

Editorial

Flexibility With Responsibility

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On the morning of our first residency interviews, my wife called me to inform me of an article appearing on the front page of the *New York Times* entitled “Young Doctors and Wish Lists: No Weekend Calls, No Bleepers.”¹ This article summarized our field by stating: “Dermatologists typically do not work nights or weekends, have decent control over their time and are often paid out of pocket, rather than dealing with the inconveniences of insurance.”¹

A physician in the article noted that “there’s a brain drain to dermatology, radiology and anesthesia.” (The last time I checked, brains were an asset in our specialty as well.) The author of the article remarked that in fields “like dermatology and radiology, doctors can enjoy both more control over their time and a relatively hefty paycheck” and that “the symbol for ‘controllable lifestyle’ is dermatology.”¹

We are fortunate, the author continues, that “when residents graduate they can count on plenty of faces and bodies to heal and reconstruct, thanks to an aging, and affluent, population.” He notes: “One-stop dermatology spas seem to open weekly in Manhattan, offering lunchtime visitors quick-fix lip fillers, laser procedures and face peels. . . . It’s not fast food, it’s fast facial.”¹

Now we are all aware that the *Times* can contain hyperbole and even inaccuracy (and, no, this piece was not written by Jayson Blair). But the misinformation, stereotypical descriptions, and spotty fact-checking are disturbing. Most dermatologists in Manhattan do take insurance, and most of us do not run spas. One Manhattan dermatologist is quoted as follows: “You make your own hours. You can see 15 patients a day, or 10 patients a day. There are very few emergencies. It’s not an acute situation, ever.”¹ Most of us could not afford to stay open by seeing this small volume, and tell my patients with facial zoster, Steven’s-Johnson syndrome, and cellulitis that their situation is not acute.

But this piece in the *Times* does have some important messages for us, especially in light of some other recently published information. In the January 2004 issue of the *Journal of the American Academy of Dermatology*, Resneck and Kimball² reported data reflecting the current dermatology workforce shortage. In their study, anonymous surveys administered to practicing dermatologists and to recent training graduates were examined for surrogate indicators of the

supply and demand for dermatologic services. The authors found that the mean wait time for new patient appointments with dermatologists was 36 calendar days, ranging widely based on location. About half (49%) of practicing dermatologists felt that they needed more dermatologists in their communities, while only 20% described the local supply as too high. The reported need for medical and general dermatologists was far more acute than for dermatologic subspecialists. Based on survey data examining wait times, physician perception, use of physician extenders, searches for new employees, and experience of recent graduates entering the workforce, the authors concluded that it appears there is an inadequate supply of dermatologists to meet the demand for services.²

So on one hand, we have the desire for flexibility and a controllable lifestyle, and on the other, an inadequate supply of dermatologists to meet the needs of our patients. What does this tell us, and what can we do? Training additional dermatologists may be a long-term, albeit politically charged, solution, given limits in federal funding. In the interim, we may need to reevaluate some of our current thinking and priorities.

First, we can endeavor to more carefully select residents who are committed to medical dermatology, though this is an imprecise science. Most importantly, we need to strongly emphasize the commitment of all dermatologists to serve the individuals in their communities. Being a dermatologist is a gift, but it cannot be for free—we all have to give something back. Our primary responsibility should be that individuals receive dermatologic care in an outstanding and timely manner. This does not preclude the practice of cosmetic dermatology or the flexibility to raise a family. But it does mean that all dermatologists, both current and future, should make a firm commitment, whatever that might be, to contribute to the comprehensive dermatologic care of their communities. Hopefully, the next *Times* article will read “Young Dermatologists and Wish Lists: No Weekend Calls, No Two-Month Wait.”

REFERENCES

1. Richtel M. Young doctors and wish lists: no weekend calls, no beepers. *New York Times*. January 7, 2004: A1, A19.
2. Resneck J Jr, Kimball AB. The dermatology workforce shortage. *J Am Acad Dermatol*. 2004;50:50-54.