

# Editorial

## The Chaotic Environment of Regulations

This number of Forum for Nordic Dermato-venereology brings articles from Nordic countries concerning the relationship between medical health professionals and the pharmaceutical industry. In recent years, national and international guidelines on how to co-operate were agreed upon by doctors and the industry, on a voluntary and mutual basis, which is good. These guidelines vary among countries. They are typically quite detailed. The positive aspect of the guidelines is that they will help make co-operation between doctors and industry clear and transparent, and will protect the integrity of both parties. The negative angle is that doctor and industry are positioned as counterparts in a kind of cold war scenario, where one party is assumed to abuse the other and work against society interests. The undisputable fact - that co-operation between doctor and industry is essential in the development of better drugs for the patients - is given little or no attention. The Pharmaceutical Institutes of the Universities would not be able to develop, register, produce, launch and sell and distribute new and original drugs or meet with the numerous and costly requirements of the authorities today. Co-operation between doctor and industry is clearly needed, expected and in the interest of the society.

The doctor is curtailed by many regulations. He is first of all controlled by his main employer, the hospital that pays his monthly salary, or if

practicing privately, by the Public Health Assurance System paying for his services. The hospitals typically have written rules limiting what the doctor can do and cannot do, which include relations to industry. However, the hospital's control of the doctor is often close to indefinite, not particularly transparent, and may even limit the fundamental right to speak freely! In Denmark, senior doctors were put under pressure and finally sacked following their public criticism of the health system. A medical society protecting the right of doctors to speak freely has been formed. The doctor may also have his entirely private practice, with the patient or client directly paying for services, covered by private insurance or not. In dermatology we have a poorly defined overlap between disease-related service and cosmetic condition-related service: between public and private interest, and public and private funding. There may also exist some uncertainty about the professional and economic interests of the doctor, a field often not covered by detailed regulation, but rather by channels where the patients can complain and get compensation. Rules and regulations regarding the doctors professional and economic conduct are, thus, not a harmonic, well-prepared and complete system, but a patchwork of many cultures, thoughts, fears, threats and interests, which have accumulated on an occasional basis over a long period of time. Rules and regulations were, so to say, asocial; serving their own specific missions at a given time and place. In no country was the attempt made to develop a balanced system

of regulation of performance, primarily based on the doctor as the essential figure in all possible aspects of his professional work with an amount of detail that would serve a modern and complex society well. In the present situation, with chaotic regulation of our field, the doctor may feel himself a kind of homunculus, a miniaturized person, a nano-dermatologist surrounded by written or unwritten rules of many kinds, which he cannot overview, and therefore see no reason to care so much about - *savoir vivre*. In the consultation room the doctor and the patient are alone, and to manage this well is what matters.

Most if not all doctors wish to help the patient and see this as their primary obligation. In the daily routine different confounding factors of course play their roles. The classical Hippocratic oath, which is sworn on graduation from University (a number of national translations and minor modifications of the Greek original exist) is a general code of medical ethics centered on the individual patient and the doctor's obligation to do all he can to help the patient, the medical profession and education. Costs are not mentioned, neither are public health systems. Of course, public health systems and the pharmaceutical industry came in later as the fruit of industrialism. However, in the international code of medical ethics of the World Medical Association (1949, modified in 1968 and 1983) and in the Declaration of Geneva (1948, modified in 1968 and 1983), which are short texts that up-

date the Hippocratic code, the primary obligation of the doctor remains: to help his patient and to support the medical profession, independently and without limit. The Hippocratic oath has survived several centuries and passed the test of time. It still feels real and essential. The positive appeal of the Hippocratic code addressed to the doctor can, although it is not a legal text, easily do much more in practice than a thousand rules, due to the clarity, simplicity and brevity of the mes-

sage. Modern digitalization of behavior using a countless number of words and pages and staging countless specifications nobody can overview may easily be in vain or bypassed, a Babel tower of a project! Good manners are, after all, classic and simple and somehow beyond detailed regulation, in our part of the world with ideals based on Christianity and, specifically in medicine, the Hippocratic appeal.

In relation to the pharmaceutical industry it is always the doctor's personal decision how a co-operation shall develop, and it is always possible for the doctor to decline an offer which is felt conflicting in relation to ethical and professional standards. Also the industry has the free right to decline requests or projects which are felt inappropriate. It is a mutual co-operation which can enrich both parties, the society and the patients. It is after all not very different from many other co-operations doctors engage with.

## **New Forum Editor of Finland – Dr Sirkku Peltonen**

Dr Leena Koulu of Turku is leaving the Forum, and her position as national editor of Finland will be taken over by Professor Sirkku Peltonen, the change being effective from May 2005. Forum acknowledges the work and efforts of Leena Koulu in service of our journal and readers. At the same time we welcome Sirkku Peltonen to the group of Nordic editors.

Dr Sirkku Anneli Peltonen, born 1964, is presently active professor of dermatology at the University of Turku. She has served this university



as graduate student, resident, clinical instructor, and finally as specialist in dermatology. From 1987–89 she worked as research assistant at the Jefferson Institute of Molecular Medicine, Philadelphia. In 1994 she worked as postdoctoral fellow and docent at the University of Oulu. The PhD was defended in 1989, and the

MD degree was defended in 1991. The research interests of Dr Peltonen are focused on cell and molecular biology, intercellular junctions of keratinocytes and neurofibromatosis.

We feel privileged that Dr Peltonen has shouldered the editorial, and feel confident that Finnish dermatology will be taken well care of in the Nordic region by the Forum for Nordic Dermato-venereology in the future, as it has been in the past.

A handwritten signature in blue ink, appearing to read 'J. Serup'.

**Jørgen Serup**  
**Chief editor**