
Dermatologist ≠ dermatopathologist: No place in a profession for pretenders

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My message is chiefly to you, students of medicine, since with the ideals entertained now your future is indissolubly bound. Always seek your own interests, make of a high and sacred calling a sordid business, regard your fellow creatures as so many tools of trade, and, if your heart's desire is for riches, they may be yours; but you will have bartered away the birthright of a noble heritage, traduced the physician's well-deserved title of the Friend of Man, and falsified the best traditions of an ancient and honorable Guild.

William Osler, 1849-1919
Teacher and student
University of Minnesota, 1892

On July 1, 2004, I became Director emeritus of an academy of dermatopathology in New York City, passing the baton with pleasure to my American protégé, Geoff Gottlieb. Now that I function only as consultant at the Academy, I feel free to address in print a subject that I have avoided scrupulously (out of concern about a charge of conflict of interest) for 35 years, namely, the legitimacy, academically and ethically, of dermatologists not skilled at dermatopathology “reading,” for a fee, sections of tissue from biopsy specimens taken by them. The subject is one “highly charged” and my opinion about it doubtlessly will be greeted mostly by something less than enthusiasm, just as was the response to the suggestion not too long ago by Lawrence H. Summers, president of Harvard University, to the effect that differences between the sexes might explain why women do not seem to be as facile with higher mathematics and science as are men. The proper role of an academic is to challenge accepted “truths” and this is mine to

colleagues: can you refute the thesis that self-referral of a professional (a dermatologist) to an amateur (a self-styled dermatopathologist) calls seriously into question the authenticity of professionalism?

Let it be made clear, abundantly and unambiguously, at the outset that I am not suggesting for a moment that a dermatologist uncertified in dermatopathology should not “read out” changes in sections of tissue and do that for a fee, nor do I mean to imply that possessing “the Board” in dermatopathology guarantees competence in pathology of the skin greater than that of a dermatologist who is not so certified. The issues raised here are ethical ones and it is for colleagues to decide for themselves if my arguments are persuasive.

The reasons usually given on behalf of dermatologists “reading their own slides” are so well known as to be hackneyed; to wit, dermatologists are sanctioned to do that by having passed the examination given by the American Board of Dermatology—one quarter of the questions on it purportedly dealing with matters pertinent to dermatopathology, to say nothing of the amount of time devoted to that discipline during the course of a residency in dermatology; they are the ones best able to interpret findings in sections of skin because it is they who have seen the lesions *in vivo* and have performed the biopsy, thereby enabling clinicopathologic correlations to be achieved optimally by them; they always have the option of sending sections of tissue whose findings are beyond their ken to a real dermatopathologist; and, finally, they have every right to read their own slides if they feel comfortable doing so.

The arguments just set forth are given the lie by the fact that passing the Board examination (which is done by about 90% of those who sit for it) testifies only to competence *in general* as deemed by those who construct the examination; it may give license practically for a dermatologist to function as an immunopathologist interpreting changes by immunofluorescence or to function as a Mohs micrographic surgeon, but it does not give credence ethically to those practices. Additional formal training is mandatory before a Board-certified dermatologist

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should engage in the practice of immunopathology or Mohs micrographic surgery. Parenthetically, in regard to the latter procedure, all too few trainees in it are schooled properly in the interpretation histopathologic of all types of skin neoplasms and, that being the case, they should not be functioning as dermatopathologists in the assessment of tissue they remove piece by piece. And so, too, it should be for the practice of dermatopathology; additional formal training is mandatory if a dermatologist is to be skilled sufficiently to handle difficult cases, and that is precisely what a physician who functions as a dermatopathologist specifically should be able to do.

Correlation of the attributes of lesions as they are judged by gross examination with those scrutinized by conventional microscopy can be forged equally well if a dermatologist does not act as a certified dermatopathologist to render a diagnosis histopathologic with finality. In theory, every dermatologist should review findings in sections of tissue from every biopsy specimen taken, but how many dermatologists who do not practice as a dermatopathologist too and charging a fee for it actually do that? Hardly any. Moreover, "seeing the clinical" is not always an advantage to the person who will be interpreting findings in sections from the specimen extracted from that lesion. For example, a clinical misperception, such as of Clark's "dysplastic" nevus that, in reality, is a melanoma, can lead a dermatologist acting as a dermatopathologist to impose the error in assessment clinical on the changes histopathologic, thereby resulting in misdiagnosis of a melanoma as a nevus. In short, there are serious pitfalls associated with "reading one's own slides." It also is abject for a physician, or any professional, to handle only the "easy" cases and slough off the "tough" ones on a colleague, even though that behavior is not uncommon for a dermatologist in the guise of dermatopathologist. What do those pretenders do when they themselves, a member of their family, or a dear friend have a melanocytic neoplasm that, to their eye as judged by conventional microscopy, could be a Spitz nevus or a melanoma? Of course they send it immediately to that dermatopathologist whose ability they respect most. Apologists for dermatologists who act as their own dermatopathologist when it comes to diagnoses that are a "snap" and who seek an opinion from an expert when it comes to diagnoses of the unconventional aver that that is no different from any other physician who seeks consultation appropriately. But that argument is specious and sophistic; a generalist is expected to handle only those problems that are within his or her purview and to turn for help on

behalf of a patient when that is deemed necessary, but a dermatologist who claims to be a dermatopathologist all too often seeks a consultant expert, not on behalf of a patient but of himself or herself, that is, to protect himself or herself from a suit alleging negligence. Philosophically the difference between these situations is vast. And, the situation for a general pathologist in regard to "reading out" sections of skin is very different from that of a dermatologist acting as his or her own dermatopathologist. A general pathologist is not supposed to be a master of every facet of the field of pathology and is expected to triage those cases problematic to a specialist in that particular arena of pathology. A dermatologist serving as a dermatopathologist for a fee assumes the mantle of a superspecialist, not the garb of a sorter of lesions as "easy" or "tough." The conflict of interest, even for a dermatologist highly competent in dermatopathology, could be resolved by simply "reading slides" for patients of other physicians, not one's own.

What, in truth, is the real motive for most dermatologists "reading their own slides"? Is it really altruistic and academic?

Medicine in general and dermatology in particular are in "free fall" in the estimation of the laity, which perceives physicians now very differently than it did 50 years ago. Instead of physicians being conceived of as exemplars of the most noble and learned of professions, the "Friend of Man" as Osler put it, physicians today are regarded largely as pliers of a trade that redounds mostly to their own advantage and only coincidentally to that of patients. Unless those in the medical profession resolve highly to police fellow members who violate not simply norms of behavior of the profession, but of plain decency, the plummeting of medicine will continue until, in the mind of the public, physicians have returned to their origin as barbers. That means discipline of those who testify falsely, and knowingly, under oath in medical-legal matters, those who provide misinformation to patients deliberately, such as that invisible inflammation is the cause of aging and of wrinkling of skin, those who hawk and sell products in their office, ostensibly under their own label, when, in actuality, those cosmeceuticals are generic and of no benefit therapeutically, and those who engage in self-referral in what ostensibly is a conflict of interest and one that does not serve patients optimally. We physicians are the only true stewards of patients and if we are to be true to that obligation, we must stop the shenanigans now. Dermatologists should stick to their last and dermatopathologists to theirs.