Hi, Grandpa.” The curly, blond head of my 5-year-old grandson appears on the screen, and the view quickly alternates from bizarre close-ups of his nose to a bland shot of the ceiling as he dances away from the iPad. My wife and I are getting our FaceTime fix of grandchildren who live 1,500 miles out of our reach. The conversation that ensues ranges from a report on their hens to an inspection of the latest Lego creation.

As the exchange winds down, my daughter asks me to take a look at a rash on my grandson’s arm. Issuing disclaimers about my pediatric ineptitude, I nonetheless take a look as she zeroes in on the rash. I give her my best guess accompanied by the usual caveat to call a “real doctor” (a pediatrician) if it persists. As our screen goes blank, I am struck not only by my inadequacy as a pediatrician but also by the limitations of telemedicine.

For years, telemedicine has lingered in the background of medical practice, the darling of technophiles who preached that technology would catch up and make it feasible and useful. This special issue of Minnesota Medicine suggests that the requisite technology has arrived and telemedicine has entered prime time. Fueled by almost universal speedy Internet access, fast and compact computers, and increasingly sharp cameras and monitors, telemedicine is bringing neurologists, dermatologists and psychiatrists to areas with a paucity of doctors and a veritable drought of specialists.

Although telehealth visits usually involve a nurse and sometimes even a multi-talented robot at the site with the patient, increasingly these contacts are a replacement for an office visit. Leave the car in the garage, boot up the computer and call the doctor on the equivalent of FaceTime. Predictably, with insurance companies beginning to reimburse such visits, direct-to-consumer offerings are springing up with telehealth urgent care sites, an electronic variation of “doc-in-the-box.”

Clearly, technology makes it possible to bring a patient and a doctor together electronically. But what gets lost in the process? Will the doctor on the screen be able to pick up on the nuances of the medical history from the patient on the screen? Will a rash like my grandson’s look the same on a monitor as in person? Some early studies suggest that quality of care may suffer.

And then there is the intangible, unmeasurable loss of human contact. When a doctor can’t shake a patient’s hand and look him in the eye from three feet away, will we lose something important? Will the turning on of technology replace the laying on of hands?

Recently, at the encouragement of my technology-savvy son, my wife and I took a test drive in a Tesla. We watched the giant iPad-like dashboard screen tell us all the statistics about the car. We felt the amazing 0 to 60 acceleration. And we were spooked by the autopilot function, braking, changing lanes and parking the car without me laying on a hand or foot. The technology was amazing, but I walked away feeling like I hadn’t really driven the car. For now, I’ll take a car I can steer, a grandson I can hug and a patient I can touch.

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