

Dermatology in Private Practice in a Public Healthcare Environment: A Successful Concept

THOR BLEEKER

Dermatology Clinic, Guldvingen Healthcare Centre, Österbygatan 21–23, SE-531 37 Lidköping, Sweden. E-mail: thor.bleeker@ptj.se

Thor Bleeker has practised dermatology for many years and since 1993 he has had his own private practice situated in the same building as a public healthcare centre. He describes here this unique occurrence and its benefits.

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Following the completion of my specialist dermatology training in Lund, I met my future wife, Maria, while I was practising as a specialist registrar in Lidköping. My father Johan had been a dermatologist in private practice there since the 1960s, and things all of a sudden became very easy; moving and getting married!

My dermatology clinic in Lidköping is a good example of how private and public healthcare can work together successfully (Fig. 1) over a long period of time; in this case 16 years. Since its inception the clinic has been situated at Guldvingen healthcare centre in Lidköping. Guldvingen is one of the largest healthcare centres in the county of Västra Götaland, with 15 doctors and 45 other staff members, and is run successfully by Dr Svante Andersson (Fig. 2).

The Guldvingen healthcare centre has recently undergone reorganization in order to deal with the forthcoming establishment of free publicly financed healthcare, aiming at improving the level of service for the public. Frequent daily contact through our work treating patients we have in common, as

well as social contact over autumn clay-pigeon shooting, has, over the years, resulted in the development of a warm and close relationship between our clinic and the healthcare centre, where also my wife works as a general practitioner (GP).

GP registrars from Lidköping and other cities are taught at my clinic twice a week for 2 months and we are currently fully booked until April 2010. This arrangement is highly advantageous for both parties, since the registrars are given the opportunity to examine a wide range of cases and I get to know these colleagues and inform them about our routines and various diagnoses. This substantially facilitates future contact and referrals. In addition, nurses come to us for training in dermatology.

The dermatology clinic is well integrated within the healthcare centre, and is on the same floor of the building. The two disciplines, general practice and dermatology, benefit a great deal from each other. I can easily come over to examine a patient with a skin disease, and I receive good advice from my GP colleagues about internal medicine. In addition, the nurses



Fig. 1. The private dermatology clinic is on the same floor as the public healthcare centre.



Fig. 2. Thor Bleeker and Svante Andersson.



Fig. 3. Guldvingen healthcare centre in Lidköping including both private and public healthcare.

in the healthcare centre benefit from being able to contact us with queries (Fig. 3).

The clinic was started in the autumn of 1993 and consists of four rooms for three persons. The secretary and the nurse (Fig. 4) have a room each and I have two rooms, one reception room and one operating room. The small waiting room is an integrated part of the larger healthcare centre waiting room.

We treat all kinds of dermatological conditions, with the exception of venereology. Initially, we focused on leg ulcer treatment, using local treatment as well as pinch grafts. Over the years tumour treatment has become an increasingly prominent part of our daily work. The clinic received accreditation from the Swedish Society for Dermatology and Venereology (SSDV) in 1995 and 1998. At the same time, approximately 20 other dermatology clinics received accreditation. The dermatology clinic at Guldvingen healthcare centre was the first Swedish clinic to receive the Praktikertjänst Quality Diploma.

Over the years the number of referrals has increased. During 2008 we received 1,344 referred patients and had a total of 3,970 visits. Due to the increasing demand for dermatology consultations, we have had an agreement with the county of Skaraborg since 2000. Approximately 50–60% of our visits are tumour-related. Each year we treat approximately 350 basal cell carcinomas, 90 cases of Bowen's disease, 25 spinal cell carcinomas, and 10–15 cases of malignant melanoma. I perform all kinds of surgery that do not require skin transplantation. Cryotherapy and photodynamic therapy (PDT) are used for

treating tumours. Our non-tumour patients have a broad spectrum of skin diseases.

During this time I have also worked as a consultant at the hospital of Lidköping. I have consultation sessions regarding skin tumours at the department of otolaryngology twice a month, as well as weekly clinics mainly for psoriasis and eczema patients at the hospital's treatment centre. The treatment centre has UVB, TL-01, and bath facilities and a staff that can provide local treatment of skin diseases.

In addition to my clinical work I am involved with the Swedish Association of Dermatologists in Private Practice (Privatprak-



Fig. 4. The secretary Christina Möller-Mikelsen (left) and the nurse Ingalill Sundberg are both working at the dermatology clinic.

tiserande Dermatologers Förening, PDF), and I have been its chairperson for approximately 10 years. This means organizing regular 2-day educational opportunities for doctors and their staff, initially twice a year, and more recently once a year. These educational opportunities usually attract approximately 120 participants. Since December 2008 I have been the editor of the dermatovenereology programme of the Annual General Meeting of the Swedish Society of Medicine 2009/2010 (Filippa Nyberg is its president for 2009). This means that I participate in the work of the SSDV board, which also leads to increased contacts in the field.

For the last 7 years I have been the executive director and webmaster of the website for the Swedish dermatologists

(www.pdf.nu or www.ssdv.se). More than 95% of all Swedish dermatologists have signed up, and we now also have Finnish and Norwegian websites. The website is run as a limited company and is owned by 20 dermatologists in private practice. It receives approximately 10,000 log-ins per year and more than 1,000 colleagues and staff have actively requested a password. The website provides a great deal of information regarding dermatology and serves as a platform for communication between physicians.

I have also been responsible for the articles on private dermatology clinics published in *Forum for Nordic Dermato-Venereology* over recent months; a feature much appreciated by the PDF.

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