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Editorial

Changing role of the Sri Lankan Dermatologist

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Dermatology in Sri Lanka has come a long way since its inception. The first reference to academic Dermatology in Sri Lanka dates back to the period of Sir Aldo Castellani (1902 - 1915), who rendered his services as a lecturer in Dermatology at the Ceylon Medical College in addition to his work as Professor of Pathology, Head of the Bacteriological Institute and Director of the Clinic for Tropical Diseases[1].

Though Dermatology was taught in the Medical school, a Consultant in Dermatology was not appointed by the Ministry of Health until 1953. Subsequently for several decades the number of doctors that specialized as dermatologists remained small. Even in early eighties there were less than 10 Dermatologists to manage the state health sector. Along with the few specialists who practiced dermatology in the private sector they had to provide services for a population of 18 million. At the inaugural academic session of the Sri Lanka Association of Dermatologists in 1986, a Sri Lankan Dermatologist was described as a "man in a million"[2].

During that period Dermatologists were confined to teaching hospitals and few of the provincial hospitals. Sometimes the consultants had to work alone or with very few supporting staff in overcrowded clinics. In some instances they had to perform other duties such as covering up the work of physicians, paediatricians and even medical administrators. There were no wards or clinics designated for Dermatology in most of the hospitals. Usually the skin patients were nursed in medical wards. Clinics also had to be shared with other specialities. As Histopathology services also were restricted to few main centres, Dermatologists had to largely rely on their clinical acumen. Facilities for investigations were few. While facing many difficulties the consultants tried their best to provide a reasonable standards of dermatological services for the population. However Dermatological services were not available in certain areas of the country

Most dermatological consultations at the outpatient clinics were due to eczemas. Other common skin diseases seen in the OPDs included skin infections, parasitic infestations and psoriasis. Vitiligo, blistering disorders and connective tissue disorders were less common yet important diseases.

The duty of the Dermatologist was to diagnose and manage these disorders with the available facilities. Those who were posted to teaching hospitals were involved in undergraduate education in addition to clinical work.

The establishment of the PGIM in 1979 paved the way for changing the course of Dermatology in Sri Lanka. From 1979 - 1995 Dermatology was under the Board of Study (BOS) in Medicine. It was in 1995 that a separate BOS was established for Dermatology. A new training programme leading to Board Certification as specialists in Dermatology commenced in 2000. This included a series of lectures that provided comprehensive coverage of important topics in Dermatology. Most of these lectures were delivered by the Consultant Dermatologists. Preparation for these was a new responsibility on them. It enhanced their academic interests in specific areas that they had to teach. With the new programme coming to effect the senior consultants had to plan assessments, appraisals and examinations. Planning and conducting examinations was another task which included active interaction with experienced dermatologists from overseas. It broadened the academic horizons of the Sri Lankan specialists who functioned as examiners.

Changing disease pattern is another factor that influences the role of dermatologist. Three decades ago leishmaniasis was an occasionally encountered health problem confined to those who returned from abroad, especially middle eastern countries. Now it is an established disease in Sri Lanka and dermatologists are faced with the challenge of managing complicated patients with leishmaniasis[3].

Though the incidence of leprosy has reached elimination level,[4] complicated leprosy and reactional leprosy continue to be management problems. Cutaneous lymphomas of many types are encountered in increasing numbers[5]. On many occasions clinicians working in resource poor settings face multiple problems in planning management of such patients. The worldwide increase in atopy has affected Sri Lanka too, creating a challenge in managing severe and recurrent exacerbations of atopic dermatitis.

Treatment seeking behavior of the people also has changed over the years. This too has affected the role of the dermatologist. The population in general especially those who are in the young age group seek treatment even for a small blemish at an early stage. This is in contrast to the situation that existed few decades ago. To meet the increasing demand of consultations regarding cosmetic problems, Dermatologists have to be armed with the necessary knowledge and competence in the rapidly advancing subspeciality of Cosmetic Dermatology. High expenses and potential adverse effects involved in some of these procedures should not deter Sri Lankan Dermatologists from developing an interest in this important area. Demand for Dermatosurgery also is steadily increasing and in future it would be an essential component in Dermatological practice.

With the establishment of the Sri Lanka Association of Dermatologists (now Sri Lanka College of Dermatologists) the academic activities received a boost. Regular academic sessions are held annually. Some of these were joint clinical meetings with the Dermatological societies of foreign countries. Organisation of these meetings needed meticulous planning and commitment. During these SriLankan dermatologists had to play the multiple roles of efficient organizers, able presenters and charming hosts. This challenge was successfully faced by the Sri Lankan dermatologists. Feedback received from the participants from overseas bear testimony to this.

Participation in international meetings is conducive to the professional development and facilitates networking with dermatologists from other countries. Through the international connections of the SLCD, young Dermatologists are able to attend such meetings. Though such opportunities are somewhat scarce, experiences gained from these can be effectively shared with fellow Dermatologists for the benefit of majority.

With the new training programme in operation sufficient number of Dermatologists are available and they are appointed as consultants to teaching hospitals, provincial hospitals, base hospitals and even to some district hospitals. Newly board certified consultants often face the challenge of organising Dermatological services in stations which did not have any dermatological services before. In some instances even basic facilities are not available. In this process they have to overcome many difficulties. In addition to the work in the station, it is essential to conduct satellite clinics to facilitate clinic attendance especially in areas with transport difficulties. If this happens smoothly, unnecessary overcrowding of the main centres could be minimized in future. This is a necessary step in creating an environment conducive to convert the main centres into centres of excellence.

With the availability of the internet facilities it is not difficult for the Dermatologists to exchange academic information nationally and internationally. Teledermatological services linking the distant stations to teaching centres will be beneficial in making correct decisions that will improve the quality of patient care. Experienced consultants and those who have specific areas of interest will have to play the role of resource persons in this regard.

In future it will be increasingly important for the Dermatologist to pay attention to preventive aspects of skin diseases. Even at present dermatologists do considerable amount of work regarding prevention of leprosy by contact tracing and health education. In conjunction with preventive health services of the state sector measures can be taken to impart the health education on skin diseases to the healthcare personnel and General Public. Dermatologists will need to make more active contribution in this regard.

The first Paediatric Dermatology unit for the country was opened in 2001, at the Lady Ridgeway Hospital, Colombo, Sri Lanka needs several such units. With Paediatric Dermatology gaining recognition, more and more genetic diseases will be diagnosed and the dermatologists will also be playing a role in genetic counseling in collaboration with the Geneticists.

There are many skin diseases which deserve formation of patient support groups. The psoriasis foundation initiated by late Dr. W. D. H. Perera was the first example. Now the speciality has sufficient number of members, the time is opportune for the young dermatologists to follow suit.

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