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Commentary

De Profundis II



Introduction

This represents Part II of De Profundis, the title of which has been selected from Psalm 130, De Profundis (“from the depths”).¹ We have considered subjects that affect the practice of dermatology and medicine, as well as the life of the respective practitioners. Our approach has not been dogmatic or immediately applicable; rather, it is one of viewpoints that should stimulate thought and even debate.

Prophecy is not within our ken. We did not foresee the emergence of an epidemic such as COVID-19. Had we had a World Medical Congregation as outlined in the previous issue,² the development of this disease, and of others that may erupt in the future, may have been different. The precise effects of the current epidemic are yet to be determined.

Whenever possible, we have tried to include authors of varied backgrounds and provenances. The overall mood is one of angst. As outlined in the previous Commentary; Psalm 130 (De Profundis) does express what we feel: anxiety, a clamor for help and yet a hope for improvement in the not-too-distant future.³

Salient observations

In “Combatting Professional Burnout Through Creative Writing,” Cronin et al point out that although burnout may be a problem, creative writing could even become a sort of medication. Such an activity may help in solving, or at least keeping at bay, the conflict between the calling and reality.⁴

There are other tactics to be employed such as taking early retirement, seeing fewer patients, attending meetings, and even leaving medicine; yet, creative writing complements other measures or, in itself, becomes a sovereign remedy for burnout. The authors point out some beginning techniques, such as writing for journals and then developing the ability to write fiction. Persistence is the key. Sometimes, as we know, ability to write is such that “the writer” overshadows the “physician.” Such is the case with Michael Crichton (1942-2008) (*The Andromeda Strain*),⁵ Sir Arthur

Conan Doyle (1859-1930) (Sherlock Holmes),⁶ or Archibald J. Cronin (1896-1981) (*The Citadel*).⁷ In other instances, the ability to write and the scientific capacities go hand in hand, as it happened with Santiago Ramón y Cajal (1852-1934).⁸

Three Venezuelan dermatologists in independent contributions shed light on challenges and opportunities provided by migration.

Paola Pasquali in “A Dermatologist’s Peek at Emigration and Professionalism” writes from her experience in moving from Venezuela to Spain, where she currently practices as a dermatologist.⁹ She emphasizes the Venezuelan diaspora, underlining the fact that training physicians is an expensive endeavor. When doctors leave their country, an investment is “lost,” and the general population is left with less access to medical care. The receiving country or society does gain the proceedings of an investment it did *not* make. Still, Venezuela received a torrent of immigrants during the 20th century, particularly after World War II.

Pasquali comes from a European family. She also points out that in Venezuela dermatologists may become extinct, as entrance to training is extremely competitive, whereas the number of places and accepted training programs remain small. In several instances, particularly in the United States, Venezuelan dermatologists apply and may even “train” for a physician assistant’s position, solely to be able to work in the field of their choice. Feelings of nostalgia and of idealizing what had been a previous life in Venezuela are common in those uprooted from their homes.

Nahir Loyo Zambrano has written in “Fortuna Imperatrix Mundi”¹⁰ a rather original piece, using phrases from *Carmina Burana (Songs from Benediktbeuern)*¹¹ to divide relevant parts of her paper. She discusses clearly and succinctly how significantly her education and training had been, and why she decided to leave Venezuela for the United States. Her approach is congruent with her quick, clear, and enterprising personality. Her qualities of leadership were proven, when she became president of the Venezuelan Society of Dermatology. Loyo is now well into the American dream, but at a high cost.

Olga Zerpa’s paper¹² is also about the migration of physicians and keys to success. She is part of this remarkable trio

of women Venezuelan dermatologists who have left their country after achieving distinction. She had previous international training and has shown interest and knowledge in public health dermatology (including such endemic diseases as leprosy) and had served as chief editor of *Dermatología Venezolana*. Zerpa has been able in the United States to oversee clinical trials and to serve as an associate editor of a public health journal. She points out that 24,000 physicians have left Venezuela during the last few years, reminding the readership that during the 20th century, Venezuela had once been a haven for migrants, including physicians, from all over the world. They had contributed significantly to the development of Venezuela.

Goihman-Yahr and Rodríguez's manuscript, "Human Resources: Reflections on Their Appropriate Use in Dermatology,"¹³ is conceptually related to the three manuscripts written by the "Venezuelan Graces," being associated with the migration of physicians and the adequate use of this valuable human asset by receiving nations. Their main point is that physicians, apart from their specific skills, are both problem-solvers and communicators, who are capable of integrating their experiences with society. They may be incorporated by following the usual time-consuming and rather irrelevant formalities to revalidate their licenses to practice medicine. A wise community would employ them by channeling this gift from other countries with reciprocal benefits, just as rain water should not be left to run unused into the sea.

Elston's paper, "Maintaining Our Edge and Training the Next Generation of Dermatologists," poignantly and concisely describes the salient features associated with the practice of dermatology.¹⁴ It underlines what distinguishes dermatology from other specialties: namely, the visual nature of diagnoses and follow-ups plus the correlation of clinical and pathologic features of the skin and its diseases. He also points out the traits in training and practice that differ in the United States and other, mainly European, countries. Elston reminds us of the fields that American dermatology has abandoned, such as venereology, but points out that this is not the case in other countries.

Rudolph's contribution, "Retirement: An Idiosyncratic *Vade-Mecum*," is autobiographic.¹⁵ He describes the process by which he, with a one-man long-established dermatologic practice in a small American city, decided to close it. The precipitating causes were novel regulations that made continuation of his *modus operandi* impossible. The office closed around his 70th birthday. It was not a painless or effortless event (although Rudolph makes it seem so).

He is fortunate to enjoy other activities such as wide-spectrum reading, writing, teaching, and maintaining editorial activities. Cooking became a newly found hobby. Traveling and the practice of sports were not on the agenda, due to barely hinted at health problems. The teaching left is that retirement is a phase of life. It comes as a crisis, but it can be enjoyed. It may even permit growth and development.

Rajabi-Estarabadi, Jones, Zheng, and Tsoukas dwell on dermatology transitions: academics into private practices and vice versa, as viewed in Chicago.¹⁶

The authors describe the difficulties in both ways of practicing dermatology and, perhaps surprisingly, point out that patient load is higher and compensation is lower in academic practice. They point out that, in academia, the dermatologist receives less money and has less control over his personnel than in private practice.

Surprisingly, the rewards and challenges of teaching and research occupy a rather minor proportion of the analysis. It may well be that the focus and experience of the authors differs substantially from that of clinical faculty in academia.

Doss and Kassir describe and analyze the role of national dermatologic societies from a Tunisian perspective.¹⁷ As expected, their focus is on French-speaking African countries. Tunisia was never a true or complete colony; yet, their dermatology and medicine have kept strong bonds with France and the Arab countries' political and cultural influence.

Dermatology, they point out, is strongly integrated under the aegis of national societies. There is less interference by the government and the legal profession with the practice of dermatology, be it public or private, than is the case in the United States. It is interesting that there is the same tension between cosmetologic and medical dermatology found in the USA and in other Western countries. Interesting historical data and photographs of local leaders in the field are included; women are present indeed. Doss and Kassir also express the same angst that several of us feel, when they ask at the end of their paper, "Quo Vadis Dermatologia."¹¹

Rodríguez and Parish have updated previous work on moulages.¹⁸⁻²¹ It is commonly found in human affairs (including scientific ones) that a valuable resource is considered to be obsolete. It is then, literally, left to rot. Time teaches that this resource is not only useful and valuable but also irreplaceable. It may not be a witness of what was, but rather a founding block of what will be.

They have not only carried out a painstaking search of moulages of skin diseases throughout the world, but they have also illustrated their paper with praiseworthy examples of moulages from many origins. Their update should be treasured by students of dermatology and medicine, as well as by those interested in culture and the fine arts, just as, for instance, the black and white or sepia films, which many of us still cherish, have still not been surpassed.

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