Digital Healthcare Focus: Societal Health Perspectives

Prof Henrique Martins, MD, MPhil, PhD
Editorial Board member - IT
******@***henriquemartins.eu

Associate Professor - ISCTE –
University Institute of Lisbon,
Portugal

Prof Maria Luisa Lima, PhD
******@***iscte-iul.pt

Full Professor of Social
Psychology - Iscte – University
Institute of Lisbon, Portugal

LinkedIn Twitter

The costs of loneliness, and telepresence as a social snack

In this space I explore monthly topics, from concepts to technologies, related to the necessary steps to build Digital Healthcare Systems. For the month of February 2021, I have invited Prof. Luisa Lima to co-author a brief article on 'The costs of loneliness and telepresence as a social snack' as a reflection in the scope of ISCTE-HEALTH Societal Health proposal. Next month we will explore "Wisdom in a Digital Health Era".

"Everything will be ok." It was written everywhere at the beginning of confinement. It's time to ask ourselves if everything is really okay. Levels of family stress have increased, complaints of domestic violence have skyrocketed and the sales of psychoactive drugs are rising. Research shows that quarantine situations have negative consequences for mental health (Books et al. 2020).

There is little doubt that the pandemic has caused much suffering and that there are urgent mental health problems that must be addressed. In fact, the main actions to control the pandemic have been the physical distancing and the reduction of social contacts. Family meetings, dinners with friends, coffee conversations – all the social rituals that were part of our daily life a few months ago are now greatly reduced and loneliness rises. Loneliness is not only a great source of human suffering but also a critical public health concern. It increases the risk of mental and physical illness and decreases life expectancy. People who often feel lonely, not only feel sadder but also become sicker.

But, there is also evidence of increased social support during the pandemic (Luchetti et al. 2020). Despite physical detachment, most people can feel emotionally attached to others. Our social connections have not ceased to exist, they only take place differently: we use social networks, teleconferences and send virtual hugs. Pre-pandemic research was sceptical about the psychological value of online relationships (Lima et al. 2017), but we now see the online creativity with which we maintain relationships that allow us to manage emptiness left by the physical distance of loved ones.

We can overcome the loneliness in this pandemic if we feel that we are in this together. If we don't look at this situation as something that affects 'me', but as something that affects 'us all'. This sense of collective threat favours a common identity, solidarity and help behaviours (Bentley 2020). This solidarity reinforces the feeling of belonging to the group, an important buffer against loneliness.

Being alone together is, at least, a palliative for the feeling of isolation and distance. Loneliness is complex. But it is easy to understand that people with physical, visual, or auditory-verbal limitations feel even more alone. Most telepresence tools that suddenly invaded our social lives, like Zoom, Whatsapp, or Teams, were not designed for blind or for deaf people. It is difficult to navigate through many of the public websites, not to mention private ones, being, for example, a blind person. It is difficult for a deaf person to communicate when the other person wears a mask that prevents them from seeing lip movements.

Another group of doubly lonely people is patients with COVID-19 admitted to hospitals. Unable to see their family, they suffer, and some die, alone. The former decision is imposed on patients' families who, during these months, have lost many of the rights they had gained within health services: to accompany their relatives. Should family members not have the right to assume the risk of going to the hospital? Or, conversely, does the public administration not have the duty to guarantee the right of the families to a final encounter, even if they have to manage the

associated risks? The decision is understandable from a purely biomedical (epidemiological) perspective of health, but from a societal health perspective it is hard to understand. If physical health is not independent of the social well-being of patients, why should we prevent visits? We know that social contacts have a protective effect on health and that loneliness hinders physical recovery. Promoting interactions, even online, with the support network is a way to help patients recover. The logistical decision to ban visits could be understood during the unorganised beginning of the pandemic, but not anymore.

Telepresence stands for physical presence as a snack stands for a meal: it does not feed you, but it takes away hunger. When face-to-face social interaction is not available, it is possible to temporarily deceive social needs with relationship substitutes (Gardner et al. 2005) such as photos, letters, or other objects that remind us of good times and good relationships. Telepresence works as a social snack. That is why, at this uncertain time of face-to-face meetings being difficult to arrange, it was a good idea to use more of these snacks in health services. Even before the COVID-19 pandemic, there was a lot of talk about telehealth. Telepresence, on the other hand, refers to the ability to create in other people the feeling that someone or something is present, even if they are physically absent. To better understand telepresence, it is good to remember that we all already feel that someone is 'absent', even if they are in front of us.

At ISCTE-HEALTH we are starting to work on how to change healthcare through a   societal health approach which emphasises citizens' perspectives on health and disease. We have contributed to public policies, notably by working with key actors to include in the health agenda the specific needs and rights of vulnerable populations (for example, the elderly, immigrants, LGBT). The collaborative approach is present in both user involvement and interdisciplinary openness as exemplified with using intelligent solutions for exploring the functioning of health services, physiotherapy, or ambient assisted living. Loneliness, telepresence and fighting COVID-19 are all part of such a vision: that healthcare systems of the future require a societal health perspective as they are reconceptualised and implemented.

Telepresence is therefore an imperative in these times. It is very important to stay connected and to fight against loneliness. But for families and isolated patients in hospitals, it is crucial. It works as a 'snack' that nourishes at least the hope of reunion. It maintains a bond that comforts. For the most vulnerable in this digital society of ours, who have been discriminated against in 2020, it is also a question of human rights. Patients, elderly people or simply the most fragile of us cannot be left alone. More than a need, they have that right.

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