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Tele-Kin Against Addiction

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Corresponding Author:
Dr. Deepak Gupta,
Anesthesiologist, Self - United States of America

Submitting Author:
Dr. Deepak Gupta,
Anesthesiologist, Self - United States of America

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My opinion

I had a dream. I thought that I will pursue addiction medicine. But, in the absence of pursuit and execution [1], this vision has turned into a hallucination.

I had a dream. I thought that healthcare will evolve into telemedicine-only model [2]. But, to keep the dying status quo breathing [3], in-person healthcare model has terrorized against telemedicine as an existential threat.

I had a dream. I thought that society will realize the redundancy of healthcare in the presence of abundant caregiving by kin [4]. But, in the light of virtualization forced by COVID-19, the individuals are dying alone while kin fearing the fear for their own existence in the face of relentless global pandemic.Â Â

Thus, herein, I will just share my dreams and visions about Tele-Kin that needs the balancing of telemedicine outreaching across the world virtually to the individuals with kin-support physically reaching to the individuals within their homes.

TELEMEDICINE-ONLY MODEL

COVID-19 pandemic has opened Pandora's boxes for so many aspects of modern human life. One such aspect that is no longerÂ untouchableÂ and cannot be put backÂ in the box is telemedicine generally for all patients andÂ specifically for addiction medicine [5-6]. AddictionÂ medicine enthusiasts who are not trained in psychiatry are facingÂ the followingÂ dilemmas: (a) whether to choose practice pathway or pursue fellowship, (b) whether toÂ devote full-time to addiction medicine orÂ limit its explorationÂ as part-time only, (c) whether to practice exclusively asÂ volunteer service to societyÂ or only as cash-only serviceÂ to all patients, and (d) whether to practice telemedicine exclusively orÂ accommodateÂ in-person management sometimesÂ evenÂ if rarely. All this boils down to howÂ enthusiastic theÂ addiction medicine enthusiasts are toÂ change theirÂ clinical practiceÂ to accommodate addiction medicine into their own primary clinicalÂ specialties because fellowship trained specialistsÂ exclusively practicing addiction medicineÂ may never achieveÂ the sufficiency in their numbers to manage epidemic of substance use disorder and may end up creating another epidemic of substance use disorder wherein the substance would be the ones now routinely recommended to contain the current substance use disorders. This is all because the well-intentioned but over-workedÂ practitionersÂ while attempting to return normalcy to their patientsÂ may end up taking the shortcuts to quick success thus creating new set of patientsÂ with noneÂ whatsoever remaining normal anymore in the over-medicalized pill-popping global society [7]. Reviving normal willÂ needÂ ensuring that addiction medicine does not go the route of over-medicalization but allows more explorations intoÂ talk andÂ support therapies even ifÂ they areÂ no longer delivered exclusively in-person but primarily virtuallyÂ with both the providers and their patientsÂ not leaving the comforts ofÂ theirÂ "safe-houses"Â whether they are at work or with family or at vacation.Â Â Â Â

ADDICTION KIN THERAPY

I believe in old school healing to the core and thus believe in addiction kin therapy because those suffering cannot heal without someone to hold on to. I believe that while third party systems can be facilitators, only kin can hold on to those who are addicted and getting rehabilitated so that they infrequently relapse before they may be permanently cured. Sometimes trustworthy kin are not available and sometimes kin themselves are causing addictions. Sometimes virtually available kin appear closer than they actually are and sometimes in-person available kin appear more distant than they actually are. However, with COVID-19 pandemic inducing tele-health into every aspect of our lives, it will not be long before tele-kin providing addiction kin therapy becomes the standard of care for managing addictions in the society. With this objective, I had envisaged to work as addiction medicine fellow and thereafter as addiction medicine clinician, academician and researcher to contribute to addiction medicine and fulfill my quest to possibly heal those who are in pain called addiction. For so long, kin have been pushed away by closing the doors behind them while the right to privacy being waged by those who fail to recognize that their addictions wonâ€™t be overcome without opening the doors and letting the kin in. Although there

may be a risk of abuse, none can test the trust across the closed doors about their kinâ€™s use or utility. Although there may be friction when the doors are opened for the kin, it may still be better than addiction and suffering alone behind the closed doors. As Johann Hari famously ended his Ted Talk with words â€œâ€¦opposite of addiction is connectionâ€¦â€•, my pursuit as addiction medicine fellow and thereafter as addiction medicine clinician, academician and researcher would have been worthwhile wherein we as patients and providers might have learnt to readily accept our needs to embrace our kin and to especially hold on to them during our trying times thence, we as society healing by overcoming our addiction to addiction [8-12].

HOW WE GOT HERE

We are constantly worried that kin might be addicted to the same product and thus kin may not be able to help overcome addiction together.

We are constantly worried that there may be a risk for kin being addicted to mutually exclusive products thus inducting each other into their own addictions.

We are constantly worried that virtually present kin may not remain differentiable from physically present kin with virtual kin becoming emotionally involved and available at all times in need, listening and working with their kin to make their lives easier despite unsurmountable physical distances separating them.

We are constantly worried that trust can be broken by the kin thus choosing to impossibly survive without trusting anyone except the third party paid professionals who are paid to be professional.

We are constantly worried that there will be friction among kin thus choosing addiction to substance over connection to kin.

We are constantly worried that kin can abuse their power of influence against their kin instead of empowering them.

We are constantly worried that kin will invade the privacy of their kin thus allowing kinless to suffer in secrecy rather than sharing and breaching their own privacy themselves to heal with the help of kin.

We are constantly worried that opening the doors to the kin will uproot their kinâ€™s privacy thus letting kinless to rot behind the closed doors on their own.

When talking about addiction, why are we not worried about absence of trustworthy confidantes potentially leading to higher chances of relapsing back to addiction?

When talking about addiction, why are we not worried about absence of mandatory presence of trustworthy confidantes during addiction management even when the trustworthy confidantes can be replaced with other trustworthy confidantes anytime during addiction management?

When talking about addiction, why are we not worried about bottles of pills replacing blister packs of medications?

When talking about addiction, why are we not worried about targeting to make the receptors completely numb with agonists rather than just appeasing them partially?Â

When talking about addiction, why are we not worried about absence of mandatory background check of consumers unlike mandatory background check of prescribers and dispensers?Â Â

When talking about addiction, why are we not worried about addiction being essential for the existence at least for the existence of modern economy to some extent [13-16]?Â

When talking about addiction, why are we not worried about going from 0.2 mg buprenorphine to 8 mg buprenorphine [17-21] at which level thankfully stopped by the so-called ceiling achieved in buprenorphine dosing even though no ceiling is ever achieved in methadone dosing thus potentially creating a recipe for future pandemic of addiction developing towards addiction medicines themselves?

When talking about addiction, why are we not worried about the absent talks regarding rehabilitating the receptors while always discussing whether there is a ceiling to the up-regulation or is it the down-regulation of receptors or is it the iatrogenic cancer of receptors induced by relentless exposure to substances without knowing how many receptors existing in the body and how many folds those receptors increase or decrease when exposed to substances [22-28]?

BEFORE SEEKING TELEMEDICINE FORWARD

We must be asking the questions to the regulating authorities [29-34]:

- Can a provider registered to practice in STATEÂ do addiction medicineÂ telehealth for patients who are out-of-country?
- Can anÂ out-of-countryÂ provider registered to practice in STATEÂ do addiction medicineÂ telehealth for patients in STATE?
- Won't Internet-Protocol (IP)-addresses and Global

Positioning System (GPS) locators of patient and providerÂ decide if one or both is/are out-of-state/out-of-country?
- Is it mandatory for new provider-patient encounter to happen only while both are in-the-state of STATE?
- Can new provider-patient encounter happen whenÂ both are out-of-state/out-of-country?

Essentially the questions can be:

- Can provider in STATE e-prescribe controlled substances if patient is out-of-state at the time/date of e-prescription?Â
- Can provider in STATE e-prescribe controlled substances if patient is out-of-country at the time/date of e-prescription?Â
- Can provider in STATE e-prescribe NON-controlled substances if patient is out-of-state at the time/date of e-prescription?Â
- Can provider in STATE e-prescribe NON-controlled substances if patient is out-of-country at the time/date of e-prescription?Â
- Can provider e-prescribe controlled substances for patient in STATE if provider is out-of-state at the time/date of e-prescription?Â

- Can provider e-prescribe controlled substances for patient in STATE if provider is out-of-country at the time/date of e-prescription?Â
- Can provider e-prescribe NON-controlled substances for patient in STATE if provider is out-of-state at the time/date of e-prescription?Â
- Can provider e-prescribe NON-controlled substances for patient in STATE if provider is out-of-country at the time/date of e-prescription?Â

CONCLUSION

I still have the dream. Although my pursuit to practice addiction medicine may be dud for me, I still envision telemedicine-only model succeed for healthcare practice, especially addiction medicine practice, while concurrently embracing kin therapy, especially addiction kin therapy.

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