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Trends in unsolicited dermatologic opinions: a national survey

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Abstract

In dermatology, a particularly common ethical dilemma can arise when the skin lesions of bystanders are inadvertently viewed in public settings. Dermatology is a unique field, where a person's organ of interest is readily visible to others. When lesions are suspicious for skin disease, unsolicited medical opinions may or may not be given depending on several factors. This study examined the actions and attitudes of dermatologists with different levels of experience through the use of case scenarios with various settings and skin lesions.

Keywords: bioethics, dermatology, residency, medical education, unsolicited diagnosis

Introduction:

Unlike other organs, a person's skin is often readily visible to the public. Therefore, dermatologists may inadvertently and unintentionally view lesions suspicious for skin disease. The subject of whether physicians should offer their unsolicited medical opinions has continued to garner interest in the recent dermatologic literature [1-4]. As a clear ethical dilemma, many factors must be acknowledged before approaching a bystander who is thought to have an abnormal skin condition. Key considerations include the potential for privacy, the location of the encounter, and the type, severity, and certainty of the potential diagnosis. Options available to the physician range from disregarding any signs of disease to performing an impromptu examination. The aim of this study was to examine the attitudes

of dermatologists at different levels of experience toward giving unsolicited dermatologic opinions using various settings and skin lesions.

Methods

An optional 16-item online survey was sent in September 2016 to dermatology residency program coordinators to be forwarded to residents and program directors. Program directors served as the physicians with greater experience. The survey asked for demographic data, length of training specific to dermatology, and questions related to various hypothetical scenarios pertaining to approaching bystanders with unsolicited medical opinions. The scenarios specifically focused on healthcare and non-healthcare settings. In addition, consideration was given for differences in approach to lesions suspicious for melanoma, squamous cell carcinoma (SCC), basal cell carcinoma (BCC), and actinic keratosis (AK). Top-box scoring was utilized and chi-squared test was performed.

Results

A total of 34 of 121 (28.1%) program directors and 76 of 1358 (5.6%) residents completed the survey. Unsurprisingly, program directors possessed greater length of training in years than residents (20.1 vs. 2.0, $p < 0.00001$). In each non-healthcare and healthcare setting, program directors were more comfortable than residents approaching bystanders with unsolicited medical opinions (6.9% vs. 2.2%, $p = 0.037$; 91.2% vs. 71.1%, $p = 0.021$). There were no significant differences in physician confidence in each setting respectively (18.6% vs. 19.7%; 58.8% vs. 51.3%).

Table I. Approach rates (%) of skin lesions.

Skin Lesion	Healthcare Setting (Y/N)	Program Directors (%)	Residents (%)	p-value
BCC	Y	100	96.1	
Melanoma	N	94.1	77.6	p=0.035
SCC	N	41.2	32.9	
AK	N	2.9	5.3	

Program directors were more likely to approach bystanders with lesions suspicious for melanoma (94.1% vs. 77.6%, p=0.035). There were no significant differences in rates of approach for other skin lesions including BCC (100.0% vs. 96.1%) in healthcare setting, and SCC (41.2% vs. 32.9%) and AK (2.9% vs. 5.3%) in non-healthcare settings. (Table I)

Conclusion: Experienced dermatologists were generally more comfortable approaching bystanders both in public surroundings and also in healthcare environments. They were also more likely to approach bystanders with high-risk lesions suspicious for melanoma. The visualization of all other skin lesions, including BCC, SCC, and AK, showed no differences in bystander approach. However, there was a trend toward increased rates of approach for more severe lesions in non-healthcare settings. Additional studies are needed to further examine other factors influencing unsolicited dermatologic opinions.

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Survey

1.Are you a resident or program director?

- Resident
- Program Director

2.How many years have you been practicing in dermatology, including residency training?

3.Do you participate in an in-patient hospital consultation service?

- Yes
- No

4.If you are a current resident, do you participate in a resident-run clinic?

- Yes
- No
- Not A Current Resident

5.Scenario 1: You are changing your clothes in the communal locker room at your nearest gym. Standing next to your locker is someone who is unknown to you. While putting away your clothes, you inadvertently view what appears to be an irregularly hyperpigmented lesion on this person's arm. This is suspicious for a possible melanoma.

a.Would you approach the bystander regarding this

potential diagnosis?

Yes

No

1 (Extremely Comfortable)

2 (Very Comfortable)

3 (Comfortable)

b. How comfortable do you feel approaching the bystander in this location?

1 (Extremely Comfortable)

2 (Very Comfortable)

3 (Comfortable)

4 (Somewhat Comfortable)

5 (Not Comfortable)

4 (Somewhat Comfortable)

5 (Not Comfortable)

c. How confident are you in making the diagnosis?

1 (Extremely Confident)

2 (Very Confident)

3 (Confident)

4 (Somewhat Confident)

c. How confident are you in making the diagnosis?

1 (Extremely Confident)

2 (Very Confident)

3 (Confident)

4 (Somewhat Confident)

5 (Not Confident)

5 (Not Confident)

6. Scenario 2: You are visiting your nearest beach town for the weekend. While walking along the ocean, there is another person walking in the opposite direction toward you. When this person passes you by, you inadvertently view an erythematous and hyperkeratotic papule on this person's ear. This is suspicious for a possible squamous cell carcinoma.

a. Would you approach the bystander regarding this potential diagnosis?

Yes

No

7. Scenario 3: You are shopping at a clothing store in your nearest mall. Next to the clothing rack that you are browsing through are a couple of chairs for shoppers to sit. An older gentleman walks toward one of these chairs. When this person bends over to sit down, you inadvertently view several thick and hyperkeratotic papules on this person's scalp. These are suspicious for possible actinic keratoses.

a. Would you approach the bystander regarding this potential diagnosis?

Yes

No

b. How comfortable do you feel approaching the bystander in this location?

1 (Extremely Comfortable)

2 (Very Comfortable)

3 (Comfortable)

4 (Somewhat Comfortable)

b. How comfortable do you feel approaching the bystander in this location?

5 (Not Comfortable)

4 (Somewhat Confident)

c. How confident are you in making the diagnosis?

5 (Not Confident)

1 (Extremely Confident)

2 (Very Confident)

3 (Confident)

4 (Somewhat Confident)

5 (Not Confident)

8. Scenario 4: You are participating in an in-patient hospital consultation service. You were consulted to evaluate a patient for a possible drug reaction. However, when examining this patient, you also view a pearly nodule on this patient's outer cheek. This is suspicious for a possible basal cell carcinoma.

a. Would you approach the patient regarding this potential diagnosis that is unrelated to the consult?

Yes

No

b. How comfortable do you feel approaching the patient about this potential diagnosis that is unrelated to the consult?

1 (Extremely Comfortable)

2 (Very Comfortable)

3 (Comfortable)

4 (Somewhat Comfortable)

5 (Not Comfortable)

c. How confident are you in making the diagnosis?

1 (Extremely Confident)

2 (Very Confident)

3 (Confident)