

Palliative care and technology: the role of Telemedicine and e-health

Galadima, A.U.

Modibbo Adama University Yola, Adamawa State

Corresponding Author:

Galadima, A.U. Modibbo Adama University Yola, Adamawa State.

Email: galadimawa2002@mau.edu.ng**Abstract**

Background: The integration of digital health interventions (DHIs) into palliative care presents a unique opportunity to address the complex, holistic needs of patients with life-limiting illnesses. Effective DHIs must be designed to support patient dignity, reinforce therapeutic relationships, and align with patient and caregiver values and goals, particularly as health deteriorates. While the potential of DHIs to improve access and person-centred care is significant, a systematic synthesis of their specific roles and implementations is needed.

Methods: A systematic review of the literature from major scientific databases (e.g., PubMed, Embase, CINAHL, PsycINFO) were searched from the last decade to December 2024 for peer-reviewed articles evaluating DHIs in palliative care settings. Data on study design, population, intervention type (e.g., telemedicine, mHealth, remote monitoring), and outcomes related to efficacy, accessibility, and patient/professional experience were extracted and synthesized narratively.

Results: The review identified a diverse ecosystem of DHIs, including synchronous telehealth for clinical consultations, asynchronous monitoring for symptom management, and mHealth platforms for patient education and support. These interventions facilitate core palliative care functions such as routine clinical monitoring, comprehensive symptom assessment, timely psychological support, and access to spiritual care. The COVID-19 pandemic acted as a significant catalyst, accelerating the adoption of telehealth and demonstrating its utility in maintaining continuity of care while reducing physical and geographic barriers.

Conclusion: DHIs are a valuable and increasingly essential component of modern palliative care. They effectively enhance access to specialized services, reduce care disparities, and can be structured to preserve patient dignity and goal-concordant care. Future efforts should focus on standardizing outcome measures, ensuring equitable access, and developing robust evidence for the long-term integration of these technologies into palliative care models.

Keywords: Digital Health, e-Health, Palliative Care, Telehealth, Systematic Review, mHealth

Introduction

For many, the home environment is a place of living, care, support and health. Evidence suggests that palliative care provision closer to or in the family home is particularly beneficial to those who care for terminally ill patient. Provision of home-care enables a patient to remain in familiar surroundings and with the people who love them most, throughout the palliative and end of life care. The diagnosis of a life-limiting illness, along with its management during periods of wellness, illness, remission, decline and end of life can be stressful

for patients, caregivers and healthcare professionals.¹

Advanced technologies with quality network services enable individuals to improve healthcare delivery and make it available to more and more people. Telemedicine is a more beneficial technology that can make it easier for people to get preventive treatment and help their long-term health. It is particularly true for those who face financial or regional causes to receiving quality treatment. Telehealth has the potential to make health care more effective, organized, and available.²

In healthcare organisations, pathways and preferences for palliative care are being steadily integrated into electronic health records (EHRs).³ In parallel, mobile applications and online social networks for supporting patients' physical, cognitive and emotional needs are becoming popular, both supplied by healthcare providers and driven by patients and caregivers themselves.⁴ As with the larger trend, virtual care in end of life and palliative care has been increasingly recognized in policy and practice for its potential in helping to meet the growing demand for services, especially in geographically rural and resource limited areas.⁵ Digital health interventions (DHIs) in palliative care need to address the holistic needs and preferences of people with deteriorating health and maintain patient-professional relationships that are dignity-enhancing and focused on patient and caregiver values and goals.⁶ DHIs could have an essential role to play in achieving these aims. DH, or eHealth, is a broad term used to refer to the application of information and communication technologies (ICTs) and networks for the management, delivery and optimisation of patient care and health services, and for supporting patients. It encompasses a range of related concepts such as telemedicine and telehealth, mobile health

(mHealth), health informatics and wearable devices.⁷

The adoption of digital health technologies is rapidly changing how healthcare is provided. Electronic health records (EHRs) and decision support tools are part of routine healthcare practice in many countries, while the use of videoconferencing to provide care at a distance is becoming more common. Mobile phones, apps, wearables and social media are in widespread use by citizens/patients, and innovations such as augmented reality, virtual assistants and artificial intelligence (AI) are finding new uses in clinical management and patient self-care. These approaches are reshaping healthcare as they become more affordable and widespread.⁶

Many programs have utilized telemedicine to help continue providing support to patients, families, caregivers, and treating teams.⁸ This health care delivery platform allows continuity in providing effective symptom management, addressing goals of care, and conducting family meetings in a time where not all involved can be physically present together.⁸

Owing to the increased awareness of the benefits of palliative care for non-cancer patients, telemedicine might provide a solution to cope with

the growing requirements in the health care system.

It enables the provision of expert medical opinion over long distances and can transport the support to virtually any place. It offers the opportunity to enhance quality and capacity of medical care.⁹ Especially in rural areas a lack of experts due to a lack of human resources could be overcome by providing expertise via telemedicine. It gives the possibility to monitor patients with advanced illnesses at home.⁹

Given the growing demand for palliative care services Worldwide¹⁰ and the increasing penetration of DHIs in healthcare, the time is right to know the roles of telemedicine and e-health in palliative care. Since global access to palliative care varies greatly,¹¹ and to facilitate patients' being heard and cared for, exploring alternative approaches for patients to communicate their needs and preferences to healthcare professionals is crucial.¹²

Definition of Terms

Palliative care: This is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and

other problems, physical, psychosocial, and spiritual.¹³

Digital health: defined as a broad umbrella term encompassing e-Health (which includes m-Health), as well as emerging areas, such as the use of advanced computing sciences in "big data", genomics and artificial intelligence.¹⁴

e-Health: defined by the World Health Organization (WHO) as "the use of information and communications technology in support of health and health-related fields."¹⁴

Telehealth: refers to the use of information and communication technologies either synchronously or asynchronously in facilitating patient-provider interactions in relation to diagnosis, assessment, monitoring and management.¹⁵

Concept of E-Health and Telemedicine

e-Health is defined by the World Health Organization as "the use of information and communications technology in support of health and health-related fields"¹⁴. Ten years ago, this was often limited to the use of computers to view test results, rudimentary electronic health records, or teleconsultation for those living in remote geographies. Today, it encompasses a wide range of uses, from mobile health (m-Health) to

telehealth and increasingly underpins all healthcare activity.¹⁶

According to,¹⁷ Usage of the term varies; some argue that it is interchangeable with health informatics, with a broad definition covering electronic/digital processes in health, while others use it in the narrower sense of health care practice using the Internet. It can also include health applications and links on mobile phones, referred to as mHealth or m-health. The term can encompass a range of services or systems, including electronic health records, ePrescribing, Computerized physician order entry, Clinical decision support, Telemedicine, Consumer health informatics, and health care information systems

A recent review by Eric Topol on preparing the workforce for a digital future outlines the ways technology will change how we provide healthcare: the three key areas identified were telemedicine, smartphone Applications (Apps), and sensors and wearables.¹⁸

Types of telehealth (telemedicine)

Telehealth can be classified into four main categories that in some cases overlap.¹⁹

Interactive: Physicians and patients communicate in real time from patient's home or a designated medical kiosk. They can interact using phones or

videoconferencing software that complies with the Health Insurance Portability and Accountability Act regulations.¹⁹

Remote patient monitoring: Telemonitoring lets patients monitor symptoms or their condition from their home. They use mobile health devices, such as wearable technology, and applications that collect data about temperature, blood sugar levels, blood pressure and other vital signs.¹⁹ RPM technologies remind patients to weigh themselves and transmit the measurements to their physicians.²⁰

Store and forward: Also known as asynchronous telehealth, this approach lets one healthcare provider share patient information, such as lab results, with another healthcare provider¹⁹. Store and forward telehealth refer to the capture, storage, and transmission of patient health information for asynchronous healthcare delivery using data storage and transmission technology. CAT Scans, MRIs, X-rays, videos, and other patient data are gathered and sent to specialists and other members of the team to evaluate patients and assist in their treatment²⁰.

Mobile: Mobile telehealth describes healthcare activities supported by mobile devices. This could be remote clinical services, such as consultations,

and patient-doctor communication through mobile patient portals. It can also include public health activities, such as disseminating warnings about a dangerous outbreak.¹⁹

Technologies use in delivering e-Health services

Electronic health records (EHRs): Is a fundamental component of e-Health. Different EHRs offer varying levels of functionality, from basic documentation to real-time display of clinical signs and observations, often linked to communication with other healthcare professionals and electronic prescribing.¹⁶ There is no unified EHR across Europe: even within a single country, individual healthcare organizations typically procure their own software and can be at varying levels of digital maturity.¹⁶

m-Health: m-Health is the use of mobile wireless technologies for health. This often, but not always, involves the use of a smartphone. A simple use of m-Health is remote access to healthcare information and services. Estonia's "e-Health record" is an example of a nationwide system whereby patients and emergency services are able to access summary health data remotely via an "e-Patient portal". The National Health Service in the UK has recently launched the NHS App which allows patients to access their summary medical

record (and test results) and book appointments, with further functionality being added rapidly.¹⁶

Sensors: Sensors are integral to m-Health. A sensor measures a signal and collects data which can be transmitted or recorded for further analysis. This may be as simple as a Bluetooth-enabled scale to measure weight, or as complex as a multiparameter monitoring device. Broadly, sensors can be divided into invasive or non-invasive, the latter including both wearable and non-wearable technologies.¹⁶

Non-invasive sensors: Bluetooth-enabled "smart" devices allow sensors to connect to smartphones or computers to track data and provide trends. Self-blood pressure monitoring, when combined with antihypertensive medication titration in response to readings, successfully reduces systolic blood pressure compared with usual care.¹⁶

Wearable: Wearable devices (sensors that are externally applied to the body) are increasingly popular consumer products. The most common features of wearable devices are activity monitoring and heart rate monitoring and, whilst these are usually used to track fitness, step counters can be useful adjuncts in cardiac rehabilitation.¹⁶

Invasive sensors: Cardiac implantable electronic devices such as pacemakers and implantable loop

recorders are invasive sensors; a computer-based algorithm, rather than a physician, analyses the data in real time.¹⁶ Proprietary algorithms using such data show promise in identifying patients at short-term risk of HF decompensation and can send an alert to the clinician.²¹

Video Conferencing, Video-Scopes, and High-Resolution Cameras: Clinicians are conquering distance and providing access to patients who are not able to travel by providing appointments utilizing real-time video communication platforms. Video conferencing technology has been utilized to provide care for inmates, military personnel, and patients located in rural locations for some time.²⁰

Roles Of E-Health And Telemedicine In Delivering Palliative Care

Promoting communication on patients' and families' terms: Throughout the literature review, findings were that eHealth applications generated multiple arenas for communication on patients' and families' own terms, and in their own time.²²

Symptom control and individualized care promoted through eHealth: Various eHealth applications enabled patients to participate in and govern their own care, for example by self-reporting symptoms and needs.^{23,24} The possibility of sending text messages to health care providers

(HCPs), for example to give notice that medication needed refilling, was perceived by patients as a well-functioning alternative for communication. Information from validated instruments describing physical, mental, social and existential symptoms, as well as quality of life, was sent to HCPs using eHealth technology, and was subsequently used for making care and treatment decisions.²⁴

Increase access to palliative care: Care was perceived as more accessible and patients described increased access to care.²⁴ Communication and consultation with HCPs through eHealth applications aligned with patients' daily lives, since it enabled patients to determine the time of contact themselves.²³ Another finding was that using digital consultations could condense health care meetings and make them more efficient. eHealth application could be tailored to patients' needs, thus enabling individualized care.²⁴

Use of eHealth applications increased patient safety and sense of security: E-health consultation provided a sense of security, relief and accessibility; for example, reminders to take medication,²³ and that information, advice, and guidance could be safely delivered due to eHealth applications.²⁴

Reduced emergency hospital admissions:

Increased access to care resulted in increased confidence in the care, which may have contributed to reduce emergency hospital admissions, since patients felt supported at home. Patients using different eHealth applications experienced security and increased well-being, as well as peace of mind and feeling at ease.²⁴

Telehealth may supplement in-person visits to

patients: In addition, telehealth may supplement in-person visits to patients in the home setting closer to the end of life, facilitating more frequent contact with the palliative care team as patients' and caregivers' needs increase.^{25,26}

DH is also enhancing the design and

organization of care: Evidence to date shows promise for digitally enabled models of home-based palliative care to support informal carers of those who wish to die at home, and in turn, reduce unnecessary hospital admissions at the end of life. For example, the eShift model of care has been implemented in Canada, USA, England and France.²⁷

Futile treatment can also be avoided: where national electronic health and medical records are implemented to provide cross-jurisdictional access to advance health directives for clinicians, whilst

also empowering consumers to participant in advance care planning online.²⁷

Palliative care blogs: have been developed to support virtual communities of practice, and social media hashtags and Twitter chat forums are increasingly used as a tool for professional discourse and community engagement alike.²⁷

ICT is used in palliative care to provide education, assist with decision making, and promote advance care planning; other eHealth and mHealth technologies tend to focus on communication, medication, clinical guidelines, and symptom management.²⁷

Virtual reality: has been used in both adult and paediatric palliative care for symptom management, and memory making or legacy creation.²⁸

Robotic companion pets: Another emerging strategy is the use of robotic companion pets for people living with dementia.²⁷

Overall, telehealth may provide a convenient way for patients to maintain contact with healthcare providers without necessitating travel and is increasingly utilized in palliative care.²⁹

Advantages of Using E-Health and

threats, and technological challenges such as

Telemedicine in Palliative Care

Steindal, *et al.*³⁰ and Kusum³¹ identified the following advantages or benefits of eHealth and telemedicine in palliative care. Telehealth and eHealth offer significant advantages, allowing patients to remain at home, fostering strong relationships with healthcare providers, and enabling tailored, person-centered care through self-reporting and autonomy. These approaches provide efficient, cost-effective, and secure access to patient information, improving clinical decisions and reducing errors. Real-time monitoring, streamlined communication, and reduced paperwork enhance care quality and accessibility, especially in emergencies or remote areas. eHealth also supports healthy lifestyles, distance learning, and progress toward universal health coverage and sustainable development goals by promoting safety, effectiveness, efficiency, and equity across all aspects of patient care.

Challenges/Barriers of Using E-Health and**Telemedicine in Palliative Care**

The EU e-Health Action Plan 2012-2020 and some experts^{30,31} identified multiple barriers to effective eHealth and telemedicine in palliative care. These include inflexible self-reporting tools, privacy

insufficient infrastructure, low digital literacy, and software usability issues. Additional obstacles are the digital divide, financial costs, need for skilled personnel, and increased personnel expenses. Other concerns include ethical and legal uncertainties, lack of interoperability, limited cost-effectiveness evidence, and regional disparities in ICT access. Collectively, these factors hinder the adoption and effectiveness of eHealth in palliative care settings.

Way Forward

Organizations face several challenges when implementing telemedicine and e-health in palliative care, including technical problems like connectivity and software compatibility, as well as limited user knowledge. To address this, staff training and technical support, along with investing in reliable, user-friendly technology, are essential. There is often a lack of awareness of the benefits these technologies offer, which can be overcome through targeted education, marketing, and collaboration with advocacy groups. Privacy and confidentiality concerns require robust policies, patient consent procedures, and regular audits. Ensuring staff are skilled in telemedicine solutions calls for ongoing training and hiring of knowledgeable personnel. Accessibility barriers,

such as socioeconomic status or geographic location, can be mitigated by providing necessary equipment, internet access, and adopting affordable technology options. Finally, adapting telemedicine for palliative care involves consulting patients and families to understand specific needs and customizing solutions accordingly.

Conclusion

Telemedicine and e-health play a significant role in palliative care by providing access to healthcare services and reducing disparities.³¹ The use of telehealth in palliative care has increased during the COVID-19 pandemic, allowing for clinical monitoring, patient assessment, psychological support, and spiritual care.³² Telehealth enables healthcare professionals to provide virtual care and treatment to patients, reducing the risk of infection and improving access to care.³³ It also promotes family members' engagement in end-of-life communication, enhancing the patient's quality of life and dignified death.³⁴ Telemedicine facilitates the transfer of expertise from specialized palliative care departments to primary care hospitals, improving collaboration among physicians and potentially lowering costs.³⁵

Findings indicate that eHealth is an emerging field with potential to improve comfort and quality of

life, however, the validity of applications is rarely discussed and respecting patient preferences for forms of care requires further attention. A scoping review underscores that eHealth applications seem feasible, however, that telehealth in relation to burdensome symptoms and wellbeing warrants further investigation, together with studies of effectiveness in eHealth interventions.³⁶

References

1. Finucane, A. M., O'Donnell, H., Lugton, J., Gibson-Watt, T., Swenson, C., & Pagliari, C. (2021). Digital health interventions in palliative care: a systematic meta-review. *NPJ digital medicine*, 4(1), 64. <https://doi.org/10.1038/s41746-021-00430-7>
2. Haleem, A., Javaid, M., Singh, R. P., & Suman, R. (2021). Telemedicine for healthcare: Capabilities, features, barriers, and applications. *Sensors international*, 2, 100117. <https://doi.org/10.1016/j.sintl.2021.100117> (<http://creativecommons.org/licenses/by/4.0/>).
3. Leniz, J., Weil, A., Higginson, I. J., & Sleeman, K. E. (2020). Electronic palliative care coordination systems (EPaCCS): a systematic review. *BMJ supportive & palliative care*, 10(1), 68-78.
4. Taylor, J., & Pagliari, C. (2019). The social dynamics of lung cancer talk on Twitter, Facebook and Macmillan.org.uk. *NPJ digital medicine*, 2(1), 51.
5. Hancock, S., Preston, N., Jones, H., & Gadoud, A. (2019). Telehealth in palliative care is being described but not evaluated: a systematic review. *BMC palliative care*, 18, 1-15. doi: 10.1186/s12904-019-0495-5
6. Payne, S., Tanner, M., & Hughes, S. (2020). Digitisation and the patient-professional relationship in palliative care. *Palliative medicine*, 34(4), 441-443.
7. Food and Drug Administration (US). Digital Health. <https://www.fda.gov/medicaldevices/>
8. Ritchey, K. C., Foy, A., McArdel, E., & Gruenewald, D. A. (2020). Reinventing palliative care delivery in the era of COVID-19: how telemedicine can support end of life care. *American Journal of Hospice and Palliative Medicine*, 37(11), 992-997.
9. Weck, C. E., Lex, K. M., & Lorenzl, S. (2019). Telemedicine in palliative care: implementation of new technologies to overcome structural challenges in the care of neurological patients. *Frontiers in neurology*, 10, 510. doi: 10.3389/fneur.2019.00510
10. Sleeman, K. E., De Brito, M., Etkind, S., Nkhoma, K., Guo, P., Higginson, I. J., ... & Harding, R. (2019). The escalating global burden of serious health-related suffering: projections to 2060 by world regions, age groups, and health conditions. *The Lancet Global Health*, 7(7), e883-e892.

11. Arias-Casais, N., Garralda, E., & Rhee, J. (2019). EAPC atlas of palliative care in Europe. *Romania*, 122, 0-6.
12. Allsop, M. J., Taylor, S., Bennett, M. I., & Bewick, B. M. (2019). Understanding patient requirements for technology systems that support pain management in palliative care services: a qualitative study. *Health Informatics Journal*, 25(3), 1105-1115.
13. Radbruch, L., De Lima, L., Knaut, F., Wenk, R., Ali, Z., Bhatnagar, S., ... & Pastrana, T. (2020). Redefining palliative care—a new consensus-based definition. *Journal of pain and symptom management*, 60(4), 754-764.
14. World Health Organization. (2019). *WHO guideline: recommendations on digital interventions for health system strengthening: web supplement 2: summary of findings and GRADE tables* (No. WHO/RHR/19.7). World Health Organization.
15. Herzer, K. R., & Pronovost, P. J. (2021). Ensuring quality in the era of virtual care. *JAMA*, 325(5), 429-430.
16. Arvind S., & Martin C. (2020). What is e-Health? *e-Journal of Cardiology Practice*, 18(24).
17. Pallipedia, (2024). eHealth (e-health). IAHPC Pallipedia. https://pallipedia.org/ehealth-e-health/. Accessed February 19, 2024.
18. Topol, E. J. (2019). The Topol review—NHS health education England. *NHS Education England*.
19. Tayla, H. (2023). Telehealth (telemedicine). <https://www.techtarget.com/searchhealthit/definition/telemedicine>
20. Catalyst, N. E. J. M. (2024). Telehealth: The delivery of health care, health education, and health information services via remote technologies. *NEJM Catalyst*, 4(1). doi: 10.1056/CAT.18.0268 (<https://catalyst.nejm.org/doi/abs/10.1056/CAT.18.0268>)
21. Boehmer, J. P., Hariharan, R., Devecchi, F. G., Smith, A. L., Molon, G., Capucci, A., ... & Singh, J. P. (2017). A multisensor algorithm predicts heart failure events in patients with implanted devices: results from the MultiSENSE study. *JACC: Heart Failure*, 5(3), 216-225.
22. Widberg, C., Wiklund, B., & Klarare, A. (2020). Patients' experiences of eHealth in palliative care: an integrative review. *BMC palliative care*, 19(1), 1-14. PREPRINT (Version 2) available at Research Square [<https://doi.org/10.21203/rs.3.rs-37535/v2>]
23. Benze, G., Nauck, F., Alt-Epping, B., Gianni, G., Bauknecht, T., Ettl, J., ... & Gaertner, J. (2019). PROoutine: a feasibility study assessing surveillance of electronic patient reported outcomes and adherence via smartphone app in advanced cancer. *Ann Palliat Med*, 8(2), 104-111.
24. Vitacca, M., Comini, L., Tabaglio, E., Platto, B., & Gazzi, L. (2019). Tele-assisted palliative homecare for advanced chronic obstructive pulmonary disease: a feasibility study. *Journal of palliative medicine*, 22(2), 173-178.
25. Cameron, P. (2021). Caregiver comfort with telehospice. *Home Healthcare Now*, 39(1), 32-38. doi.10.1097/nhh.0000000000000928.
26. Cornetta, K., Nyariki, S., Manji, I., Kiplimo, I., Korir, M., Muinga, E., ... & Elias, H. (2023). Telehospice for Cancer Patients Discharged from a Tertiary Care Hospital in Western Kenya. *Journal of Pain and Symptom Management*, 65(5), 378-387. doi.10.1016/j.jpainsymman.2023.01.027. digital-health. Accessed 27 Aug 2020.
27. Mills, J. (2019). Digital health technology in palliative care: friend or foe?. *Progress in palliative care*, 27(4), 145-146. doi: 10.1080/09699260.2019.1650420
28. Weingarten, K., Macapagal, F., & Parker, D. (2020). Virtual reality: endless potential in pediatric palliative care: a case report. *Journal of palliative medicine*, 23(1), 147-149.
29. Tasneem, S., Kim, A., Bagheri, A., & Lebrecht, J. (2019). Telemedicine video visits for patients receiving palliative care: a qualitative study. *American Journal of Hospice and Palliative Medicine*, 36(9), 789-794. doi.10.1177/1049909119846843.
30. Steindal, S. A., Nes, A. A. G., Godskesen, T. E., Holmen, H., Winger, A., Österlind, J., ... & Klarare, A. (2023). Advantages and Challenges of Using Telehealth for Home-Based Palliative Care: Systematic Mixed Studies Review. *Journal of Medical Internet Research*, 25, e43684. <https://doi.org/10.2196/43684>
31. Narvaez, R. A., Canaria, A., Nifras, S. R., Listones, N., Topacio, R., & Baua, M. E. (2022). The role of telehealth on quality of life of palliative care patients during the COVID-19 pandemic: an integrative review. *International Journal of Palliative Nursing*, 28(12), 583-589. doi: 10.12968/ijpn.2022.28.12.583
32. Bückmann, A., Bernhardt, F., Eveslage, M., Storck, M., Thölking, G., Buss, H., ... & Lenz, P. (2023). Telemedical Consultations in Palliative Care: Benefits through Knowledge Exchange and Intercollegiate Collaboration—Findings from the German oVID Project. *Cancers*, 15(9), 2512. doi: 10.3390/cancers15092512
33. Choi, H. R., & Lin, C. C. (2023). Can Digital Health Close the Health Equity Gap in Palliative Care?. *Cancer Nursing*, 46(4), 251. doi. 10.1097/NCC.0000000000001247
34. Nwosu, A. C. (2023). Telehealth requires improved evidence to achieve its full potential in palliative care. *Palliative Medicine*, 37(7), 896-897. doi: 10.1177/02692163231182461
35. Chida, A., Hamamoto, Y., Hirata, K., Sato, Y., So, E., Kishimoto, S., ... & Kanai, T. (2023). The impact of palliative care via video telemedicine: a prospective study. <https://doi.org/10.21203/rs.3.rs-2641713/v1>
36. Steindal, S. A., Nes, A. A. G., Godskesen, T. E., Dihle, A., Lind, S., Winger, A., & Klarare, A. (2020). Patients' experiences of telehealth in palliative home care: scoping review. *Journal of medical Internet research*, 22(5), e16218