Time to Regain Our Credibility and to be Proactive

It is an honor to serve as guest editor again as my department is highlighted for the second time in *Cosmetic Dermatology®*. The first time I served as guest editor, in June 2004, I discussed the role of university-based cosmetic dermatologic surgery centers. For this editorial, I took some time to reflect on the past 3 years and to ask our residents and fellows what value they found in being exposed to both general dermatologic surgery and cosmetic dermatologic surgery during their training.

It was interesting to hear residents say that oftentimes they begin residency not knowing what cosmetic dermatologic surgery encompasses. As they proceed through their training, some residents express an interest in learning to perform cosmetic dermatology procedures and are encouraged to find patients on whom to perform these procedures while under my supervision. Although not every resident chooses to include cosmetic dermatology in his or her practice, they can at least make this choice knowledgeably.

However, the tide may be changing in the universities. Unfortunately, part of this is in response to what we may have brought on ourselves, but part of the blame also lies with industry (eg, laser companies and pharmaceutical companies). The following experience I had at a medical conference serves to highlight this point.

Loss of Credibility

I was a lecturer at a meeting this past June. This meeting was attended by dermatologists, facial plastic surgeons, ophthalmologists, and plastic surgeons. It was interesting to note that only a small number of nondermatologists had conflicts to disclose whereas a large number of dermatology speakers had disclosures to make. The audience was polled throughout the sessions, and the responses were posted immediately on a screen in the meeting room. Most of the questions were related to the surgeries being discussed at the meeting, such as facelifts and blepharoplasties. However, when the presentations on lasers and fillers began, most of which were given by dermatologists, the questions took an ominous turn. Most of the questions were not focused on the procedures being discussed, but rather on the ethics and credibility of industry-sponsored speakers. The audience was quick to reply that they would be doubtful about the findings of any study in which the speaker has a connection to the manufacturer of the technology being studied. They were also quick to comment that they did not believe the speaker would be expressing his or her true opinions.

Repercussions

How and why does this affect us at work? The University of Pittsburgh Medical Center is taking what might be considered a very stringent stance on the issue of medical bias and influence from pharmaceutical and technology companies. As of 2006, no pharmaceutical representatives are allowed to visit the clinics if residents are present. Any interaction between pharmaceutical representatives and residents has to take place off site. This year, the university is considering taking things further. In addition to banning representatives, all samples and brochures will be banned, and physicians will not be allowed to accept money from any pharmaceutical or technology company in order to speak on their behalf. Whether these bans will be enforced is yet to be seen, but we must reflect on how we got into this position and what we can do to find a middle ground.

Proactive Stance

I propose some suggestions as to how we can regain our credibility, continue to improve education, and still allow partnership with industry. I think there is merit to working closely with industry, especially during a time when technology is changing so rapidly that many physicians are finding it hard to keep up.

First, I would like to start with some suggestions regarding resident training. I think a lot is lost if companies cannot provide educational materials to residents regarding new products such as medications, fillers, and lasers. For example, residents need equal exposure to the multitudes of soft tissue fillers available on the market. Then they can make an educated decision about which fillers they feel comfortable using. This can be achieved by residents attending a hands-on session at which the attending physician gives a comprehensive lecture on all soft tissue fillers while the manufacturers of the products supply the various injectable materials that will be used during the session. Either representatives from all of these

companies should be present or none should be allowed to attend so that the information presented is all encompassing and not favoring a particular product.

The same point can be made with lasers. Not every university-based cosmetic dermatology unit has access to the latest in laser technology. I have always stated that it is the duty of the university programs to have the most advanced technology for training residents and to have the means to produce unbiased clinical research on these technologies. To achieve this, I believe that the laser companies should donate lasers to the university programs. This becomes a win-win situation for all. The universities will benefit by having the most advanced technology, the residents will benefit from the training, and the laser companies will benefit from the residents who go into practice and purchase some of these lasers.

I think there is merit to working closely with industry, especially during a time when technology is changing so rapidly that many physicians are finding it hard to keep up.

Additionally, once the universities have access to these lasers, this may lead to more clinical research in which they can compare the lasers without having the burden of any financial ties to the various companies. In most current trials, the credibility of the results is questioned if the new laser technology is not compared to what is considered the gold standard or if the results of the trial are found in favor of the company that supported the research.

When it comes to medical conferences, there is a role for physicians to give lectures as part of industry-sponsored sessions, but the manner in which this is done needs to change. We must strive to ensure that our continuing medical education hours are as educational as can be. For this reason, I question the validity of industry-sponsored talks at our meetings and I think that every medical conference should not allow these lectures as part of the main meeting. All lecturers should be there of their own accord and present their findings with the various technologies. However, scheduling industry-sponsored sessions at times different from the main meeting, such as in the early morning or early evening, will allow conference goers the ability to attend these sessions as well.

Finally, when presenters are giving a lecture about a new technology, they should be required to present their experience with that particular technology. Too often we see presentations that are prepared by the manufacturer containing no information about the presenter's experience with the technology. This needs to change. For example, I often lecture about autologous fat transplantation. Imagine if I gave this lecture but used other surgeons' before and after photographs. I would be laughed right out of the conference hall. The same standards need to apply with lasers and fillers. Lecturers should present the technical data from the company but then they should show their own before and after photographs.

If we can make these changes and enforce them, cosmetic dermatologic surgeons will start to regain the credibility we once had. Let's take a proactive stance on this before we find ourselves being regulated by either the universities, medical societies, or the government.

Suzan Obagi, MD
Pittsburgh, Pennsylvania

The author reports no conflict of interest in relation to this article. ■