The current COVID‐19 pandemic is threatening global health. Rates of infection outside of China are rapidly increasing, with confirmed cases reported in over 160 countries as of 19 March 2020. Over the last decade, social media has come to influence human lives in a manner that is unprecedented in its scale and magnitude. Of course, medicine has not been left untouched from its impact. In this extraordinary once-in-a-generation situation of a global lockdown that has redefined and obfuscated international borders, at the same time, the curtailment of physical mobility has led a heretofore upwardly mobile, ambitious generation of home-bound individuals to rediscover social media platforms (SMPs) with an even greater vengeance. Donning innovative roles, social media has captured new horizons and has come to play a central role in continued medical education, dissemination of scientific information, peer review, online discussions, and many more during the current pandemic.

ROLE OF SOCIAL MEDIA PLATFORMS IN THE DISSEMINATION OF INFORMATION

## DISTANCE LEARNING

In the words of Moran, “the process of teaching and learning mediated by technologies, where teachers and students are separated spatially and/or temporally” is the best conceptualization of distance education.

## REMOTE MONITORING AND HEALTH CARE

Over the last decade, health care monitoring and delivery have become increasingly distant, often the provider and the recipient have been separated not only in space but also in time. Mobile technology, coupled with the internet of things, has revolutionized monitoring and therapy. Today, with rapid cellular networks and widespread smartphone usage, the exchange of medical images and reports, has become routine. Telemedicine had come a long way from the time when an electrocardiogram was first transmitted over telephone lines. It could reduce in-person visits by 25% to 75% across specialties, including rheumatology. Virtual consulting has reduced mortality and length of hospital stay even in critical care settings. In developed countries with an established infrastructure, linking the app-based services with the hospital information services could provide a reliable record base of future reference as soon as logistics to resolve legal and insurance issues are developed. Ironically, with the advent of COVID-19, some of the most ardent critics of telemedicine have adopted e-consultations and begun accepting patient-reported outcome measures. Consequently, government agencies in developing countries are recognizing and legitimizing remote health care delivery and virtual consultation. Community paramedicine or mobile-integrated health care programs using smartphone app-based trackers may transform health care delivery.

However, recent events of technological failure with Zoom calls throw light on the vulnerabilities of a poor electronic construct. This domain merits improvisation in the times to come, especially as they handle sensitive information such as patient data during e-consults. Although video conferencing may be more expensive in terms of equipment procurement, the patient-related cost in terms of time, transport, and the risk of COVID-19 can be mitigating factors. Notwithstanding the advances in health care technology, providers and recipients need to be equally mindful of blurring patient-physician relationships, opportunities for traps related to claims, malpractice, quackery, and false litigations.