



Chapter 3 - Role of mobile health in the situation of COVID-19 pandemics: pros and cons

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Abstract

Mobile health (mHealth), an abbreviated term used for portable healthcare, is characterized by the World Health Organization (WHO) as an utilization of portable healthcare monitoring equipments by the health care delivery system. The review article is based on the utilization of the mobile phones in the form of text information, image sharing, video call, doctor appointment, and auto-generated schedule during the global pandemics situations. Initially the motivation behind the technology was the availability of physical and psychological care for unreached communities. But, in the situation of pandemics, there is a high momentum to the mHealth application in the healthcare delivery system. The differential utilization of cell phone has led to the multiplication of health-related personalized applications day by day for the human race; there are numerous expected roads for mHealth to be fill in as an aide instrument to general health care when most of the developed and developing nations are in a cyclic process of lockdown of the century. In the present times, people are advised by the WHO to make a physical distance from everyone; hence the mHealth promptly came into existence with its importance. However, there are both pros and cons of every technology; here mHealth helps to provide improved treatment availability due to its promptness, ease, accessibility but on the another hand, there is the limitation of mHealth applications as personal data sharing with the network providers is easier. There are concerns like moral, legitimate, and clinical issues identified with mHealth usage, incorporating issues with information security, protection issues with limits, and interjurisdictional practice concerns. The technology-centric model launching incorporates the traditional medical approaches and training through the emerging technology-centric model into medical and educational systems to support medical practitioners and the patients. The review article presents the proof for the focal points and impediments of rebuilding a medicinal service framework on essential considerations. It depends on a fast, however, orderly audit of critical sources of strewn writing. The results are unpredictable for various reasons, including varying meanings of administrations, staff and the limits among essential and auxiliary consideration, changing hierarchical structures, and expanding dependence on essential consideration groups for mHealth.

[<](#) Previous

Next [>](#)

Keywords

mHealth; COVID-19; ePHI; pandemic; infection

3.1. Introduction