

## The Telephone Helpline of Persian Medicine: Social Accountability During the COVID-19 Pandemic

Fatemeh Eghbalian<sup>1</sup>, PhD; Somayeh Delavari<sup>2</sup>, PhD; Hoorieh Mohammadi Kenari<sup>2\*</sup>, PhD

<sup>1</sup>Research Institute for Islamic and Complementary Medicine, School of Persian Medicine, Iran University of Medical Sciences, Tehran, Iran

<sup>2</sup>Center for Educational Research in Medical Sciences (CERMS), Department of Medical Education, School of Medicine, Iran University of Medical Sciences, Tehran, Iran

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\*Corresponding author:  
Hoorieh Mohammadi Kenari,  
PhD;  
Center for Educational  
Research in Medical Sciences  
(CERMS), Department of  
Traditional Medicine, School  
of Persian Medicine, Iran  
University of Medical Sciences,  
Tehran, Iran  
**Email:** Mohammadikenari.h@  
iums.ac.ir

### Dear Editor,

Social accountability serves as an essential factor in improving the quality, efficiency, and responsiveness of health systems (1). Health and medical education policy-makers emphasize social accountability as a measure of medical universities' commitment with regard to community health priorities (2). In 1995 the World Health Organization (WHO) defined social accountability as: "The obligation of the medical schools to direct their education, research and/or service activities towards addressing the priority health concerns of the community, region, and/or nation they have the mandate to serve. Priority health concerns are to be jointly identified by governments, health care organisations, health professionals, and the public"(3).

Social accountability principles oblige education policy-makers to consider cost-effectiveness, quality, equity, and relevance

in planning, delivering, and evaluation of educational programs, services and research activities (2). Social accountability in medical curriculums would fulfill the target community's requirements in the health system (4). The Association of Faculties of Medicine of Canada (AFMC) and the Global Consensus for Social Accountability of Medical Schools (GCSA) have emphasized that every medical university's mission should be based on linking medical education systems with community health requirements.

In a document promoting social accountability in medical education, it is stated that meeting the health needs of society is contingent upon knowledge production and transfer, training responsive human resources, and providing effective services (5). In this regard, Persian medicine has long been providing medical services to the Iranian community. Given the increasing inclination towards complementary medicine in human

societies, Persian Medicine schools were launched 13 years ago in Iran. These schools align their activities around education, research, and health services in response to the public needs. One key activity is to provide services in crisis situations including the COVID-19 pandemic and its associated challenges.

The present pandemic has dramatically changed individual and social lifestyles in all communities. Since a pandemic of this scale was far from expected in the current century, the required infrastructure was lacking in most countries, and therefore the global community had to deal with the economic, social, educational, and commercial repercussions of the outbreak. The entire world was faced with a highly transmissible disease with various symptoms, for which no definitive treatment has been found as yet. Therefore, the only available solution was to declare and enforce quarantine and social distancing protocols (6).

While preventing the spread of the disease, quarantine results in the closure of medical universities, thereby reducing access to in-person educational and medical services and fuelling the need for virtual counseling. The most common public questions revolve around the signs, symptoms, medications, preventive measures, and the methods of boosting the immune system against the disease. In this regard, medical universities are on the frontline against the disease and shoulder the responsibility of informing the public and addressing their concerns.

In Iran, after the first confirmed case of COVID-19 was reported in March 2020, many educational centers were closed, while medical facilities were converted into special treatment centers for COVID-19 patients, and clinics were forced to scale down their services. Under these circumstances, the Ministry of Health and Medical Education initiated to set up a telephone-based counseling service to triage patients, reduce anxiety, and provide essential medical services, and accordingly the 4030 hotline was introduced. In a similar fashion, Persian Medicine faculties took steps

to contribute to this initiative by launching a telephone counseling system in line with social accountability principles and to prevent and treat the disease.

Telephone counseling is a type of telemedicine that plays a critical role in controlling diseases and treating patients during pandemics and natural disasters (7, 8). In this regard, the telephone counseling system of Persian Medicine Faculty of Iran University of Medical Sciences (IUMS) was initiated in collaboration with the knowledge-based Nobaan Company, to provide public services free of charge from March 18, 2020. Nobaan is an online appointment system that facilitates communication between physicians and health seekers by providing a safe, comfortable and user-friendly platform for remote visits.

The first step in designing this system was to produce the required scientific content and train responsive human resources. A group of volunteer physicians and students in the field of Persian Medicine was formed in consistence with the designated objectives. In this system, the demographics and other information of the caller is first recorded, including their place of residence, reason for calling, underlying conditions, medications used, the symptoms of the coronavirus disease, and history of contact with an infected person. Subsequently, callers are evaluated for possible infection and allocated to one of the following groups based on a physician's diagnosis: healthy people, people with respiratory symptoms, coronavirus patients undergoing quarantine at home, hospitalized patients in stable conditions, and hospitalized patients in critical conditions.

As for the content production, first, the signs, symptoms, and causes of the coronavirus disease were examined from the perspectives of conventional medicine and Persian medicine.

Besides, in Persian Medicine, the presence of anxiety, constipation, and lack of defecation are known to weaken the immune system and cause various diseases in human body. Upon a review of the literature and consultations

with the prominent professors of Persian medicine, several clinical guides were developed to battle the novel coronavirus. These documents presented a proper nutrition program, lifestyle modification guidelines, stress control techniques, herbal sedatives, and immune system boosters. All guides were based on reliable sources from Persian medicine, the protocols of the World Health Organization and the Iranian Ministry of Health, and the recent literature. They were subsequently delivered to the physicians at the helpline center to both improve their scientific knowledge and homogenize the services.

To provide services to a larger population, an electronic version of the general recommendations was uploaded on the Nobaan website ([www.nobaan.com/corona](http://www.nobaan.com/corona)), which included warning signs and tips related to prevention and recovery from the novel coronavirus. Upon receiving advice from specialists over the phone, the callers were referred to the website for general services.

As treatment in Persian Medicine centers around lifestyle modification, nutritional health, and pharmaceutical recommendations, the services of this system are also set separately as per these three components. It should be noted, however, that given the distant consultation and unavailability of some approved Persian medical drugs in parts of the country, consultations were mostly focused on lifestyle modification and dietary recommendations as well as safe and accessible food medicines. All these measures were taken by Iranian medical schools in compliance with social accountability principles during the pandemic.

Among these measures, one can refer to the compilation of clinical guidelines and exchange of scientific ideas among counselors in the special virtual group of the system, along with the production of preliminary content, which contributed to the quality of responses and improved the services provided to health seekers.

One particular drawback of telemedicine systems, including telephone helplines, is the deployment of operators/advisors with

insufficient knowledge who may not be able to address all incoming patient questions, while in the present system, all respondents are specialists or assistants knowledgeable in the area of Persian medicine (9).

In addition, the system has made major strides in training the assistants and specialists with the aim of developing an accountable team that provides quality services to general public. Training in a real world environment is in itself an indicator of accountability, which was highly emphasized in this system (9).

In general, the recruitment of trainees in the field of Persian medicine has brought about many educational benefits for them. With the prospect of a prolonged pandemic in sight, it is recommended to integrate the helpline model into the university curricula as a component of practical courses and internships.

### **Conflict of Interest**

The authors declare no conflict of interest financial or otherwise.

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### **References**

- 1 Naher N, Balabanova D, Hutchinson E, Marten R, Hoque R, Tune SNBK, et al. Do social accountability approaches work? A review of the literature from selected low-and middle-income countries in the WHO South-East Asia region. *Health Policy and Planning*. 2020;35(Supplement\_1):i76-i96. doi:10.1093/heapol/czaa107.
- 2 Abdalla ME, Dash N, Shorbagi S, Taha MH. Development and validation of inventory tool to evaluate social accountability principles in case scenarios used in problem-based curriculum (Social accountability inventory for PBL). *Med Educ Online*. 2021;26(1). doi:10.1080/10872981.2020.1847243.

- 3 Boelen C, Heck JE. Division of Development of Human Resources for Health. Defining and measuring the social accountability of medical schools. Geneva: World Health Organization; 1995. <https://apps.who.int/iris/handle/10665/59441>
- 4 Yamani N, Fakhari M. Social accountability of medical education curriculum: Barriers and implications. *Iranian Journal of Medical Education*. 2014;13(12):1082-98. PMID: PMC5008901.
- 5 Abdolmaleki M, Yazdani S, Momeni S, Momtazmanesh N. Social accountable medical education: a concept analysis. *Journal of advances in medical education & professionalism*. 2017 Jul;5(3):108. PMID: PMC5522902.
- 6 Hollander JE, Carr BG. Virtually perfect? Telemedicine for COVID-19. *New England Journal of Medicine*. 2020;382(18):1679-81. doi:10.1056/NEJMp2003539.
- 7 Smith AC, Thomas E, Snoswell CL, Haydon H, Mehrotra A, Clemensen J, et al. Telehealth for global emergencies: Implications for coronavirus disease 2019 (COVID-19). *Journal of telemedicine and telecare*. 2020:1357633X20916567. doi:10.1177/1357633X20916567.
- 8 Jnr BA. Use of telemedicine and virtual care for remote treatment in response to COVID-19 pandemic. *Journal of Medical Systems*. 2020;44(7):1-9. doi:10.1007/s10916-020-01596-5.
- 9 Aslani N, Garavand A. The Role of Telemedicine to Control COVID-19. *Arch Clin Infect Dis*. 2020;15:e102949. doi:10.5812/archcid.102949.