

The Changing Role of the Dermatologist in the Age of Information

The dermatologists used to describe diseases in long Latin terms that their patients or even other medical colleagues could not comprehend. The treatment they gave usually was a concoction of mixtures, in which the mechanism of action was poorly understood. This practice has largely changed in the modern age of information. Simple English terms have gradually replaced Latin ones and new drugs in the market often have a known specific action. All these information are easily available. The pharmaceutical companies have provided patients with information pamphlets. The medical journals are easily accessible through the internet. Pub Med, the search service of the National Library of Medicine provides over 11 million citations in MEDLINE. Popular journals such as the Journal of the American Academy of Dermatology and Archives of Dermatology have provided online abstracts (and full text if registered). Healthcare web sites have provided their readers with information on common diseases and their treatments. What is then the role of the doctor? The dermatologist in the future will be an information analyzer rather than provider. The patients are often baffled by the huge amount of information available and the varieties of modes of treatment for something as simple as warts. We have to help them to decide which information is relevant to their condition, which treatment is proven by scientific clinical trials or just experimental case reports. We have to guide them through the huge maze of information and reach their goal.

Many new drugs nowadays seek not to treat disease but to alter the natural process of aging. The use of finasteride for alopecia, for example, will need

discussion with individual patients to assess their expectations and suitability. In less defined area we have to familiarize ourselves with trends in 'health products' as DHEA (dehydroepiandrosterone) and other dietary means to reverse effects of aging. Use of genetically engineered human growth hormone for the elderly is also a controversial topic. The public will be aware of such developments but we have to give them guidelines to prevent inappropriate use.

The news media has often produced exaggerated and sensational reports of side effects of drugs or medical mishaps. We have to give an unbiased view of the true incidence and risk involved so as not to deter patients from seeking proper treatment. Many patients have refused all forms of oral medication for onychomycosis because of reading reports of one or two incidence of hepatotoxicity. The media has the obligation to inform the public but not to terrify them, and we have to provide reassurance if necessary.

Communication among doctors and to patients will be more efficient by email. Search for publications on specific questions can be done in minutes and the relevant information provided to patients or colleagues immediately. Consultation through the internet is still at an early stage but will develop in time. The medical practice has become more open and the dermatologist has to keep up with this age of information.

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