Acne and Rosacea: Who and Where Are the Experts?

Dermatologists as a group are very proud of their specialty, and despite the continued evolution of constraints related to increased governmental regulations and decreased third-party reimbursements, professional and personal satisfaction levels among dermatologists appear to remain very high. At least, I know they are high for me and for many dermatologists who I interact with across the United States. The specialty of dermatology offers unmatched autonomy among medical disciplines in terms of type and variety of practice, be it academic or private; adult, pediatric, or both; or medical, surgical, or both. Of course, during the last decade, one must also weigh how much of a *cosmetic* dermatologist they choose to be since the expectations and demands of the public related to cosmetic dermatology have increased substantially. Independent of individual preferences regarding types of dermatology practices, dermatologists have all been blessed with a tremendous career opportunity starting with the day they received their residency acceptance letter. In these more modern times, however, there is more competition for the patient seeking advice regarding what they perceive to be problems or concerns regarding their skin. Poorly supervised medical spas or skin care centers, the virtual array of over-the-counter therapeutic remedies, and the even greater plethora of cosmeceutical skin care products available at cosmetic counters, chain pharmacies, department stores, or via the Internet all compete to attract the interest of those with dermatologic concerns. As such, patients with dermatologic problems may be distracted from receiving the diagnostic quality and therapeutic opportunity that is uniquely available only through a practice that is run by well-trained and interested dermatologists.

I hereby extend the following 2-question call of action to dermatologists: First, are dermatologists ready and able to meet the demands of those with common disorders such as acne and rosacea? Second, are dermatologists willing to consistently provide skin care advice for patients? The importance of these fundamental questions is to initiate awareness that as dermatologists increase the reliance of their practices on performance of surgical and cosmetic procedures, there is less ability to accommodate patients affected by common conditions such as acne and rosacea, which have classically fallen under the purview of dermatology. One means through which dermatology practices have expanded their ability to provide care for the more routine medical dermatology conditions has been to employ physician extenders, such as physician assistants and nurse practitioners. However, as physician extenders are not dermatologists, if we are to claim that dermatology practices are providing a level of care consistent with the standards of dermatology, we must continue to train, teach, supervise, and academically challenge our physician extenders in dermatology, as well as ourselves. We must also be sure they administer care that is consistent with the standards of quality that our discipline has achieved only after countless years of work and dedication.

I encourage my colleagues as a group to be certain that we do not lose sight of what the specialty of dermatology encompasses, which includes providing the highest level of knowledge and care for conditions such as acne and rosacea.

So, where does my rant leave us? I am not really sure at this point, but I will continue to stay tuned to these issues. For now, I encourage my colleagues as a group to be certain that we do not lose sight of what the specialty of dermatology encompasses, which includes providing the highest level of knowledge and care for conditions such as acne and rosacea. Additionally, if dermatologists, who are considered the experts regarding skin, are not willing to take the time within the confines of their practices to provide individualized skin care advice to patients, then we are not in a position to complain when patients seek alternative avenues outside of dermatology for their treatments. Dermatologists and dermatology as a specialty are at risk of losing the opportunity to provide care for such patients. Patients with chronic disorders may be erroneously perceived as not being important

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enough to see a specialist; therefore, they may be seen as low-hanging fruit to those who offer cleverly devised and unsubstantiated claims even though they and their products are not stringently regulated as compared to physicians or pharmaceuticals. Lastly, access to nondermatology sources of skin care advice and treatment may be quicker than trying to get an appointment to see a dermatologist or their designated and trained extender.

As the issues previously addressed unfold over time, this issue of *Cosmetic Dermatology*®, dedicated to acne and rosacea, includes articles on adjunctive skin care in patients with rosacea, the role of azelaic acid 15% gel in patients with rosacea of various skin types, utilizing cosmeceuticals to optimize redness reduction in patients with rosacea, and the antimicrobial and anti-inflammatory properties of minocycline for the treatment of acne vulgaris. I hope my editorial has sparked awareness and that the articles in this issue are useful to you in your clinical practice.

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