

SPECIAL ISSUE ARTICLE

Employing dermatologists on the frontline against COVID-19: All hands on deck

Dear Editor,

With a sharp increase in the number of novel corona virus disease 2019 (COVID-19) cases, the important question is whether our healthcare system is well equipped to manage the upcoming onslaught of cases. Low-resource countries with weakened healthcare systems are likely to become overwhelmed with a sudden surge of cases due to exponential growth and community transmission. Therefore, it becomes all the more imperative to consider measures such as social distancing and complete lockdowns with a great deal of seriousness, in order to “flatten the curve” and prevent hospitals from being overburdened. Dermatologists in China have participated in the fight against COVID-19 and treated effectively a broad spectrum of skin conditions in such patients.¹ Dermatologists on the frontline can diagnose viral-like exanthems related to COVID-19, distinguish whether skin lesions such as acute urticaria and other pruritic manifestations could be caused by pneumonia or preexisting skin disease, and identify drug eruptions.^{1,2}

While dermatologists are not traditionally considered frontline physicians, it is likely that they may be called upon in several countries to provide back-up assistance to intensivists and other critical care specialists as the number of hospitalized patients may rise over the next several weeks. Many dermatologists have not dealt with critical patients for years and should not be expected to retool themselves in a flash.³ Medical boards and critical care associations must provide refresher training in various aspects of critical care to dermatologists. There is an urgent need to initiate training of redeployed dermatologists and other physicians now and not after hospitals and intensive care units (ICUs) become overwhelmed with patients.

Healthcare providers should be recruited in critical care management depending upon their skill set and confidence level.⁴ Redeployed dermatologists should not be expected to make critical decisions in patient management or carry out complex procedures such as ventilator management. They should receive training in simple procedures such as vascular access, straightforward intubations, proning maneuvers, and fluid management in uncomplicated patients in order to take off some of the pressure from ICU staff. As the focus shifts from containment efforts to disease mitigation, the healthcare community must step up as a whole to lend its expertise as never before.


In a survey among Indian dermatologists, 57% of the respondents would consider redeployment in COVID-19 “hot zones” if a need to augment the medical workforce arises. This confirms the altruistic mentality of physicians as they are not averse to stepping outside of

their comfort zones for the greater good of society.⁵ These are exceptional times that call for exceptional measures. Our patients need us to move out of our comfort zones and heed the clarion call for “all hands on deck” in order to defeat COVID-19.

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