

Dermatology in the Millennium

We all agree that our specialty has gone through profound changes in the last three decades, and has been gaining recognition in the medical community. Our specialty has evolved from an empirical descriptive study to a scientific medical discipline with tremendous progress in research and technology. Advances in the understanding of the basic skin biology particularly immunology have effectuated novel therapeutic options, some of which are highlighted in the two timely review articles in this issue of the bulletin. The "steroid dynasty" is mainly over and many non-steroidal therapeutic options are either already available such as vitamin D derivatives or on the horizon as exemplified by tacrolimus and ascomycin, offering effective treatment with safer profile. Furthermore, existing techniques have been optimally refined such as photothermolysis in laser surgery and narrow band UVB phototherapy.

Hong Kong, like other affluent societies has an increasingly aging population and consequent insatiable demand for rejuvenation, abundance of new cosmetopeutic products with dubious scientific validation, coupled with the "infotainment" ethics of our local media, we are now facing new sets of challenges. The recent advertisement by beauty parlour in the use of laser tricholysis was a case in point. Our entrenched monopoly as sole information / care provider has been challenged. As a whole, the non-medical and non-scientifically trained therapists are often more media friendly than the more cautious and caveat doctors. The Hong Kong Society of Dermatology and Venereology had initiated a rota system of volunteered fellows of the society to answer questions from the media; more recently part of the burden is shared with the academic staff of the Chinese University of Hong Kong. Undoubtedly there are risks involving media involvement, just as there are hazards associated with ignoring the opportunity to correctly inform and influence public opinion.

There is also profound development in Dermatology in Hong Kong since the establishment of the Hong Kong Academy of Medicine. Subspecialty

board in Dermatology and Venereology under the auspice of Hong Kong College of Physicians has been empowered to oversee accreditation and training programmes / examinations whereas the CME is under the jurisdiction of the Hong Kong College of Physicians. Doctors as a whole, have been the targets of much continued media scrutiny with much occasionally justified criticism, some of which were highlighted in the recently published Harvard report. We are now entering an era of clinical transparency and self-regulation. Quality assurance or clinical governance will be inevitable and should be welcomed. This is not an easy task but we should all support this within a workable and fair framework.

The Hong Kong Dermatology & Venereology Bulletin is getting from strength to strength with high quality content and is destined to become an indexed scientific journal in the future and much continued support from the institutional and private dermatologists are needed. Closer liaison with our colleagues in mainland China has also been fostered and to be encouraged to our mutual benefits.

There are two important advances that could significantly influence our specialty, one is telemedicine which is admirably suitable for our specialty and the other is the new status of traditional Chinese medicine in Hong Kong. We should look into these opportunities with enthusiasm and could even play a pioneering role in combining an East/West approach in Dermatology!

All in all, we have made tremendous progress in our understanding and therapeutics in Dermatology and in Hong Kong, our ultimate aim would be the formation of our own college. With a solid foundation, the specialty of Dermatology and Venereology can look forward to this threshold of the new century with confidence. It will be challenging as well as rewarding.

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