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Ethical Outpatient Dermatology Care During the Coronavirus (COVID-19) Pandemic

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4 Ethical Outpatient Dermatology Care During the Coronavirus (COVID-19) Pandemic

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**\*\*\* Letters to the Ethicist\*\*\***

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**Letter**

50 Dear Dr. Dermatoethicist: I am a dermatologist at a busy practice concerned about continuing  
51 outpatient clinic during the COVID-19 pandemic. How do I handle acute medical concerns from  
52 patients as well as questions from staff during the pandemic? – Dr. Concerned About  
53 Coronavirus

54

**Response**

56 Dear Dr. Concerned About Coronavirus, as of March 17, a total of 179,111 confirmed COVID-  
57 19 cases have been reported to the World Health Organization, 3,503 of which are within the  
58 U.S. (1). The coronavirus has broad virulence and a 14-day latent period, making risk of viral  
59 transmission and subsequent illness high (2). In the outpatient setting, dermatologists are  
60 challenged with upholding seemingly competing professional duties. For example, triaging a  
61 patient who requires urgent in-person evaluation but is at high-risk of COVID-19 transmission or  
62 illness illustrates the current moral dilemma facing dermatologists. Values also conflict when the  
63 very measures that protect staff and others from infection threaten employee salary and practice  
64 solvency.

65

66 Dermatologists at West China Hospital, located in a province hard-hit by 2019-nCoV, initially  
67 closed outpatient clinics and cancelled elective surgeries (3). As the pandemic progressed, they  
68 resumed outpatient office visits and surgeries on a case-by-case basis (3). The timeframe of  
69 return to outpatient services and triage decision-making strategies were not described. Similarly,  
70 some dermatologists in the U.S. have temporarily closed their practices to reduce transmission  
71 risk. From a public health standpoint, the decision to temporarily close a practice is reasonable. It  
72 reduces infection risk for patients, staff, and providers but also for others in contact with them.

73 However, closing practices prevents providers from delivering needed care and has financial  
74 consequences for the practice and staff.

75

76 Teledermatology permits consultation without increased risk of infection, is cost-effective and  
77 provides accurate diagnostic information (4). Providers can use teledermatology for routine  
78 follow-up appointments and to triage individual patients for emergency in-person care. Providers  
79 who have temporarily ceased in-person visits could transfer most visits to teledermatology.

80 Regulatory and reimbursement requirements for telemedicine have eased substantially during the  
81 pandemic (5). However, not all patients have the desire, skills, or technology to engage in  
82 teledermatology and may have dermatologic problems that are not amenable to telemedicine. For  
83 example, elderly patients may be unable to participate in teledermatology but are high-risk for  
84 COVID-19 infection and dermatologic emergencies that require in-person care. Despite these  
85 limitations, teledermatology is a useful tool for providing adequate outpatient care for many  
86 patients during the pandemic.

87

88 Significantly reducing office-based, in-person services while increasing teledermatology  
89 consultation has the potential to permit effective and reimbursable dermatologic care that also  
90 upholds public health. Ultimately, dermatologists will need to determine what warrants an urgent  
91 office visit during the pandemic. Dermatologists should weigh the potential harm of delaying an  
92 in-person visit against the potential harm of COVID-19 infection to the patient, practice, and  
93 community. We argue that only those cases in which the delay of in-person care exceeds the risk  
94 of COVID-19 infection should be considered for evaluation in the office during the pandemic.

95 - Dr. Dermatoethicist

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