Dermato-Venereology in the Nordic Countries

Dermato-Venereology in Sweden

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As it is part of human nature to hope for the best and strive for happiness and prosperity, should we adopt an optimistic attitude and believe in a bright future for Swedish dermatology and venereology?

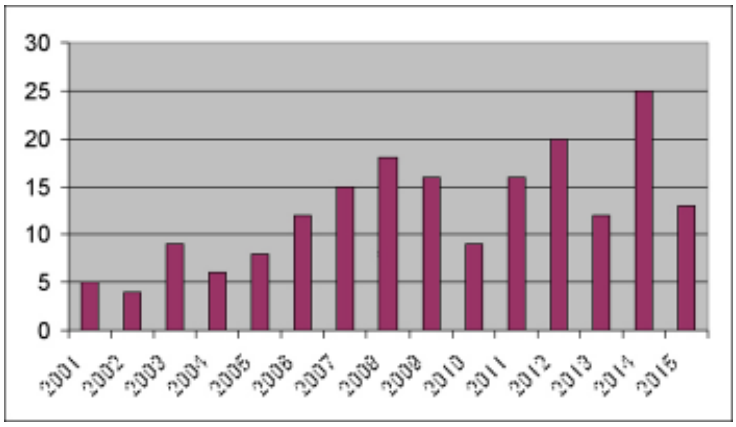

Fig 1. Number of retiring dermato-venereologists 2001 to 2015.

In the series of reports on the current features of dermatology and venereology in the Nordic countries, the situation in Sweden has been reviewed. In the 1990s, with the economic slump and cutbacks in the national budget, health care providers reduced their expenditures. The public sector suffered more from financial starvation than the private, with serious consequences for the long-term development of clinical medicine and the employees. Dermato-venereology is no exception in this respect. With time the political system began to realize that a future shortage of personnel would be another limiting factor. Clinical medicine had its golden era in the 1960s and 1970s, with a growth in resources and an expansion in the number of employees, including dermato-venereologists. Now the cohort of colleagues starting their training in the early 1970s are approaching retirement and need to be replaced by well-trained younger colleagues. This training must be started in due time when there still are experienced dermato-venereologists available as mentors and faculty. Thus any speciality with the ambition to be an important player in the field of clinical medicine in the beginning of this millennium has to face the problem of continuous rejuvenation and sufficient manpower.

In this context it is pertinent to mention that the young generation of doctors has other preferences than many of their older colleagues. One example is the figures taken from a survey made among young AT doctors in Sweden. Half of them wanted to work part time during the next 10 years. As many as 28% had actively considered changing their professional career. The four most important criteria for acceptable employment were the ability to influence one's working situation, to have time for one's family, to have pleasant and supporting colleagues, and to receive a good salary. As many as 9% thought that dermato-venereology could provide this but only 2% wanted to become dermato-venereologists. These facts should be seriously considered by the "old goats" in leading positions in our speciality so that the recruitment of young doctors can be facilitated.

An investigation of the scheduled retirements of senior dermato-venereologists (Fig. 1) reveals that approximately 10 dermato-venereologists will retire every year up to 2005 and from there on 15 per annum. If the health care system is successful and provides acceptable working conditions for the present work force, it is possible that seniors will continue to 65 or 67 years of age before they retire. This will provide a good opportunity to plan for the proper education of their successors. Thus we will have to start the training of approximately 20 new dermato-venereologists every year to meet the demand from the health care system, both public and private. These are minimum figures since we have to face the fact that part-time work may become quite common and gender issues may be more prominent in the decades to come.

During the autumn of 2001 the Swedish Society for Dermatology and Ve-

nereology conducted a survey to determine the number of promising young residents in training for the speciality. Hence we have an estimate of the amount of national training, and with a modest influx of dermato-venereologists trained or presently working elsewhere in Europe, the situation seems to be balanced between demand and supply.

In the survey mentioned above there were 79 young dermato-venereologists in training and all expected to become specialists before 2006. However, since only 32 answered a questionnaire about their future plans and preferences, it may be premature to draw any conclusions from the questionnaires. Nonetheless most of these young people wanted to work in the public sector with duties in both dermatology and venereology. A few answered that they had plans to pursue their career in the drug industry. Some 25% were interested in research and wanted to write a PhD thesis, provided that this could be done during regular working hours and not unpaid during nights, weekends and holidays. Despite some negativeness, this picture may allow some optimism in the end.

What about dermato-venereology and academia? In this case, the situation for dermato-venereology is not different from the rest of clinical medicine. The trend in the last 5-10 years has been negative for clinical research as a whole in our country. Part of this development is due to the economic situation for the health care system, where the university hospitals have given higher priority to their responsibilities towards patients than towards the provison for education, development and research. At the same time most universities have reduced their staff of professors, lecturers and technicians in the clinical disciplines, sometimes with a corresponding expansion in the preclinical area.

Other influential trends are the focus of the Swedish Research Council on basic research and the fact that the university organisations use the same scales of priority in their evaluation of research projects. This has been a disadvantage to clinically oriented projects directly involving patients in an attempt to bridge the gap between basic research and the clinic. The excuse has been that clinical research is mainly a responsibility for the health care providers and we all know their present economic situation. But as long as we are doing more and more for an aging population it is doubtful that economy will ever improve.

The problems for clinical research have been brought to the attention of the politicians and a rescue plan is being organized. For the time being the most realistic thing to do may be to adapt to the present situation and try to survive, while awaiting the governmental initiative for highly specialized care and clinical research, which is in the pipeline.