individual practitioners should decide whether they should proceed with a consultation in whatever format. Barring all new patients is likely to increase their risk.

Yours sincerely,

Dr I Englin