

Who Should Look After Genital Skin Disease in the 21st Century?

Joseph Pease, Norwich Medical School | Word count: 599

Genital skin disease is arguably the most varied group of dermatoses. The patients may be any age or gender; the underlying disease processes are incredibly variable; and many specialists are involved in managing these conditions, ranging from dermatologists to urologists. Furthermore, the patient's individual thoughts may have a massive influence over whom they may consider as the most appropriate physician, especially as the NHS becomes increasingly centred on patient choice.

The Physician:

Usually, the first port of call is the GP. However, due to the sensitive nature of genital dermatoses, walk-in GUM clinics offer a quick and confidential alternative, with referral to other specialists if necessary. There are many parallels between dermatologists and GUM physicians considering that both specialties can lead to a special interest/subspecialty in genital skin disease. Dermatologists may already be burdened with ~2,000 cutaneous diseases², so it is reasonable that they share this with other specialists. Additionally, the role of specialist nurses should be evaluated, as up to 54% of patients were happy to see either a doctor or nurse for their sexual health problem.⁴

The Disease:

We could also consider the diseases based on where they affect. In the case of vulval conditions, gynaecologists are the key players. Perhaps they can

offer a more streamlined management endpoint, without interdisciplinary referral. An alternative could be to categorise conditions based on genders, i.e. females see gynaecologists and males see urologists. Whilst there may be skin conditions that are universal to both sexes, the physician that deals exclusively with that portion of the body every day may be best equipped.

The Setting:

The teenager may approach a GUM clinic differently to a married octogenarian. There may be a certain stigma⁷ attached to attending these clinics, acting as a barrier to seeking treatment. Furthermore, GUM clinics are already overstretched⁸, so increasing their footfall could be damaging to all aspects of patient care.

Interdisciplinary clinics are used across Europe for many different problems. The idea of an interdisciplinary vulval clinic is well supported, with 71% of interviewed physicians believing that it is a necessity.¹¹ Currently, about 42% of UK sexual health clinics have dedicated genital dermatoses clinics, which are manned by GUM physicians, dermatologists, gynaecologists and urologists.⁶

The value of “One Stop Shops” (OSSs), whereby patients are referred “under one roof” has been evaluated in the scenario of sexual health services¹². Benefits for the patient include convenience and more holistic care.¹² They would likely be more cost effective¹² and it is thought that integrated care

would improve staff motivation, flexibility and work opportunities, particularly for nurses.

The Patient:

With the introduction of NHS e-Referral Service in 2015, patient choice is very much at the forefront of care. As it stands, patients broadly have the choice of GP or GUM clinic, with subsequent referral to other specialists. The extent to how far this choice should extend is up for discussion. Should a lady with lichen sclerosus have the option of deciding between a gynaecologist or a dermatologist, when both are capable of managing her? Whilst patient autonomy is a fundamental principle in medical practice, when should we draw the line? There are many things to consider in order to keep the patient at the heart of the issue.

Conclusion:

There is not a simple answer to the question “Who should look after genital skin diseases in the 21st century”. There are many genital dermatoses, and many different specialists. Each physician brings to the table valuable skills and knowledge, so if it were possible to unify this wisdom on common ground, then it could offer a comprehensive and effective genital dermatoses service.

References:

1. Joint Royal Colleges of Physicians Training Board. *Specialty Training Curriculum for Dermatology*; 2010. http://www.gmc-uk.org/2010_AUC_Dermatology_curriculum_amendments_2012_AUC.pdf_56436726.pdf (accessed 15th January 2016)
2. Yusuf I, Turner R, Burge S. *A career in dermatology*. BMJ Careers. http://careers.bmj.com/careers/advice/A_career_in_dermatology (accessed 15th February 2016).
3. Joint Royal Colleges of Physicians Training Board. *Specialty Training Curriculum for Genitourinary Medicine*; 2010. http://www.gmc-uk.org/Genito_urinary_medicine_curriculum_2010.pdf_32485349.pdf_43566961.pdf (accessed 15th January 2016).
4. Ross JDC et al. Public involvement in modernising genitourinary medicine clinics: using general public and patient opinion to influence models of service delivery. *Sexually Transmitted Infections* 2006;82(6):484-488.
5. Royal College of Obstetrics and Gynaecology. *The Management of Vulval Skin Disorders*. Green-top Guideline No. 58. 2011. https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_58.pdf (accessed 15th January 2016).
6. Hartley AJ et al. Are specialist-leg genital dermatology clinics a valuable and necessary part of sexual health service provision in the UK? *Sexually Transmitted Infections* 2013;89:379.
7. Scoular A, Duncan B, Hart G. "That sort of place...where filthy men go...." a qualitative study of women's perceptions of genitourinary medicine services. *Sexually Transmitted Infections* 2001;77:340-343.

8. White PJ. *Providing adequate treatment capacity for sexually-transmitted infections is cost-saving*. Imperial College Faculty of Medicine.
<https://www1.imperial.ac.uk/resources/60AF5D2A-2A7E-4E9A-B18D-E33C324382B4/> (accessed 16th January 2016).
9. British Society for the Study of Vulval Disease. *Standards of care for women with vulval conditions*; 2013.
10. Pearce J, Fernando I. The value of a multi-specialty service, including genitourinary medicine, dermatology and urology input, in the management of male genital dermatoses. *International Journal of STD & AIDS* 2015; 26(10):716-722.
11. Bauer A et al. Vulval Diseases Need an Interdisciplinary Approach. *Dermatology* 1999;199:223-226.
12. French RS et al. One stop shop versus collaborative integration: what is the best way of delivering sexual health services? *Sexually Transmitted Infections* 2006;82:202-206.
13. Dixon A et al. *Patient Choice: How patients choose and how providers respond*. The Kings Fund; 2010.