



# What Does Dermatology Need Right Now?

Experts weigh in on the pressing needs of the specialty today.

>> What is “Dermatology”? What does the specialty most need right now? *Practical Dermatology*<sup>®</sup> magazine reached out to members of our editorial board to weigh in on the status of the specialty by answering those two questions. Ahead are their comments.

## **SANDRA MARCHESE JOHNSON, MD: FOCUS ON SOLIDARITY**



Dermatology is the most visual medical specialty. Dermatologists take care of and are the experts for the largest organ of the body. We evaluate the skin. We keep the skin healthy.

We perform surgeries on the skin. We educate and empower people about how to care for their skin.

The specialty most needs solidarity and comradery between all dermatologists. There are many people trying to practice skin care and dermatology. We need a united front that we are the experts of the skin.

## **ERIC F. BERNSTEIN, MD, MSE: ADVOCACY IS ESSENTIAL**



Dermatology means many things to me that others might not think of. We are one of the most academic specialties, with record numbers of dermatologists attending our annual American Academy of Dermatology

(AAD) meeting; so it means education to me. It also means friendship and collegiality, because we have as many meetings as any specialty and with our relatively small numbers we get to see one another, learn, and have fun more often than most. More specifically, dermatology is the study of an organ system that is very special. It covers the entire body and, as such, is exposed to light, along with the eye, but we cover a lot more ground. This means that the physics of light and the biology of its effects on skin are fields of study in dermatology, and light and physics (and people) are my passions. Lastly, since dermatology studies an organ system

that can be affected by virtually every disease type, the subspecialties span the breadth of medicine from surgery to medical dermatology to psoriasis and beyond.

Because the skin is exposed, we can use topical treatments that no other specialty can use. We can apply medications at 10,000x the concentrations we can achieve orally, and reach the skin with light and, of course, my favorite kind of light: lasers. The ability to specialize in laser surgery has created an opportunity for me to pursue my passion throughout the span of my career: The use of lasers and energy-based devices on skin. And I haven't looked back.

Because our specialty is relatively small, we need to continue to advocate for seeing dermatology patients first. We have a knowledge that is formed over a minimum of three solid years studying nothing but dermatology, and honed throughout one's career. We cannot lose our specialty to others who have little-to-no understanding of the myriad subtleties of dermatologic diseases. In addition, doctors are busy, so like the rest of medicine we don't have time to unionize (Yes, I know doctors are forbidden to unionize. So was every other union in existence!) or advocate for our specialty as much as we need to. But we have strong champions nonetheless doing their part to move us all forward in the field of dermatology, including our new AAD president George Hruza, MD, who is a major advocate for our specialty on Capitol Hill.

## **JEFFREY T.S HSU, MD: MAINTAIN OUR IDENTITY**



Our knowledge of the skin naturally extends to the practice of aesthetics. However, as we increasingly focus on aesthetic procedures, we may find it more and more difficult to distinguish ourselves from other specialties and even midlevel practices, where the same aesthetic services and products are offered. So, while we continue to innovate in aesthetic dermatology, we must not forget to extend our

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expertise and practice of medical dermatology in order to maintain our identity as a specialty.

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**DORIS DAY, MD:  
PROTECT AND GROW**



Dermatology today is more interesting and exciting than ever. Our scope of practice covers everything from the rarest of skin and medical conditions to the latest in cutting edge surgery and non-surgical approaches to both skin cancer and rejuvenation. More than ever, dermatology requires life-long learning and pushing out of our comfort zones to improve our skills and fund of knowledge.

We need to band together to protect and grow our specialty. Our treatments are being commoditized and outsourced; this is threatening our profession and, most importantly, puts our patients at risk. Part of the answer may be to increase the number of spots in our training programs, but another is to make sure we educate the public about the importance of seeing a board certified dermatologist. It's important to work with our dermatology societies like the American Society for Dermatologic Surgery (ASDS) and the AAD to help get our message out.

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**STEFAN WEISS, MD:  
CULTIVATE SKILL SETS**



Most of cutaneous pathology has been identified to be a result of immune dysfunction. Never before has there been the opportunity to address so many of these previously unaddressed disease states as our command of the compendium of knowledge of immunology expands. Already serving patients with effective treatments for psoriasis, atopic dermatitis, and hidradenitis suppurativa, we are on the cusp of commercializing proven treatments for bullous pemphigoid, alopecia areata, and vitiligo. Armed with this new knowledge, dermatologists need to assume a leadership role in the identification of additional unmet medical needs and the development of therapies to target those conditions. The opportunities to contribute are endless.

For the first time in the history of the specialty, more dermatologists are employed in large groups than solo-practices. Moreover, payment models of healthcare delivery are evolving. To respond to this changing landscape, dermatology needs to cultivate different skill sets, specifically in leadership, entrepreneurship, and business.

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**ANISHA B. PATEL, MD:  
REMAIN UNIFIED**



Dermatology continues to expand its scope and collaborations across the fields of medicine. Increasingly, practicing dermatologists work closely with primary care doctors, rheumatologists, infectious disease specialists, and oncologists. The systemic and biologic therapies available to us continue to expand, as well as the procedural and cosmetic aspects of our specialty. There are innumerable options for how a dermatologist can structure his or her practice, and one need not stay with a single model. One of the biggest changes I have seen from my father's days of practicing medicine to now is how dynamic and adaptable physicians need to be with the continual regulatory and business changes involved with practicing medicine.

The specialty needs to remain unified and strong in our focus on patients and providing the best possible care while maintaining physician autonomy.

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**MARK BECHTEL, MD:  
COMMIT TO COMPLEX CARE**



Dermatology is an amazing specialty dealing with a wide spectrum of disorders of the skin, hair, and nails. It involves constant learning, dedication, and commitment to delivery of the highest quality care. Dermatologists have the ability to significantly impact the quality of life of their patients.

Dermatology needs a continued commitment of dermatologists who are willing to provide care to complex and challenging cases. Patients who are challenging, time-consuming, and in desperate need of care do not fit the best business model but need our commitment and compassion. ■