

Essay Synopsis: Is British Dermatology better in or out of Europe?

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Introduction

The practice of dermatology is not immune from the social and political climate in which it operates. The vote to leave the European Union will have significant repercussions for the discipline, yet there is no evidence base to ground a two-sided debate in facts. Any examination of what the future holds therefore relies on reasoned conjecture.

History

Historically "British dermatology" has not existed as an isolated entity, rather it sits within a context of a shared European and American tradition. "British dermatology" can not be taken out of Europe as it is an intricate part of a European exchange of ideas, of particular note between individuals in Austria, Germany, France and Britain, which has led to the discipline as we know it today.

Research

Concerns about what constitutes a "British" dermatology aside, leaving the European Union institutions will have significant consequences in the realm of funding for scientific research. This will have a particular importance for dermatology as it will affect rare disease research the most. With over two thousand distinct dermatological conditions, dermatologists are responsible for the care of a multitude of rare diseases, which while uncommon as individual conditions, combined affect one in seven of us.

Medications

A departure from the EU will also have an impact on the approval of new medications in the UK. Currently this role is divided between the national and the European level. The UK benefits from being part of the large EU market, as pharmaceutical companies prioritise approval in Europe as it allows their products to reach 443 million relatively wealthy individuals. With a population of only 64 million, approval in the UK market would be much further down their list of priorities. The only obvious ways to counteract this tendency would have a detrimental impact on patient safety, or would require mimicking European standards resulting UK scientists having no input in the way drug trials are run to approve medicines sold in this country. It would be reasonable to state that unless a radical new framework for drug approval is created, 'Brexit' will result in a greater delay between medications being developed and becoming accessible to patients in the UK.

Staff

Dermatology, as a small specialty, is particularly vulnerable to fluctuations in staffing numbers. Uncertainty created by 'Brexit' could worsen the current shortage of 250 consultants, when compared with numbers recommended by the Royal College of Physicians. Additional hurdles to 'medical tourism' have the potential to hamper private practice income, as this group account for a sum of income out of proportion with their numbers (7% of patients, 25% of income).

A sunny side?

Brexit may not, however, be all doom and gloom for the nation's dermatological health. The drop in the value of the pound has seen holidays to sunnier climates become unaffordable for many, and we have already witnessed a resurgence in holidaying within the UK. Over time this has the potential to cause a decrease in the occurrence of skin cancers, reducing the seven deaths per day in the UK from melanoma and cutting the predicted NHS spend in 2025 on BCCs and SCCs down from £465 million.

Conclusion

Brexit is likely to have many negative repercussions for dermatology in the UK, yet they are likely to operate in the background, characterised by absence rather than presence with no overt radical shifts in front-line service. The debate may appear one-sided, however, as it is always easier to point out the problems that a significant shift will cause, yet the potential benefits remain obscured by the inevitable uncertainty of the future.