

An Attractive Field

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Dermatology is a competitive specialty, according to *The New York Times* in the article “For Top Medical Students, an Attractive Field.”¹ Every few years, my hometown newspaper attempts to render an analysis of our specialty. More than 4 years prior, the article “Young Doctors and Wish Lists: No Weekend Calls, No Beepers” tried to summarize our field by stating: “Dermatologists typically do not work nights or weekends, have decent control over their time and are often paid out of pocket, rather than dealing with the inconveniences of insurance.”²

A physician quoted in the earlier article said: “There’s a brain drain to dermatology, radiology and anesthesia.”² As we are all aware, brains are an asset in dermatology as well. The author of the article stated: “In other fields, like dermatology and radiology, doctors can enjoy both more control over their time and a relatively hefty paycheck. . . . The symbol for ‘controllable lifestyle’ is dermatology.”²

In its latest opus, *The New York Times* examined “. . . a migration of a top tier of American medical students from branches of health care that manage major diseases toward specialties that improve the life of patients,” indicating that fields such as dermatology and plastic surgery improve “. . . the lives of physicians, with better pay, more autonomy and more-controllable hours.”¹

As reported by *The New York Times*, dermatology and plastic surgery are among the most competitive residency programs.¹ In 2007, students accepted as residents in dermatology, plastic surgery, and otolaryngology had the highest median medical board scores and the greatest percentage of medical honor society members among 18 specialties, according to a report from the National Resident Matching Program and the Association of American Medical Colleges.³

Following these complimentary statistics, the article goes on to imply that those individuals

choosing dermatology as their specialty are in some way compromising the health of our nation.¹ Let us follow the twisted logic. The article notes that “[a]lthough there are far fewer positions in dermatology (320 residencies in 2007) than in internal medicine (5,517) and family medicine (2,603), the field is attracting some of the best and brightest future doctors.”³ Despite the fact that dermatology slots make up less than 4% of the positions listed above, a cardiology professor interviewed for the article said: “We have a shortage in America of primary-care or family-type doctors. . . . We do need dermatologists, but I am more worried about the really sick people and dermatologists aren’t taking care of them.”¹

I have 2 responses to these statements. First, dermatologists have much in common with our primary care colleagues. There also is a shortage of dermatologists and, contrary to the cardiology professor’s opinion, we also take care of sick people, many with acute and chronic debilitating conditions. Second, if all of the 320 residency slots were primary care positions, the nation would still have a primary care shortage and there would be no one to treat skin disease.

Despite the fact that we are a small community in the realm of medicine, we perform an indispensable role in the medical care of our country. We should be proud of our accomplishments and the outstanding and necessary services we provide. We should not accept the *The New York Times* or anyone else implying otherwise.

REFERENCES

1. Singer N. For top medical students, an attractive field. *New York Times*. March 19, 2008:A1.
2. Richtel M. Young doctors and wish lists: no weekend calls, no beepers. *New York Times*. January 7, 2004:A1, A19.
3. National Resident Matching Program and Association of American Medical Colleges. Charting outcomes in the match: characteristics of applicants who matched to their preferred specialty in the 2007 NRMP main residency match. 2nd ed. Published August 2007. <http://www.nrmp.org/data/chartingoutcomes2007.pdf>. Accessed April 9, 2008. Cited by: Singer N. For top medical students, an attractive field. *New York Times*. March 19, 2008:A1.

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