

Dermatology: 2001

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2001 marks our official entry into the new millennium, a time to consider our contributions to medicine and the challenges that face our specialty. The quality of dermatologic care in the United States has never been higher. We are at the forefront of an explosion in medical knowledge and technology that enables successful treatment of conditions that seemed unconquerable a decade ago. The availability of highly active antiviral drugs and selective immunologic agents has revolutionized our therapy of AIDS and autoimmune disease. Our armamentarium of effective agents for psoriasis continues to expand as we address the molecular basis of the disease. We have witnessed a revolution in the scope of dermatologic and laser surgery.

We are entering the era of gene therapy and molecular medicine. We will have an unprecedented ability to treat patients with severe atopic dermatitis, psoriasis, and genodermatoses. The accessibility of the skin places dermatology in a unique position to advance immunology, genetics, and molecular medicine. Dermatologic research will continue to be at the forefront of advances in medical science.

As we face the continued challenge of providing the best possible therapy for skin disease, we also must be aware of the legislative and economic challenges that confront our specialty. Dermatologists must remain at the forefront of the politics of medicine as well as science. We must seize every opportunity to influence the changes in healthcare to ensure that our patients have access to the best care available. This requires a grass roots commitment from every dermatologist.

We must continue to educate the public about skin disease by promoting skin cancer awareness and screening clinics and establishing community education programs. Managed care remains our greatest challenge. In

this area, our goals should be clear. We must continue to serve as advocates for our patients to ensure their right to choose a physician. We must continue to seek relief from regulations that impede the practice of medicine, limit the availability of new drugs, and increase the cost of medical care. Regulations that prevent complete discussions of therapeutic options are damaging to patient care and should be opposed. There is little evidence that Clinical Laboratories Improvement Act regulations increase the quality of office-based care. They should be reviewed, and those components that only increase the cost of medical care should be modified or rescinded. We must continue to seek regulatory relief to improve availability of patch test allergens.

Our support of Camp Discovery and efforts to educate the public about sun protection and our involvement in patient support organizations are at the heart of our identity as the primary advocates for patients with skin disease. We must expand our efforts to educate the public and our legislators, continue to provide public service, and build bridges with other professional societies.

We face new challenges in attracting the best and brightest to our specialty. Medical students are pushed to choose a career path earlier in the course of their training, often before they have had any exposure to dermatology. Decisions by the Health Care Financing Administration regarding resident funding make it difficult to accept candidates for second residencies. All medical students need to gain an appreciation for the scope of care and expertise that dermatologists provide. Excellent teaching is key to maintaining our place in medicine. As dermatology departments attempt to increase productivity to make up for decreasing institutional support, we must recognize our stake in medical education.

The key to our future is teaching and research—research to find new treatments and studies to demonstrate the cost-effectiveness of office-based dermatologic care. We need a growing body of objective data on the cost-effectiveness of office-based surgery and the interpretation of skin specimens by dermatopathologists. We must continue our commitment to teach the public, our lawmakers, and the next generation of physicians. The new millennium lies ahead. Let's get started.

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Dr. Elston has been on the *Cutis*® Editorial Board since 1998.