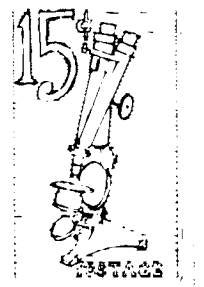


Letters to the Editor



Are Dermatopathologists Not Socially Conscious?

To the Editor:

This letter is another response to the title question asked by Dr. Cockerell in the April 1990 issue of the *Journal*. The issue of "social consciousness" is irrelevant. There is no such thing as a social consciousness or group consciousness. There is no such thing as a disembodied consciousness. There are only individuals, each of whom might possess the faculty of consciousness (provided that one's mind is not impaired). The questions, properly stated, are: are there living individuals who have the faculty of consciousness? And, what is the proper politico-economic system that allows for the proper interaction of humans? The answer to the first question is yes, and the answer to the second question is "laissez-faire capitalism." Excellence in medicine, among many other aspects of a person's life, cannot be realized without this system, because all aspects require individual political freedom, that is, inalienable individual rights to *pursue* (not necessarily to attain) values, including property rights. All the rest follows from this.

Concerning Dr. Frankel's letter (*Am J Dermatopathol* 1991;13:97), I offer this reply for the specific questions he raised:

Question 1: Is a microscopic description necessary for every skin biopsy report submitted to a dermatopathologist?

Answer: No. Reason: In its essential form, the report should provide the following information: unique identification of the patient, clinical history, specific origin or location of the tissue, the diagnosis, and (optionally) comments or recommendations. The clinical history and tissue origin can be condensed to a concept consisting of two words: clinical context. The diagnosis may be regarded as a diagnostic concept, which is a mental abstraction that is derived from the observations of many individual cases of a similar type, and which is applied to the observations of a specific case. It subsumes all possible clinical contexts and outcomes that are known to any particular pathologist interpreting the

case; that is, it depends on his/her conceptual integration of the available facts at any particular time. Comments or recommendations are those specific features unique to any individual case for which a report is generated; such comments may be necessary to specifically aid the clinician, depending on the patient's clinical context. Microscopic descriptions, as such, are subsumed under a diagnostic concept and may be regarded as optional. However, if the clinical context and microscopic observations do not fit well into any known diagnostic concept, a microscopic description is appropriate; in fact, it is necessary in order to objectively clarify the issues. Additionally, the desire of a clinician to have a microscopic description in every report is an individual concern, to be negotiated among the patient, the clinician, and the pathologist. This issue is more a matter of personal preference than of moral imperative.

Question 2: Is it ethical (i.e., moral) for a dermatologist without formal dermatopathology training to render such professional services to his patients?

Answer: Yes. Reason: The issue is neither one of medical licensure nor of obtaining a medical board of any general or subspecialty area. The issue is the objectively stated intent of a physician to pursue a certain area, and then to pursue it. In a moral politico-economic system, such as laissez-faire capitalism, there is only one proper way any such a pursuit could or should ever be revoked. It could and should only be revoked if a physician were to go outside the moral system; if he/she initiated physical force or perpetrated fraud against a patient, based on objective evidence presented to an objective court of law by the patient or someone serving the patient's interests. In addition, this principle equally applies to a patient; no patient in a moral politico-economic system could or should have the right to initiate physical force or fraud against any physician.

A physician with an interest in interpreting der-

matopathology cases clearly should have the right to pursue them without asking permission from any board (a small group of individuals), society (a large group of individuals), or any government (which should properly *protect* his/her right to pursue their values). Depending on the individual, one might wish to obtain the sanction of one or more of these groups. That would be *his/her* decision. However, this would neither guarantee that he/she would be very knowledgeable about dermatopathology nor financially successful at it. Nor would it guarantee that an individual or group of physicians would wish to employ him/her to perform such a task. It should not. That part is up to the individual to achieve—by proving his/her excellence. In a politically free system, if he/she fails, it is his/her own failure; if successful, each has a proper claim to any earned rewards.

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Dr. Cockerell's Reply

To the Editor:

I have read the response of Mark Hurt to my editorial "Are Dermatopathologists Not Socially Conscious?" Although I admire Dr. Hurt's metaphysical response to the issue of social consciousness, making a moot issue of the question begs it. The phrase "social consciousness" is one used in common parlance to refer to a genuine concern for social issues. Some examples of social consciousness include concern for one's environment (also known as environmental consciousness), concern for one's family and friends, as well as concern for one's society as a whole. I do not agree that there is a more proper way of stating the rhetorical question that I posed to members of our subspecialty. In my opinion, the proof of whether we as a group are concerned rather than apathetic about serious issues that confront us lies in our response to them. The fact that as a whole, dermatopathologists have remained mute observers and passive victims rather than having acted as leaders tends to indicate that concerns for these issues is relatively minimal. I do not believe that the reason for this is because of a specific socio-political situation. We can look to China and Eastern Europe, where oppressive societies have spawned political action, in some cases with positive results and in others, disastrous ones.

To me, a manifestation of personal excellence was depicted in the bravery of the young Chinese student standing in front of the tank proceeding relentlessly down Tiananmen Square.

In summary, we as physicians, and dermatopathologists in particular, have the ability in this society as well as in others to act in a concerned way by taking action, such as writing editorials, regarding the problems that surround us rather than to act as mere passive observers. Failure to "take arms against a sea of troubles" does not give one the right to complain about them as I see it.

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Dr. Frankel's Reply

To the Editor:

Dr. Hurt gives a reasonable explanation for making the microscopic description of skin biopsies optional.

However, I strongly disagree with Dr. Hurt's claim that any physician has the right to practice in any area of interest (i.e., dermatopathology) without "interference" from medical societies, specialty boards, and licensing boards. Indeed, patient problems with *laissez-faire* medicine, as advocated by Dr. Hurt, were common in the early 1900s and lead directly to the development of those specialty boards and governmental agencies he finds so intrusive.

Patients have not received and cannot receive adequate medical care (including dermatopathology services) under a system where anyone can provide those medical services merely by declaring themselves competent.

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Human Papillomavirus and Seborrheic Keratosis

To the Editor:

I have read with keen interest the article by Zhao et al. (1) demonstrating that seborrheic keratoses