Most patients at the end of 12 weeks on telehealth monitoring did not want the system to be removed from their homes. One patient said: “Telehealth has become a part of my everyday life.” The majority of patients had become so dependent on the system that the team had to remove it gradually.

CONCLUSION
Telehealth is a relatively new idea in the management of long term conditions and there is little evidence based research to support its use. However, it is developing rapidly and information on its costs and benefits is of increasing interest to decision makers in healthcare (Hailey et al, 2002).

This view is echoed by Wootton et al (2006) who said that telemedicine systems have been proposed as a cost effective means of responding to structural problems in the health service.

This small pilot scheme has shown some evidence of positive outcomes, which may be as much psychological as economic. The feeling of security that comes with the notion that someone is “watching over me” may be significant to someone worried about their health status and can have a positive health benefit as patients feel more relaxed.

The equipment provides a form of biofeedback, whereby the patient is made more aware of their own physiology via the readings that the machine provides. This is interesting, as being made aware of their own physiological readings on a daily basis is a relatively new experience for most of them and traditionally an area from which they are often excluded by professionals.

Patients begin to associate the biofeedback with how they are feeling at the time and become experts at understanding and then predicting their health status.

REFERENCES


