Dermato-venereology in the Nordic Countries – Do We Provide Quality Care?

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Dermato-venereology in the Nordic countries has undergone a major change in recent decades; it has far fewer beds and many more outpatients. For example, the number of beds at the Department of Dermatology at Sahlgrenska University Hospital has been reduced from 120 to 12 during recent decades; more patients are treated with less money. Compared with the number of beds in dermatology clinics in the rest of Europe, the Nordic countries appear to be highly efficient. This is probably due to a good financial system. Elsewhere, the finances are based on, for example, the number of beds, or more focused on DRG (diagnosis-related groups). In certain parts of Sweden, a clinic's budget will include everything except sick-leave costs, i.e. salaries, rent, drugs, etc.

Dermato-venereology is a good example of the fact that research can lead to cheaper care. There are many illustrations of this, e.g. in psoriasis, occupational dermatology, and leg ulcer care.

Strengths of Scandinavian dermatology

One of Scandinavia's strengths is in treating inflammatory skin diseases, such as psoriasis, atopic dermatitis and occupational dermatology. Due to the reduction in the number of beds, outpatient facilities have been developed. In the case of occupational dermatology, sick-leave costs may be reduced due to correct diagnosis and intervention. These are a few examples where research and good organization have increased quality and cut costs.

Weaknesses of Scandinavian dermatology

In other parts of the world, dermatologists read their own histopathology slides. This is now rarely the case in the Nordic countries; we rely instead on histopathologists. In Sweden, at least, there is a severe shortage of pathologists. There should be a role here for dermatopathologists, in order to achieve a better comparison between the clinical picture and histopathology. In this way quality could be improved over the present situation.

Another rather weak area is that of tumour treatment. Many university clinics in the rest of Europe and in the USA can offer treatment with Mohs' micrographic surgery. This therapeutic modality is present in only a very few places in Scandinavia. The reason for this remains obscure. It may be put down to on lack of finances and resources, but with 15 years of administrative experience, I know that this treatment is not very expensive at all, compared with repeated ordinary surgical events. The truth is that we often lack the competence of dermatologists in other parts of the world. There should be at least one or two centres in each country. The Nordic countries are a blank spot on the dermatological map of the world concerning tumour therapy, for instance Mohs' surgery. There is no economic reason for this; it simply reflects our own incompetence and our own failure to comply with international standards.

Many dermato-venereology clinics still lack digital epiluminescence microscopy devices. It is often claimed that these devices are too expensive, costing approximately 40,000 Euros. The advantages of this type of equipment are clear; and reluctance to invest in advanced technology results in impaired quality.

In venereology we have proud traditions. It has been questioned whether dermato-venereologists should deal with venereology at all. In my opinion, we have to be compatible with the major part of the European Union. Of course, diseases such as gonorrhoea and chlamydia should be under our care. Other specialists often treat HIV. In Gothenburg, we have more than 10 years' experience of treating these patients. It is very important that we try to keep the only lethal venereological disease within the speciality. As we claim that we are good at contact tracing, we should tackle the disease where it matters most. Treating advanced diseases is also important for the image of the specialty.

Future dermato-venereology relies heavily on research. It is easy to pick out certain parts of dermatology and place them in other specialities, but this may mean that fewer doctors become

involved in research, resulting ultimately in more expensive and lower quality care. In addition to this, research is important for the image of the speciality.

There are many opportunities in dermato-venereology. It is a very attractive specialty for young physicians. We have the opportunity to choose from the very best among new young doctors. There is also a great interest in society concerning dermato-venereology. We treat important diseases and have an "increasing market". Concerning clinical competence, we should become more compatible with the rest of the European Union and focus on improving the weak areas described above.

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