



Telemedicine in Korea: bridging the gap between convenience and clinical safety

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The rapid expansion of telemedicine in Korea, accelerated by the coronavirus disease (COVID-19) pandemic, has brought us to a critical juncture. Moving beyond the temporary measures implemented during the infectious disease crisis, we are now tasked with establishing a sustainable framework for telemedicine as a permanent fixture of our healthcare system. In this issue of the *Korean Journal of Internal Medicine*, Jung et al. [1] present a timely analysis of the experiences of doctors, pharmacists, and patients who participated in a telemedicine pilot project. Their study is significant because it provides a multi-perspective evaluation based on a substantial sample size.

While the study highlights a generally positive intention among all groups to continue using telemedicine, a closer examination of the results reveals disquieting divergences in both motivation and practice. The authors report that for patients, the primary driver was “lack of time and convenience” (65.0%), whereas doctors were motivated largely by “increasing demands from patients” (44.3%). This misalignment could suggest that the current expansion is driven more by consumer convenience than by clinical necessity. Snoswell et al. [2] have argued that telemedicine does not automatically reduce health system costs; without careful design to prevent low-value care, it may merely increase utilization volume while offering no added value.

Most alarmingly, the study found that 24.0% of patients utilizing telemedicine for hair loss/beauty reported consultation times of three minutes or less. This “three-minute consultation” raises fundamental concerns about the quality of care. If telemedicine is reduced to a mechanism for quick

prescription refills without adequate assessment, it risks becoming transactional, rather than a medical service.

Furthermore, the significantly lower participation rate of pharmacists compared with doctors (67.0% vs. 84.7%) may represent a structural barrier. While the current pilot project shows passive pharmacist engagement, studies have demonstrated that pharmacist-led telemedicine interventions can significantly improve medication adherence and blood-pressure control [3]. The hesitation of Korean pharmacists likely reflects valid concerns around system stability and drug delivery safety, suggesting that the current model fails to leverage the full clinical potential of pharmacists in remote care.

As the authors acknowledge, reliance on self-reported survey data introduces recall bias. Moreover, future research must move beyond satisfaction surveys to evaluate hard clinical outcomes. As demonstrated in a recent meta-analysis by Santos et al. [4], telehealth interventions can be effective for managing hypertension and diabetes. However, such effectiveness is contingent upon structured monitoring, rather than sporadic convenience care. We need to verify whether the Korean model of telemedicine actually maintains or improves disease-control markers compared with face-to-face visits.

Jung et al. [1] have laid a valuable foundation by documenting the current landscape. However, their findings suggest that satisfaction is an insufficient metric for institutionalization. The path forward requires rigorous guidelines to ensure that telemedicine remains a tool for enhancing patient care, rather than a convenient shortcut that compromises safety.

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