

Letter to the Editor

The Role of Cutaneous Surgery in Dermatology

Dear *Cutis*[®]:

There has been much discussion about the role of cutaneous surgery in dermatology. After reviewing most of the literature on the subject and listening to dissertations at the 2001 and 2002 Annual Meetings of the American Academy of Dermatology, I have yet to receive a sufficient explanation for the shift in the direction of dermatology toward surgery. It is obvious to me that this shift is mainly a matter of economics, and there is nothing altruistic about it.

We must recognize that the tremendous appeal of cutaneous surgery is the financial reward offered compared to medical dermatology. I am no exception to this rule. If the monetary incentive were removed, there would be fewer so-called dermatologic surgeons. Managed care is partly responsible for creating this incentive by reducing coverage for cognitive dermatology. More and more residents are becoming cosmetic specialists and performing skin surgery because of the financial returns, which leaves a void in general dermatology. It would appear that much dermatologic training has been wasted on these individuals. Currently, there are only a select few dermatologists adequately trained to perform extensive cutaneous surgery and thus have the right to call themselves surgeons. The question has been correctly raised as to whether a 3-year residency, which devotes a relatively short time to hands-on surgical experience and an occasional weekend course in some surgical procedure, make a surgeon. This "training" does not sufficiently qualify one as an expert nor does it technically provide the experience and judgment a surgeon needs to decide what procedures to perform. Unnecessary methods often are used. Let us hope these decisions are based on lack of experience rather than monetary gain. Unfortunately, making surgical training a requirement for a 3-year dermatology residency program would reduce the amount of time spent on necessary training in medical dermatology.

However, it seems we are moving in the right direction because plans for certifying surgical proce-

dures and crediting office surgery standards are being discussed with the intent of future implementation. After all, it is better for dermatologists to write certification and accreditation rules for dermatologic surgery than to allow Congress or other competing specialty boards to dictate to us.

To deny that cutaneous surgery is the future or to fight its inception will only encourage further destructive criticism from our competitors. Cutaneous surgery must be administered as a true dermatologic subspecialty with a requirement of additional training after board certification, similar to dermatopathology. Another possibility would be to give dermatology residents the option of choosing either a medical or surgical discipline after 2 years of training in general dermatology. Only then will we achieve full credibility with colleagues and patients. In addition, plastic surgeons would relate much better to their patients if they had one year of training in dermatology.

The practice of dermatologists calling themselves surgeons without possessing the appropriate surgical training is a fallacy and a false ego builder.

Sincerely,
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Response

The letter by Dr. Walton raises several interesting points, particularly regarding training. Few would argue with the premise that the technical skills and judgment necessary to properly perform advanced cutaneous surgery are best developed within a rigorous training environment. To that end, the American College of Mohs Micrographic Surgery and Cutaneous Oncology has developed fellowships in Mohs micrographic surgery and adheres to rigorous guidelines for fellowship accreditation. Likewise, fellowships are available for dermatologists interested in

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other areas of cutaneous surgery—particularly laser surgery. The American Society of Dermatologic Surgery Preceptorship Program offers dermatologists the opportunity to further refine their skills in specific areas of dermatologic surgery. Weekend courses may provide a starting point and stimulate interest in a given area. However, a rigorous supervised training environment with gradually increased autonomy has a higher likelihood of culminating in the development of an independent dermatologic surgeon with solid technical skills and sound judgment.

It is clear that those interested in practicing dermatologic surgery should appreciate the immense responsibility inherent in the discipline. It is incumbent upon dermatologic surgeons to seek arduous and thorough preparation for the challenges we will face in caring for our patients.

Sincerely,
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