

Letter to the Editor

Access to health care after COVID-19 pandemic: is it time for telemedicine?

Dear Editor,

Since 2016, Italian Breast Unit system (3rd level center) guaranteed an improvement in clinical outcomes of the disease and high standards of treatment¹.

Resource reallocation toward 3rd level center determined an improvement in patients' quality of life with new surgical techniques or new materials^{2,3}, accompanied by a reduction of treatments' impact on patients⁴. For example, awake surgery allows a lesser impact on the immune system⁵ with a lower impact on the host's immunosurveillance against cancer cells, even during immunosuppressive biological therapies^{6,7}.

On the other hand, health systems centralization led to the phenomenon of health migration with an increase in complementary and parasanitary expenses by patients and increasing even more the gap in resources between different regional system. Regardless of the ethical aspects linked to freedom of choice, the lockdown measures during the Coronavirus pandemic resulted in a massive reduction personal mobility, decreasing health migration and increasing telemedicine consultation⁸.

These measures already applied in other countries could reduce patients' indirect, parasanitary and health system logistic expenses, preserving the right to a free choice of treatment⁹. Frail patients or patients with reduction of freedom could benefit from these modalities, even after the COVID-19 pandemic.

The digitization has also led to a growth in demand through online platforms and smartphones applications regarding breast health and, in particular, breast cancer¹⁰.

As reported by Giunti et al¹⁰, these demands have been partially covered by mobile applications that advertise complementary medicine. In our opinion, National Health System should promote, through dedicated app, remote screening and outpatients' visits to guarantee evidence-based prevention and treatment of breast cancer. These platforms could provide easier access to the NHS for patients, reduce costs in hospitals and in screening or follow-up programs and the detrimental effect on health population of second possible lockdown.

Conflict of Interest

The Authors declare that they have no conflict of interests.

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