

Ideas for the future. The things that should stay with us

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ABSTRACT

The pandemic caused by the SARS-CoV-2 virus has represented a turning point in our approach to our patients, preventing us from continuing traditional consultations and forcing us to work in a remote manner.

As we have noted in the previous sections, the pandemic caused by the SARS-CoV-2 virus has shaken our world and has represented a turning point in our approach to our patients. The pandemic has prevented us from continuing traditional consultations and forced us to work in a remote manner, without being prepared, due to the lack of training, time and material resources.

Despite the disadvantages, it has also opened a door to other interesting alternatives. We need to seek a balance between in-person consultations and the remote visits of telemedicine, thereby not only saving resources but also providing certain advantages, both for practitioners and patients, without detracting from the quality of care.

Telemedicine can be of considerable usefulness in certain situations as a tool that can help us maintain the patient-healthcare practitioner relationship. Telemedicine can be a method for resolving questions in a timely manner with patients, requesting additional tests and providing the results of these tests and can be employed for potential readjustments or changes in treatment, thereby preventing unnecessary travel. Through telemedicine, we can also conduct interconsultations with other specialists.

In the management and follow-up of our chronic patients, telephone consultations can help us assess treatment compliance (drug and non-drug), reinforce achievements, resolve questions, redirect potential situations and promote

therapeutic education. We can also assess whether there is some indication of exacerbation of the patient's condition that requires a physical examination and, therefore, an in-person visit, without unnecessarily exposing them to potential sources of COVID-19 infection or other infections.

We should not forget that the ultimate objective for the patient is empowerment. An empowered patient is a patient who, as well as having appropriate knowledge of their chronic condition, is responsible and assumes control of their care, making decisions that positively affect their health. We need to leave behind the paternalistic model, in which the practitioner is limited to providing action guidelines with which the patient must comply. Therefore, as healthcare practitioners, we need to propose the most appropriate treatment based on the actual clinical evidence; however, it is the patient who needs to commit and has to want to comply.

We need to seek collaboration with the federations and associations of individuals with diabetes to assess the feedback of previously reviewed interventions, given that their view will help us determine whether our activities are effective and are perceived positively. In conjunction with these groups, we need to assess the use of information on the Internet, social networks, etc., always searching for information that will enable training and education controlled by health professionals and individuals with diabetes that ensures impartiality, up-to-date information and the scientific rigour essential for its use.

Some of these healthcare changes are probably here to stay or should remain part of our consultation routine, for example:

- Maintaining the option of patient-healthcare practitioner telephone connections to resolve timely questions.
- Request additional examinations.
- Provide results of additional examinations.
- Interconsultations with other specialists.
- Video consultations in certain clinical situations.
- Request for medical certificates.
- Modify or update long-term therapies.
- Maintain the electronic prescription and synchronization with the chemists.
- Follow-up of treatment compliance.
- The patient should be responsible for controlling their weight, blood pressure and blood glucose levels, as well as communicating this information to their healthcare practitioner, so as to make the best decision jointly.

- Compliance with dietary and physical exercise regimens.
- Patient education, reinforcement and improvement of their understanding of the disease and controlling their own disease.
- Prescription of digital tools to enable our patients
- And many other things.

We should also remember that, although we have the duty to adapt to the new normal, we cannot disregard our patients' chronic conditions, especially those of the frailest, the elderly, and those who go unnoticed. In this monograph, we have related a number of methods for recapturing and addressing these patients, but the main ingredient is the motivation to want to do so.

We do not know how this pandemic will evolve, how long it will last or whether it will force us to make new organisational changes, but we have learned things that we should not forget.