Does Dermatology Have an Identity Crisis?
Often asked but seldom answered in any concrete fashion, the question “What is dermatology?” is deceptively simple. Many dermatology professionals would probably define dermatology somewhat simply along the lines of a medical specialty for treating and caring for the skin and preventing disease. However, while this definition provides a broad sense of dermatology practice and research, it does not encompass the overall scope of the specialty, specifically the many intricate ways in which specialty physicians address skin disease and wellness. Nor does it address the central question of what dermatology really “means,” not just to its practitioners but to the public it serves. If one were to reflect on all that contributes to the specialty, a singular description of dermatology becomes increasingly elusive. After all, under the name “dermatology,” physicians offer an array of services, ranging from Mohs surgery to Botox injections.

While the diversity in backgrounds and interests among physicians imbues dermatology with unique flexibility, it may also forge tensions deep within the specialty, specifically when it comes to the differences between medical and cosmetic dermatology. As it turns out, these differences constitute a larger ideological separation that surfaces in various social situations, such as in off-the-cuff comments by a lecturing physician at a medical conference, or perhaps may manifest in larger economic trends that affect the specialty.

These concerns have immediate relevance to dermatology professionals if for no other reason than physicians outside the specialty; pharmaceutical manufacturers and marketers; physician assistants, nurse practitioners, and all other medical support staff; non-medical “skin care providers;” and patients themselves may be privy to the alleged “rift” in the specialty and draw from it any number of conclusions. To understand the nature of this division, how it affects the specialty from inside and out, and how to confront and improve perceptions of the specialty, it is important to closely examine both facts and conjecture. This should help to determine if dermatology faces a crisis of identity as a medical specialty, and whether or not it needs a re-evaluation.

**Ideological Rift**

The foundation for the division between medical and cosmetic dermatology may be attributed to the vastly different ways in which some medical professionals have come to understand each. The meanings of “medical” and “cosmetic” are often framed as opposites—one signifying the surface detail of “beauty,” the other standing for the empirical practice of medical research and delivery of care. For these reasons, cosmetic and medical dermatology are often rhetorically pitted against each other.

As cosmetic dermatology continues to grow, some physicians worry that dermatology is perhaps too focused on the cosmetic and not enough focused on the medical. Often such speculation comes with implications that cosmetic practice is popular largely because it is potentially lucrative (as in the case of a recent widely-reported study claiming that patients can get dermatology appointments for Botox much more quickly than to assess a mole that demonstrates signs of cancer). But in what facts is all this conjecture based? Certainly, with all the talk of “the war between medical and cosmetic dermatology,” there must be something to show for it. According to Alexa Boer Kimball, MD, MPH Director of the Clinical Unit for Research Trials in Skin at Massachusetts General Hospital, there is not. “The overall balance of supply-and-demand has ensured that the rate of change in dermatologic procedures has remained relatively stable,” she says.
Moreover, Dr. Kimball notes that current data do not indicate any major shifts on the immediate horizon or long-term. “Much of the talk about the split within dermatology is the result of large misconceptions about cosmetic dermatology,” Dr. Kimball observes.

Although there has been speculation about a widening gap between medical and cosmetic dermatology, Dr. Kimball suggests that many of these claims are unfounded, and likely the result of misunderstandings about the dermatology specialty. “The great majority of dermatology practices practice medical dermatology, and that balance will probably not change,” she says. Therefore, the “division” may be somewhat overblown by the insistence of the few who passionately proclaim it. Dr. Kimball notes there has been a very stable flow of proportionate dermatologic practice between medical and cosmetic procedures.

Evidence refuting a schism doesn’t preclude the possibility that public speculation on the issue has produced a problem of perception. That perception problem may exist among dermatologists entrenched in either the cosmetic or medical camp or among physicians outside the specialty or patients.

Any perceived opposition is ultimately problematic, according to Joseph L. Jorizzo, MD, Former and Founding Chair of Dermatology at Wake Forest University School of Medicine, because it fails to capture the detail and subtlety that really define dermatology. “Dermatologists are experts on diseases and wellness of the skin, hair, nails, and mucous membranes,” he says. “That’s the broad nature of what we do. We are trained in disease management and wellness of the skin.” According to Dr. Jorizzo, the discourse concerning the medical/cosmetic conflict has more basis in academic debate than it does in the practice of dermatology. “Outside the debate, practitioners of dermatology are trained in all areas of dermatology and many of them offer a variety of procedures in practice,” he says.

The impression of a schism may be due to the nature of cosmetic procedures, Dr. Kimball notes. “Perceptions about the shift to cosmetics may likely be due to the fact that cosmetic dermatology has a much higher profile than medical dermatology,” she says. Cosmetics represent a more lucrative field from a marketing standpoint, which may be why exhibit halls at dermatology conferences feature such an assortment of skin care lines. Pharmaceutical companies small and large are trying to stake a claim in the ever-growing cosmetics field. This includes sophisticated laser procedures and devices, as well as an assortment of skin care lines.

While the rise in commercial exposure of cosmetic dermatology has not resulted in a downswing of medical dermatology, some physicians argue that there is cause for concern over the direction of the specialty and the increasingly populated market. “Right now, we’re seeing a disproportionate group of people gravitating toward the specialty of dermatology,” says Joel Schlessinger, MD, Immediate Past President of the American Society of Cosmetic Dermatology and Aesthetic Surgery. Although Dr. Schlessinger enthuses that dermatology now offers physicians and patients terrific opportunities for a variety of procedures, he also sees the market and the specialty changing over time. “While a great deal of current practitioners favor a balanced approach toward dermatology, the rise in cosmetic dermatology likely accounts for much of the high number of medical students and residents looking for a specialty in dermatology,” he says.

Cosmetic Intervention

Considering the number of social and economic factors that contribute to dermatology, the perceived split between cosmetic and medical dermatology may have strong implications for the development of the specialty. And though the statistics do not support the hyped explosion of cosmetics, Dr. Schlessinger observes that if more physicians were to practice cosmetic dermatology exclusively, the cosmetic dermatology economy may become softer. “Sooner or later, when the cosmetic market over-saturates, the economic realities will catch up with us,” he warns.

Of note, much of the concern about the rise of “cosmetic dermatology” may have little to do with dermatologists themselves. Rather, concern may focus on the growing popularity of non-physician “dermatology practitioners” who provide cosmetic services. These practitioners—often deemed “pseudodermatologists” because they lack the formal training of dermatologists yet may portray themselves as experts of the skin—offer a variety of cosmetic procedures.

The emergence of non-dermatologist staffed clinics claiming to “specialize in skin” is a significant concern, says Dr. Schlessinger. This phenomenon has driven revenue away from physicians, and it has cheapened the image of cosmetic dermatology, reducing dermatology to a cosmetician-for-hire image of skin-deep medical value in the eyes of some. This image is precisely what dermatologists should actively fight against, Dr. Schlessinger reminds, which is why he encourages dermatologists to not focus exclusively on the cosmetic side of dermatology. “While I respect physicians whose interests are purely cosmetic, I’m not sure it’s the wisest move across all economic cycles,” Dr. Schlessinger says. “Differentiation of your services from the faux-dermatologist is the key to success, and offering quality general dermatologic services can demonstrate how you are different than the shopping mall spa offering cosmetic procedures,” he adds.

Dr. Schlessinger argues for dermatologists to exhibit a strong code of ethics in their practice of dermatology, no mat-
ter what services they provide. If pseudo-dermatology continues to rise, patients may not value dermatology as much, and the economic landscape may change for the worse.

While this presents a number of concerns and potential conflicts for dermatologists, Dr. Jorizzo reminds that the proliferation of skin disease will ensure the survival of the specialty. “Battles are fought on every battleground, for sure, but most patients eventually need a dermatologist at some point,” he claims. That’s why a strong medical background is the foundation of a strong dermatology practice, says Dr. Schlessinger. Noting that the flexibility of care is part of what makes the specialty unique, Dr. Schlessinger claims that medical dermatology is something that should define most if not all dermatology practices. “Patients come to us because of our medical expertise,” he says. This, he notes, gives dermatologists a pedigree beyond that of which any “skin-care” practitioner can provide. Faux-dermatologists don’t have the credentials or the experience to retain both cosmetic dermatology and medical dermatology in their scope, Dr. Schlessinger suggests.

While dermatologists continuously fight the battle to portray the medical worth of the specialty, the rise of pseudo-dermatology and misperceptions about the cosmetic/medical divide has had an effect on the specialty, according to Dr. Schlessinger. He points out that misperceptions about cosmetic services have caused some physicians to label them and the physicians who perform them as “the problem.”

Some advocates for a stronger emphasis on medical dermatology therefore tend to scoff at cosmetic dermatology. “Some dermatologists who are more medically-oriented dismiss cosmetic dermatology as being less valuable, and less deserving of the moniker of dermatology,” he says. This viewpoint, he notes, is equally unproductive as the exclusive cosmetic approach. “While a strong medical background is the touchstone of a strong dermatology practice, it can also generate tremendous interest in cosmetic procedures,” Dr. Schlessinger says. The two supposed extremes of dermatology practice can therefore benefit from the presence of each other, he notes. Dr. Schlessinger emphasizes that dermatologists who are active in both medical and cosmetic dermatology can optimize the specialty itself as well as their place in it.

Concerns regarding the quality and value of research in cosmetics overshadow that area of practice, but Dr. Schlessinger argues that cosmetic dermatology is a strong component of dermatology practice and training and should therefore be considered fertile ground for research. While a subset of dermatologists finds futility in cosmeceuticals—citing that there is no outlet for education and interchange—Dr. Schlessinger suggests that a greater acceptance of cosmetic dermatology generally as a medically sound and justified portion of dermatology would lead to greater research opportunities and a wider acceptance of cosmeceuticals specifically. Already, the quality of research into cosmeceuticals is improving (for more on this, see the feature article on page 60.)

A Progressive Philosophy

According to Dr. Kimball, data, including from recent studies she has participated in, offer no evidence of a shift away from medical dermatology or an emphasis on cosmetic dermatology. That’s good news that suggests dermatology is poised to continue to thrive. Key to the specialty’s continued growth, says Dr. Jorizzo, is an integrative philosophy towards the overall practice of dermatology. “Rather than looking back on dermatology, physicians should be looking ahead to a new reality of the specialty wherein dermatology will be defined by its quality of care and by giving comprehensive, flexible, medical and procedural care to a diverse population of patients,” he says.

That does not mean that all dermatologists need to offer all or nearly all of the services that the specialty can provide, Dr. Jorizzo reminds. He instead suggests that dermatologists should remain open to shifting trends within the specialty, as well as to the variety of procedures that they have been trained to perform (or have the background and expertise to master) that are now being offered. Dr. Jorizzo notes that Wake Forest’s department of dermatology is characterized by a family atmosphere where different members have different areas of passion and interest. “Everyone is smart enough to do everyone else’s job, therefore value is placed on all areas of study, and each specialized area is enhanced by a knowledge of other areas,” he observes.

The economic and technological landscape of dermatology has undoubtedly changed, Dr. Jorizzo observes, and no matter what services a practicing dermatologist chooses to offer, the key to enacting the growth and development of the specialty is to advocate an optimistic attitude regarding all that it has to offer. The dermatologist that continues to inflexibly believe in the old system is bound to become frustrated by the new reality.

“The most unhappy physicians who complain the most about the direction of dermatology that I’ve encountered are those trying to cling to an old system in a new world,” Dr. Jorizzo notes, adding that the happiest dermatologists have adopted a caring, conscientious, ethical, and forward-thinking approach to caring for patients. “The happiest, most successful dermatologists seem to actively engage that changing landscape, maintain the highest ethical standards, embrace sound, cutting edge treatments (be they medical or surgical as appropriate to their practice choices), and work for a better system that accommodates the variety of services and diversity of knowledge that patients have come to expect.”