

Response to “Digital Health Technology & Cancer Care: Conceptual Framework Leading Comprehensive Fruitfulness” [Letter]

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Dear editor

The article titled “Digital Health Technology & Cancer Care: Conceptual Framework Leading Comprehensive Fruitfulness” by Jain, Jain, and Puranik is a significant contribution to the discourse on integrating digital health technologies (DHT) into cancer care. The proposed 5Ps conceptual framework—Proper assessment, Pertinent treatment, Progress monitoring, Prevention applications, and Professional standards—provides a structured approach to addressing the multi-faceted challenges in cancer care. This framework is especially relevant in the context of increasing cancer incidence globally and the need for innovative solutions to meet growing healthcare demands. The emphasis on artificial intelligence (AI)-driven precision treatment and digital self-management interventions resonates with contemporary advancements in healthcare technology. The authors’ recommendation for a Digital Health Academy to ensure education and ethical use of DHT is commendable and aligns with global calls for professional development in technology adoption.¹

However, while the framework is comprehensive, there are areas for further exploration: 1) Cultural and ethical considerations: The global implementation of DHT must address variations in cultural contexts and ethical standards. Research on moral leadership in education by Arjanto et al highlights the importance of contextualized leadership values, which can also be applied to healthcare technology adoption.² 2) Evaluation of effectiveness: As noted in the study on leadership morality by Bafadal et al, tools and frameworks should undergo rigorous validation for effectiveness across diverse settings.³ Similarly, the conceptual framework for DHT should be tested for its applicability in different healthcare environments. 3) Integration with existing systems: The study on religious-social leadership by Arjanto et al emphasizes the significance of integrating local cultural insights into leadership models.⁴ A similar approach could enhance the adoption and acceptance of DHT in culturally diverse regions.

To further enrich the discourse, we suggest future studies explore 1) the impact of DHT on healthcare equity, ensuring access to underserved populations; 2) longitudinal studies to measure the outcomes of DHT-driven interventions on cancer survival rates and quality of life; 3) ethical frameworks tailored to the deployment of AI in healthcare, balancing innovation with patient safety. The authors’ work is an excellent starting point for addressing the complexities of cancer care through digital innovation. By incorporating insights from leadership and ethical studies, this framework can be adapted for greater inclusivity and effectiveness in diverse contexts.

Disclosure

The author reports no conflicts of interest in this communication.

References

1. Jain S, Jain P, Puranik A. Digital health technology & cancer care: conceptual framework leading comprehensive fruitfulness. *JHL*. 2024;16:525–535. doi:10.2147/JHL.S486263
2. Arjanto P, Bafadal I, Atmoko A, Sunandar A. From ethical principles to practice: the growing importance of moral leadership in education. *Eur J Contemp Educ*. 2023;12(4). doi:10.13187/ejced.2023.4.1150
3. Bafadal I, Atmoko A, Sunandar A, Arjanto P, Da Conceição Soares MI. Convergent and discriminant validity of the Bafadal's Leadership Morality Questionnaire in Indonesian context. *Acad J Interdiscip Stud*. 2024;13(1):184. doi:10.36941/ajis-2024-0014
4. Arjanto P, Wahed A, Jaya HN, Safitri A, Ariefianto L, Sartika RP. Religious-social leadership values and principals' morality in Christian school. *HTS Teol Stud Theol Stud*. 2024;80(1). doi:10.4102/hts.v80i1.10010

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