The way dermatology is practiced has changed dramatically in the past two decades. This reflects in no small way the movement toward managed care. Today, the number of Americans enrolled in health maintenance organizations (HMOs) or preferred provider organizations (PPOs) is estimated at more than 120 million. In 1976, this number was only 6 million. Coincidentally, for the first-line treatment of many dermatologic conditions, there has been a movement away from the dermatologist’s office to the family practitioner’s office.

In 1980, nearly 60% of all visits for skin complaints were to dermatologists, with the remainder to nondermatologists. Less than a decade later, that ratio had reversed. In many areas, dermatologists treat only more severe skin problems, with primary care physicians managing acne and many other less complicated conditions.

These facts of modern medicine have led to a bull market in courses and books on dermatologic therapy for primary care physicians. However, as noted by one of my colleagues and an author of one of the articles in this issue, Jeffrey Callen, MD, in their zeal to learn how to treat skin disease, general practitioners have forgotten the most essential part of the dermatologic examination: the approach to the patient. No physician should read any article in this issue without first reading, and understanding, article one, “The Essentials of the Complete Skin Examination.” No cardiologist would treat a patient with chest pain without a proper history and physical examination, along with appropriate laboratory studies. Similarly, just knowing a patient has acne or psoriasis is an insufficient database from which to initiate treatment. Finally, primary care physicians should remain aware that there are specialists with extensive training in dermatology who are willing and able to provide assistance in the care of any patient with skin problems.

Bruce H. Thiers, MD
Guest Editor

Department of Dermatology
Medical University of South Carolina
171 Ashley Avenue
Charleston, SC 29425