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## **Reply to Comment on "Patients' Postjudice of Tele-Neurology for Movement Disorders**

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We thank Mantese et al. for their interest in our publication, and for sharing their opinions about the pros and cons of remote healthcare provision.

In our manuscript, a large and diverse cohort of patients with movement disorders had their say about their telemedicine experience<sup>1</sup>. The results were unanimous- they wanted to come back and see the doctor face-to-face. As we discussed, this was at odds with the prevailing sentiment in the medical literature, which insisted that that this was the dawn of a new age of 'remote' medicine. The reasons behind this discrepancy are legion, and this gap in opinion has indeed been the source of much debate in the medical community.

One important issue, as highlighted by Mantese et al., is that telemedicine should be applied in a patient and specialty-specific fashion. It may well work for patients with epilepsy and multiple sclerosis, but is of questionable value in movement disorder practice, where astute observation of clinical phenomenology is key to ensuring accurate diagnosis, and appropriate management.

Second, some question whether the differences may relate to the chosen remote communication modalities. However, in our cohort, there was no difference in perception of telemedicine between those receiving phone versus video appointments<sup>1</sup>.

Finally, and perhaps most importantly, shrouded vested interests may mean that the greatest 'benefits' of telemedicine are not actually for the patient. Many proponents of telemedicine laud high levels of 'satisfaction', inappropriately conflating this to a measure of quality of care. In fact, data now shows that the quality of remote consultations is inferior to that of face-to-face visits<sup>2, 3</sup>. Mantese and others also speak of the 'efficiency' of telemedicine. If one is considering throughput, performance metrics and speed of healthcare 'transactions', then remote medicine may well hold its own. If on the other hand one desires diagnostic accuracy, quality care, warmth and compassion then face-to-face care is clearly superior.

As the pandemic exemplified, there are situations where telemedicine might be desirable. However, on the whole we believe that telemedicine is a second-best option in movement disorder practice; Our patients agree. William Osler famously remarked: “Listen to your patient; he is telling you the diagnosis”. Perhaps we should take note.

### Author roles

1. Research project: A. Conception, B. Organization, C. Execution
2. Statistical Analysis: A. Design, B. Execution, C. Review and Critique
3. Manuscript Preparation: A. Writing of the first draft, B. Review and Critique

IR 1A, 1B, 3B  
EM 1A, 1B, 3A  
IC 1B, 1C, 3B  
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### **Ethical Compliance Statement**

Our original study was approved by the National Hospital for Neurology and Neurosurgery service evaluation committee (ref: 32-202122-SE). Informed consent was obtained. We confirm that we have read the Journal's position on issues involved in ethical publication and affirm that this work is consistent with those guidelines

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