## Training Physician—Scientists in Dermatology in Austria



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The article by Li et al. addresses a fundamental problem that may ultimately lead to a situation where the medical globe will be divided into two hemispheres, that is, (i) medical care providers with only a poor understanding of the biological principles securing physiology and causing pathology, and (ii) PhD scientists pursuing biomedical research with deep gaps in their knowledge of human diseases.

I am deeply convinced that it is the well-trained physician—scientist (PS) who can and must build the bridge between the two worlds.

It comes as no surprise that in Austria, the declining enthusiasm of becoming a PS is not much different from what is seen in the United States (US). The reasons for this unfortunate development are very well-outlined and described in the article by Li et al.

An additional factor that has made the profession of a PS less attractive over time is a change in the so-called work-life balance of young doctors. During my own residency in Austria and postdoctoral training at the National Institutes of Health in the US, I was used to spending many long evenings as well as the weekends in the laboratory, and my colleagues and peers joined me in this exercise.

By doing so, we neglected our private lives in many ways but, at least time wise, were able to find a workable compromise between the completion

of our clinical duties and the experimental work in the wet laboratory.

We should also not forget that the type of research has fundamentally changed over the years. Originality and ingenuity of the individual scientist, independent of whether he/she was an MD or PhD, were the important prerequisites for success at a time of limited and often simple methodology.

Now, in the era of technology- and discovery-driven research, PhDs, having received profound training in many novel and sophisticated technologies, are more likely to meet the methodological challenges of a scientific project than MDs and, as a consequence, will probably be more successful.

Which countermeasures can we take to keep PS in a competitive position? Similar to what is already happening in the US, we in Austria have also begun to implement certain initiatives such as (i) the setting up of stipends only accessible for PSs; (ii) the establishment of a specialized curriculum with a condensed, yet very intensive clinical training and sufficient time and money for the pursuit of meaningful research; and (iii) the granting of certain privileges to PSs such as the comparatively higher priority in attending national and international scientific conferences, the attendance of high-quality interdisciplinary journal clubs, etc. We have not yet found practical solutions for aligning the personal income of PSs to that of a physician in private practice, with all the impact this has on the standard of living and on the education of children. Another aspect that at least in Austria but probably also elsewhere leads to the leaky situation is that scientific work is not always honored by a rise in the career ladder of the department and/ or the University. Not infrequently does it happen that physicians performing their routine duties are more rapidly awarded academic titles than those striving for true scientific accomplishment.

To end on a more positive note, as someone who has tried during his entire professional life to create a science-friendly atmosphere and to spread the enthusiasm for research in the department and, as a consequence, to motivate young gifted people to embark on a scientific career, I am most happy to see that the chairs of all our University departments are held by most renowned and dedicated PSs with a very strong publication record. I am therefore reasonably hopeful confident that PSs, arguably an endangered species, will successfully defend their important position in the medical landscape.

## **CONFLICTS OF INTEREST**

The author states no conflicts of interest.

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