Questions such as how clinicians can be patient centred in email consultations require innovative approaches to researching consultations that place emphasis on semantics (as written words are the sole conveyors of information). Because of the intricate ways in which email combines human communication and information communication technology, interdisciplinary research is essential.

We know that a large part of a verbal message’s impact derives from the communication style and the clinician’s “image” and appearance rather than the content. Will the user interface and the application’s functionality (that is, the program design and layout) take this role in email consultations and become a critical element in the human-computer-human interaction? Examples of questions about interface design include, “Should different interfaces be used for different populations considering factors such as age, preferred language, and (computer) literacy?”

As email consulting increases, we need to ensure that those without email access to care are not unduly disadvantaged (see fig 2 and box 2). Mechanisms for ensuring equitable access to care for sections of the population who do not use email are essential.

Conclusions

Healthcare systems are evolving throughout the world and are now embracing the concepts of patient-clinician partnership and patient self-management. In this context, email consultations provide exciting possibilities to augment and facilitate healthcare delivery.

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