

really big, we already had a way to see patients who are far away. So, there was already a secure network that the government had set up, so we tapped into that right away.

So we were lucky that we had these ways of seeing patients that were based on the distances people had to travel. Anyway, and similarly, many centers in the United States were geared up to do this, and what's interesting to me, and we'll see what happens in other countries, patients love this. They don't have to travel. So their whole visit takes a half-hour rather than a half-hour even just getting to the hospital, rather than a half a day. So, they like this, this virtual visit. Have you had much experience with this in your patients, like it or not like it, or you haven't really done that?

CX: I think it's very good that we can share the experience in different countries. We know it's a crisis for humankind now, but it's also an opportunity for us to look again at our healthcare system and to explore different ways to take care of patients. I think we should never waste a crisis.

I think telemedicine, as you mentioned, either via telephone or video — all this is adopted and pushed forward in many countries.

In our study, as you noticed, there were about 13 patients consulted online. The online consultations are actually being more and more accepted by patients and physicians in China now. There were about 40,000 healthcare staff who were physically deployed to support Hubei, including Wuhan. Actually, more healthcare staff, they joined online to do consultation service for free during the search of COVID-19 in China.

When the COVID-19 was controlled in the end of March in China, but actually was rapidly spreading globally. So Alibaba, which was started by Jack Ma, they provided a platform for Chinese doctors to offer help for Chinese people overseas, to provide the experience from China and to provide a free, online consultation for people.

In Singapore, actually, we are also exploring care by telemedicine. It's encouraged by the government and the Ministry of Health in Singapore. Of course, I think the limits of telemedicine should not be neglected. I think the patient's safety always come first.

ES: You know, there's a saying in English, I don't know if it's the same in Mandarin: "When you have lemons, make lemonade." So that's what we're saying. When something bad happens, turn it into something good.

CX: I think we have a similar saying in Mandarin as well.

ES: Yeah, has to be. One last question for you, in many countries, and there were just talked about this, about the telemedicine. So really, I think it may change how we practice medicine, and I really want to thank you.

Are there any final points should maybe I missed that you'd like to make about either your experience in Singapore, the experience in Wuhan, or about the letter itself that we may have missed, that you'd like to highlight for the people who are listening?

CX: Generally speaking, the pandemic of COVID-19 is unprecedented. No one would expect it would become so bad, and it last for so long. I think it's now time for us to learn from each other and to share the different experience. Wuhan in China, they had a very bad situation, but they went through it. Now it's time, I think, for us to learn from their lessons.

I think now also, for us to share our experience in Singapore and in Canada, in US, or in UK. In terms of technology or telemedicine, I think we should be open minded to explore it.

ES: I agree, and I think, as I said, this could be a great opportunity to improve patient care, patient satisfaction with delivery. My colleagues and I have discussed, maybe every other visit in the future would be telemedicine and we've learned how to get by without touching patients.

I think one of the things we love about being a physician, especially rheumatologists, is actually that personal contact, that interaction touching with patients. I think we can't get away with that, but maybe less in-person visits and patients, as I said, seem to really like it and I'm sure everything will turn back.

So I really want to thank you for taking your time, especially because it's after nine in the evening in Singapore, and providing very interesting enlightened conversation and for writing this very interesting research letter regarding the experience and Wuhan early on.

I invite everybody to please read the letter to the editor entitled "The Plight of Patients with Lupus Nephritis in Wuhan, China," as well as our other editorials, letters to the editor, and articles about the SARS-CoV-2 infection and COVID-19 itself, and its effects and its implications for rheumatologists and rheumatology practices. You can read this at www.jrheum.org/covid19.

If you have any questions or comments, please send them to us via Twitter @jrheum or e-mail us at manuscripts@jrheum.com.

I want to thank everybody, and particularly Dr. Xu and all of you out there for this podcast, and please everybody, stay safe. And certainly, where social distancing is still in effect, please respect it.

Thank you.

CX: Thank you very much for having me. It's my great pleasure. Please also stay safe.

ES: Great.