




LETTER

Dermatology and specialty rotations: COVID-19 may reemphasize the importance of internal medicine

Dear Editor,

Since the first case was identified in Wuhan, China in November 2019, the novel coronavirus (COVID-19) has spread worldwide and affected almost all parts of the globe with unprecedented epidemiological, psychosocial, political, financial, and educational repercussions.¹⁻³ In dire times like this, other specialists including dermatologists have stepped up and volunteered their services to help ease the burden and share the medical workload. Dermatologists across the globe have been screening outpatients, manning isolation wards, tending to non-dermatology wards, assisting in stepdown intensive care units, and so on.^{4,5} Some dermatology departments have been converted to quarantine units, with the same manpower detailed for duties.⁶ In short, all efforts are being made to “flatten the curve” of new COVID-19 cases. The flipside lies in the fact that not all dermatologists feel competent enough to discharge duties of the said nature. In most countries including Switzerland, dermatology residency entails 5 years of training including ward rounds, inpatient care, outpatient consultation, mandatory dissertations, research projects, case presentations, scientific writing, and specialists exams—but all pertinent to the subject.⁷ Thereafter, we diverge into the various sub-specialties of dermatology. The ramification of this is a relative dissociation from general, internal, and emergency medicine per se. This may be particularly palpable in solitary private practitioners, dermatologists working exclusively in specialty clinics and private hospital employees. Some countries, such as Australia and New Zealand, have barely any dermatologists in their public hospitals. At least in teaching hospitals, there exists an interdisciplinary integration with frequent clinical meetings, interdepartmental seminars and house calls, wherein, there is significant exposure to internal medicine and its machinery. Even in the armed forces teaching institutes, serving as a general practitioner is mandatory before dermatology residency to become trained in, internal medicine and infectious diseases. In brief, internal medicine rotations should be made mandatory for dermatologists as this foundation may of use not only for our professional routine but also for exceptional healthcare crisis such as COVID-19. Being capable of basic interdisciplinary multitasking ready to be deployed at sudden times of need could certainly help to correct misconceptions of dermatologists being rather cosmetologists than competent physicians. This assumption may reinforced with the Skin Serious Campaign launched by the American Academy of Dermatology which reemphasizes the integral role of dermatologists in health care.⁸

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