What would you do if a dermatopathology laboratory offered to pay 85% of the cost of an expensive electronic health record system for your practice? What if a patient asked you to accept an invitation to become a Facebook friend? What would you do if you saw a lesion you suspected might be melanoma on the back of a stranger getting dressed two lockers over at the gym? And, what would you do if one of your associates began to exhibit early signs of dementia?

These are examples of the many contemporary ethical and professional dilemmas dermatologists and dermatology trainees might face in their day-to-day work. The solutions are more nuanced than they may appear to be at first glance. Fortunately, dermatologists do not need to be trained bioethicists, healthcare lawyers, or philosophers to analyze and deal with such dilemmas. Nor do they need to have a ready solution for every ethical dilemma encountered. Dermatologists do need to recognize when an ethical issue or dilemma arises, identify key issues, assess relevant ethical principles as well as legal and professional issues, seek advice and supplementary information when indicated, and attempt to resolve the issue in a sound and satisfying way. This approach is illustrated in Fig. 1.

Behavioral ethicists emphasize the importance of honing one’s skills in ethical analysis to avoid self-deception. “When we fail to notice that a decision has an ethical

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**Fig. 1** The approach to an ethical dilemma (Adapted from p. 8, Medical Ethics Today the BMA’s handbook of ethics and law. 2nd ed. BMJ Books. London, 2004)
component, we are able to behave unethically while maintaining a positive self-image,” write Max Bazerman and Ann Tenbrunsel in a recent New York Times article (April 21, 2011, p. A27). Furthermore, they add, “research shows that people consistently believe themselves to be more ethical than they are … (and) that people who have a vested self-interest, even the most honest of us, have difficulty being objective. Worse yet, they fail to recognize their lack of objectivity.” Since all physicians have vested self-interests, conflicts of interest are inherent in the practice of medicine. Accordingly, research suggests that even the most ethically aware physicians may not realize their own subjectivity.

This concept of this book arose from a regular seminar entitled “Dermatoethics” in the Brown University dermatology residency, led by one of the editors (L.B.), that began in 2001. At that time, our faculty recognized the irony that educational offerings in ethics were abundant for medical students, but virtually non-existent for residents who for the first time actually have meaningful independent responsibility for patient care. Furthermore, each year the seminar identified new situations reflecting the ever-changing medical environment. Electronic communication, social networking, healthcare reform, the changing reimbursement scene, consumerism and the business of medicine, cosmetic dermatology and medical spas, and advances in genetic technology, all give rise to new ethical concerns. These developments combined with the frailties of human nature, to which physicians are not exempt, underscore the need for ongoing teaching and dialogue on contemporary issues in ethics and professionalism for dermatology trainees and practitioners.

From 2001 to 2010, 136 English-language articles on ethics in dermatology were published. By contrast, there were only 98 articles published over the prior 20 years. The American Academy of Dermatology offered four forums and discussion groups on ethics at its 2011 meeting. There has clearly been increasing interest in ethical issues in dermatology. It is our hope that this book will serve as a resource to stimulate discussion and teaching in ethics to dermatology trainees, as well as for practicing dermatologists in academia, public and military service, and the community.

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