

Commentary on Anders Vahlquist's Concerns on the Profile of Dermato-venereology

We are glad to hear that Anders Vahlquist likes surgery (1). Nonetheless, Vahlquist questions whether dermatological surgery should be advanced uncritically to such a degree that it will jeopardize the skills of other areas of our speciality. We are convinced that we need to be advanced in every field of our speciality. For example, Sweden is probably the leading country concerning occupational dermatology.

There are, however, weaknesses in Swedish dermato-venereology. For instance, in other parts of the world, dermatologists read their own histopathology slides. This is rarely the case in Sweden nowadays. We have simply lost this part of dermatology, possibly due to lack of interest among dermatologists. We are also losing ground rapidly in the field of HIV within venereology.

From a European prospective, another weak area in Sweden is that of tumour treatment. Many university clinics in the USA and the rest of Europe offer treatment with advanced surgery, such as Mohs micrographic surgery. This type of treatment has been evidence-based for decades. It has been argued that it is not used in other university clinics in Sweden due to the cost. However, how much money a clinic has is mostly a leadership issue. In our experience, receiving enough resources for all aspects of dermatology has so far not been a problem.

The low standard of tumour treatment at some university clinics probably reflects our own incompetence and our own failure to comply with international standards. Also, many dermato-venereology clinics lack advanced diagnostic tools for the best possible diagnosis of malignant melanoma. Many of these devices cost approximately 30,000 Euros. The advantages of digital epiluminescence microscopy are clear, and a clinic without these devices simply cannot achieve a high standard of quality care.

Future dermato-venereology relies heavily on research. Recently, Lindelöf et al. (*Läkartidningen* 2008; 105: 2666) demonstrated that it is much cheaper for the taxpayer to visit a dermatologist directly on suspicion of a melanoma rather than first visiting a primary care physician. Furthermore, skin cancer research has increased our contacts with other researchers in the cancer field as well as with researchers in advanced physics at technical universities. Dermato-venereology has consequently gained more respect among other medical disciplines.

Moreover, we have no intention of throwing away alternative treatment regimens for tumour surgery as Vahlquist is wor-

ried about. On the contrary, we have published several papers demonstrating a good effect of these therapeutic modalities. One of the reasons that our view differs from Vahlquist's might be that we have a different and larger critical mass in our clinic, enabling us to have experts in almost every field of dermato-venereology.

Vahlquist is also afraid of "overstretching" our speciality. We think it is quite evident that Swedish dermato-venereological university clinics have a narrower spectrum than corresponding units elsewhere, especially in continental Europe. The real risk is of underperformance, not overstretching.

Vahlquist also criticizes the fact that we look to the USA or Germany for inspiration; he suggests that dermato-venereology in our region should instead chose its own way. However, this is not fair to younger dermato-venereologists; we should accept that we are part of the European Union system and that young Swedish dermatologists should be able to work anywhere in Europe.

In conclusion, it is easy simply to remove important parts of dermatology and place them in other specialities, but our view is that Sweden, as a small country, must practise dermato-venereology that is reasonably "mainstream" in a European prospective. Therefore, it is essential to include adequate advanced tumour treatment in our speciality.

Reference

1. Vahlquist A. "One Flew Over the Cuckoo's Nest" Skin Surgery in Dermato-Venereology – "Gökboet" or "Gökunge-effekt"? *Forum for Nord DermVen* 2009; 14: 10–11.

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