

# Dermato-Venereology in the Nordic Countries

## PDF – The Swedish Association of Dermatologists in Private Practice

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According to official statistics, about 8% of all clinically active doctors in Sweden work in private practice. However, more than one in four of Swedish dermatologists work full-time in private practice. Moreover, several dermatologists employed in hospitals work privately in their spare time.

In Sweden, work in private practice is financed partly from patient fees, equivalent to those payable at the hospitals, but mainly in the form of refunds from the county authorities. Previously, such refunds were administered via the National Social Insurance (*Försäkringskassan*), but this task has now been transferred to the County Councils (*landsting*), who are also responsible for all other health and medical care given within their regions.

The Swedish Association of Dermatologists in Private Practice, the PDF (*Privatpraktiserande Dermatologers Förening*) organizes about 120 dermatologists in Sweden, 90 of whom work in full-time private practice. The PDF is associated with the Swedish Society for Dermatology and Venereology (SSDV) and thus acts the official "trade union" for dermatologists in



Anders Enhamre and Anders Johannesson, Board members of the Swedish Association of Dermatologists in Private Practice.

private practice in Sweden. On the SSDV Board, the PDF has one official representative. Although hitherto probably rather unknown to the *Forum* readers, the PDF, is actually 25 years old as an organization.

The initiative to form the PDF arose in the autumn of 1974, emanating from concern over how new legislation of 1975 would affect dermatologists' fees in private practice. On 7<sup>th</sup> December 1974 the PDF was founded in Stockholm by nine dermatologists whose first and at that point most important task was of course to try to influence the construction of the new list of fees. Similar efforts were made by the Board of the PDF in the early 1990s before new legislation affecting the remuneration system was implemented in July 1994.

Today, practitioners are compensated financially via a national reimbursement system ("*nationella taxan*"), with

standard fees for all within each particular specialty. The possibility to conclude an agreement with local county council civil servants (*vård-avtal*) makes it possible to increase incomes not only for e.g. surgery and more complicated medical investigations, but also to raise overall income levels, which are regulated within the national system. Such agreements between practitioners and their county authority, which usually entail various commitments from the practitioners, are now increasing dramatically in numbers and today more than half of Sweden's practitioners have made such agreements with the local authorities. The regional differences are considerable, however, and in several of Sweden's counties, politicians are quite unwilling to make such agreements, whereas others, such as the County Council of Stockholm, are eager to agree upon better remuneration for practitioners in order to include doctors in private practice in their local health system, regarding them

as an effective resource rather than an economic burden.

Although these traditional "trade union like" efforts to safe guard the interests of PDF members are a very important part of the work the organization, the major activity of our association is actually continuing medical education, mainly for physicians, but also for their nurses. Lecturers come mainly from the Swedish universities, but sometimes also from the academic world outside Sweden. However, talks are focused on practical dermatology, partly in the form of discussion forums where we try to let every participant have his

say and maintain a dialogue with our members. We try to arrange our education in a pleasant setting in a friendly atmosphere. One spring and one autumn meeting have become a tradition. There is usually considerable appreciation of the nurses for participating in PDF meetings. In this context, the generous co-operation of several pharmaceutical companies ought to be mentioned.

Lately, quality control and various methods to ensure a high standard in private clinics have become an important issue for the PDF.

Furthermore, a PDF Internet site and a project using telemedicine in dermatology are future projects now under development. These projects are seen as a continuation of the PDF tradition of medical education and co-operation among colleagues.

The PDF, which celebrated its 25<sup>th</sup> anniversary at Kalmar Castle in May 2000, attracting lecturers from Sweden, Norway, Switzerland, and the USA, is today a lively and active organization working for the economic interests and the continuous medical education of its members.

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## Book Review

**"DRY SKIN AND MOISTURIZERS, CHEMISTRY AND FUNCTION" edited by Marie Lodén and Howard Maibach, 2000, CRC Press, Boca Raton, ISBN 0-8493-7520-7.**

This brand new- 447 page monography is the first book of a series of five books published by CRC under the umbrella "Dermatology: Clinical & Basic Science Series" with Maibach as the series editor. The first book covers dry skin and moisturizers, biochemistry and function of the skin, dry skin and hyperkeratotic conditions, formulations and interactions on the skin and finally evaluation of safety. Nordic researchers contributed: M. Lindberg, B. Forslind, T. Egelrud, A. Vahlquist, M. Lodén. The opening chapter is an inspiring overture mastered by Professor Albert Kligman. Our standard package of learning about histology of skin is challenged. The granular layer with distinctive keratohyaline granules observed after standard fixation is probably an artefact, not seen using high-pressure cryofixation. Updated chapters describe basic structure and function of the skin including the role of lipids and the

barrier homeostasis. The chapters are well organised and suited both for reviewing and as sources of detailed information. Electrolytes of the skin are also covered. In the more clinical parts desquamation, dry skin and hyperkeratotic states are described, and in the final chapter the mechanisms of moisturizer effects and the effect of selected ingredients is covered. Safety is only covered superficially since the series will include a special volume on this issue. The book mainly addresses basic skin functions relevant for the understanding of barrier function, dryness and moisturization. The editors have managed well. The book can be recommended to institutions in the field, departments of dermatology and to producers of topical skin products. It bridges between disciplines.

**J. Serup, editor**