

Cosmetic/Surgical Dermatology: Should it be an Integrated Part of Medical Dermatology?

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Dermatology, the science of the skin and skin appendages, is one of the oldest specialties of medicine evidenced in the Bible and Ayurveda but it has been established as a separate discipline only in the beginning of 20th century. Although, skin diseases are common in Nepal, dermatology as a specialty came into prominence only in the late twentieth century. According to the annual reports of Ministry of Health and Population in Nepal, Skin diseases are the 4th most common morbidity, for which people seek medical advice over a 12-month period.¹

Dermatology is one of the most diverse specialties treating patients from both sexes of all inflammatory, inherited, environmental, occupational and malignant skin diseases.² It includes pediatric dermatology, phototherapy/photobiology, dermato-pathology, allergic disorders, venereal diseases, leprosy, dermatological surgery and cosmetic dermatology as subspecialties. The management of skin diseases requires a medical as well as a surgical approach. The dermatologists' approach includes surgical techniques, drugs, cosmetics, and medical and psychological care. No other "specialty" holds such a generalization of skills.³ In last three decades, there has been a lot of progress and newer developments in the field of dermatology in Nepal. However, there are many issues related to subspecialties particularly with cosmetic/surgical dermatology and medical dermatology.

Medical dermatology is defined as the branch of medicine concerned with diagnosis and treatment of skin disorders. This area of dermatology helps patients with various skin diseases or problems that are affecting their quality of life and health. A medical dermatologist is solely treating these diseases with pharmaceuticals only and they are primarily concerned with helping their patient's skin health as much as possible for decades. Cosmetic dermatology is defined as that aspect of the practice of dermatology that emphasizes looking good. Cosmetic/surgical dermatologists improve the appearance of skin in addition to treating skin disease. They are trained to perform surgical procedures, but their focus is also on helping to look good while treating serious medical conditions. In recent years, there has been a great development of Cosmetic and surgical dermatology. Cosmetic dermatology is a rapidly growing specialty and cosmetic dermatologists are frequently consulted to evaluate and treat various cosmetic defects.

There are a few challenges addressed here to opt cosmetic/surgical dermatology as an integrated part of medical dermatology:

1. Opinion of Medical Dermatologists regarding cosmetic/surgical dermatology

- In countries where the dermatologist/patient ratio is low, where there are inadequate dermatological services available to the population in general and where diseases of public health importance are rampant, we need scientific and accessible dermatological care for the common man.^{4,5}
- A cosmetic/surgical procedure makes much more money than an ordinary dermatological consultation where there is not much scope for performing any procedures. Dermatologists are more involved in cosmetic surgery as a portion of work to earn more money, thus dermatological consultations are delayed.⁶
- Practicing skin modifications does not require a prolonged and thorough study of diagnostic learning that is a medical degree and thus cosmetic dermatology is not our specialty.
- Many dermatologists feel the need to declare themselves either "medical" or "cosmetic" in scope to justify practice.

2. Who else is providing care in dermatology practices?

- The influx of medical and non-medical professionals into the dermatology workforce has been rapid and substantial for economic reasons. They feel, performing skin modifications is simple to practice without many complications with good monetary gain.

3. Role of mass media and availability of cosmetics over the counter

- As the awareness about the impact of skin diseases and the crucial role of 'skin specialist' is growing, the mass media is recognizing the over-the-counter cosmetic dermatology industry worldwide.

Importance of integration of cosmetic/surgical dermatology with medical dermatology and bridging the gap between cosmetic/surgical dermatology with medical dermatology

Reminding the dermatologists about comprehensive dermatological care

Skin diseases have impact on psychological wellbeing. It has also an important psychosomatic component. Disability and disfigurement can blend in a more subtle way. Physical attractiveness influences a person's self-esteem and behavior toward others and it is directly linked to self-confidence and social acceptance. Increased life expectancy and social criteria imposed

on beauty have led to a rise in general population's interest to extend their youth and to keep a "young and beautiful" body image which will foster their self-esteem. Use of cosmetics has shown a positive effect in self-esteem and social relationships. This has been shared with a rise in the demand of techniques and treatments seeking to improve healthy skins, or when appropriate, to mitigate the evidence of the natural passing of time such as wrinkles, stains, or small residual scars. In cases of cutaneous pathology, cosmetic and surgical dermatology treatments have shown a positive effect in feeling healthier and more satisfied with their appearance, less anxious or depressed, better emotional well-being and more self-confidence resulting in better illness acceptance and therapeutic compliance. Some studies show the global satisfaction (physical and psychological) of minimally invasive procedures, such as dermal implants or "injectable wrinkle fillers" and botulinum toxin treatments for "expression wrinkles", hair restoration for androgenetic alopecia etc. In 2008, Sadick published a review of studies discussing the impact of cosmetic intervention in the quality of life for patients (self-esteem, self-confidence, relationships, and acceptance by others). In this review, Sadick finds that patients who undergo cosmetic and aesthetic treatments consider that healthy well-being is linked to mental, emotional, and social consequences associated with their appearance.⁷ Moreover, good-looking men and women earn more, are more successful at interviews and have a higher sense of self-worth. A patient with nevus of Ota may transform by clever use of modern camouflage cosmetics, which will take less than a minute to apply and thus improve the quality of life. Thus everyone has a right to look good, feel good and spend her/his hard-earned money after this pursuit. The dermatologists have to remind themselves about their duties and tasks as providers of total dermatological care.

Recognition of dermatology specialty worldwide

There is an increasing popularity of Dermatology specialty among young doctors. Recent trends among dermatology residents indicate a growing shift toward appreciation of cosmetic services by younger dermatologists and dermatology residents. Moreover, Botox, fillers, and laser procedures have all seen double-digit gains in recent years, reflecting an increasing relevance of cosmetic dermatology in the overall specialty. Cosmetic dermatology can provide physicians with a number of options professionally and financially and it continues to remain important to keep ties to the larger specialty of dermatology.

Structuring of a balanced appointment schedule for medical and cosmetic/surgical dermatology

Many patients are more prone to seek non-medical professionals' services because they are frustrated with long wait times for appointments—wait times that sometimes range from one to three months, or even longer for patients with "rashes," acne, or warts. To address this concern, some physicians offer same-day service for patients who call seeking cosmetic services such as fillers. Rectifying this disparity is essential, and one can start by tailoring the daily schedule to open up more emergency slots for medical patients. While not all patients will migrate to your practice or utilize cosmetic services, many of our cosmetic patients started out as work-ins. One helpful area in integrating the two aspects of a practice can be the structuring of a more balanced appointment schedule.

Maintaining the balance in medical and cosmetic/surgical dermatology practice

There is a poor choice to declare the dermatologists themselves either "medical" or "cosmetic" dermatologists, if dermatologists remain true to the specialty. The dermatologists should continue to explore all possibilities without becoming exclusive either "medical" or "cosmetic" dermatologist. Cosmetic dermatology will never flourish without a strong foundation of medical dermatology; the combination makes the specialty unique. Similarly, physicians who oppose cosmetic dermatology on the grounds that it doesn't address disease and illness are limiting their potential to address the whole patient. The simple fact is that cosmetic aspects of dermatology feed into medical areas and medical aspects feed into cosmetic areas. The key is maintaining balance in practice and in perspective.

Training of cosmetic/surgical subspecialty in postgraduate dermatology curriculum

Training of cosmetic/surgical dermatology must be integrated in the postgraduate dermatology curriculum.

Dermatologists should be able to benefit their patients from all that is necessary for their care, whether that be surgery, drugs or cosmetics. Proper knowledge and skills are required to provide quality and standards of dermatological care with a synergistic approach to the specialty as a whole to deal with skin diseases and their corresponding cosmetic complaints. Therefore, there is a need of integration between medical and cosmetic/surgical dermatology by combining the "disease" and "desire" aspects of dermatology.

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