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For Top Medical Students, an Attractive Field

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Editors' Note Appended

BOSTON — March Madness has a different meaning for Thomas Hocker and Meena Singh, a married couple in their final year at the Harvard Medical School, who are waiting to learn Thursday if they have been accepted into their residency programs of choice.

Already saddled with about $330,000 in education loans, they borrowed $20,000 more so they could fly around the country this winter for about two dozen residency interviews each. All told, each applied to 90 such training programs.

Ms. Singh, pregnant during interview season, gave birth to their second daughter in early January. Three days later, she flew to Miami for an interview.

The search has been difficult not because they are mediocre students; indeed, each has a brand-name education, academic honors and published research on disease. No, it has been hard because they aspire to be dermatologists.

As thousands of medical students await word this week on residency programs, two specialties concerned with physical appearance — dermatology and plastic surgery — are among the most competitive.

Only 61 percent of seniors at American medical schools whose first choice was dermatology received a residency in that field last year, compared with 98 percent for those whose first choice was internal medicine and 99 percent for those seeking family medicine, according to a report by the Association of American Medical Colleges and the National Resident Matching Program, which pairs candidates and programs. Although there are far fewer positions in dermatology (320 residencies in 2007) than in internal medicine (5,517) and family medicine (2,603), the field is attracting some of the best and brightest future doctors.

Seniors accepted in 2007 as residents in dermatology and two other appearance-related fields — plastic surgery and otolaryngology (ear, nose and throat doctors, some of whom perform facial cosmetic surgery) — had the highest median medical-board scores and the highest percentage of members in the medical honor society among 18 specialties, the report said.

The vogue for such specialties is part of a migration of a top tier of American medical students from
branches of health care that manage major diseases toward specialties that improve the life of patients — and the lives of physicians, with better pay, more autonomy and more-controllable hours.

“It is an unfortunate circumstance that you can spend an hour with a patient treating them for diabetes and hypertension and make $100, or you can do Botox and make $2,000 in the same time,” said Dr. Eric C. Parlette, 35, a dermatologist in Chestnut Hill, Mass., who chose his field because he wanted to perform procedures, like skin-cancer surgery and cosmetic treatments, while keeping regular hours and earning a rewarding salary.

Medical school professors and administrators say such discrepancies are dissuading some top students at American medical schools from entering fields, like family medicine, that manage the most prevalent serious illnesses. They are being replaced in part by graduates of foreign medical schools, some of whom return to their home countries to practice.

“We have a shortage in America of primary-care or family-type doctors,” said Dr. Joel M. Felner, a cardiology professor who is the associate dean for clinical education at Emory University School of Medicine in Atlanta. Last year, the school enlarged its incoming class, hoping more students would specialize in the major diseases and preventative care, he said. “We do need dermatologists, but I am more worried about the really sick people and dermatologists aren’t taking care of them,” Dr. Felner said.

Until recently, saving skin did not have the cachet of saving lives. Doctors in other fields jokingly dismissed dermatology as a province of red-spot diseases that could not really be cured, but weren’t going to kill patients. Twenty-five years ago, the fiercest competition among medical students was for internal medicine and general surgery.

But dermatology’s status is rising, not just for the pay, hours and independence, but also because of the growing variety of treatments and devices in this fast-developing field that can help people in a looks-obsessed world. At a time of increased discussion of enhancing beauty, as well as narrowing standards for skin perfection, the public has a newfound esteem for doctors who treat appearance.

“People greatly value the skin because it is what is on the outside that is the face you present to the world,” Mr. Hocker said one evening last month after coming off a hospital shift in which he dealt with afflictions like heart failure and kidney failure. “Most dermatological diseases won’t kill you, but they can greatly affect your quality of life.”

Some dermatology professors said the growing allure of their field among medical students has raised the bar for applicants over the last decade. “Dermatology has always attracted bright students,” said Dr. Harley A. Haynes, a dermatology professor at the Harvard Medical School who has been mentoring medical students there since 1970. “But now we are getting more of the brightest and the best.”

Dr. Haynes likes to joke that even faculty members might not be accepted for a residency if they applied today.
A Psychological Lifeline

For an idea of the competition facing dermatology aspirants, consider the application numbers. Last fall, 383 people applied for 6 places — an average of about 64 applicants per spot — in Harvard’s dermatology program. By comparison, Harvard College received an average of 11 applications per offer of admission in the class of 2010.

Mr. Hocker and Ms. Singh were well prepared for the Darwinian process of landing a dermatology residency when they met as classmates at the Harvard Medical School in 2003. Mr. Hocker, 27, holds a graduate degree from Cambridge University and an undergraduate degree in chemistry from Yale, where he was a champion hurdler. Ms. Singh, 26, was in several honor societies as a biomedical engineering student at the University of Southern California.

During her senior year, she competed on an MTV reality show called “Sorority Life,” but was ejected midseason for being too studious.

“In one scene, you see her all happy getting the acceptance letter from Harvard and in the next scene, you see her crying up a storm because she has been de-pledged from the sorority,” Mr. Hocker recalled fondly.

Neither student had planned to become a skin specialist.

Growing up in Kansas City, Kan., Ms. Singh loved visiting the hospital with her mother, an internist with long relationships with a diverse group of patients. Ms. Singh said she initially planned to emulate her mother, a physician who focuses on treating major adult diseases.

A lecture on skin-pigment conditions like vitiligo changed her mind.

“Nobody can see if you have hypertension or asthma, but everybody knows if you have a pigmentary disorder and these changes are a lot more obvious and devastating to patients with skin of color,” Ms. Singh said. “Having something on your skin is not life or death for people, but it can be equally important for them emotionally as a life-threatening disease.”

Indeed, dermatology can be a psychological lifeline for people with severe skin problems. At pools or the beach, some people shun those with psoriasis who have scaly skin, fearing the condition is contagious, doctors said. People with deep acne scars say it affects their personal and professional lives.

Then there is the growing popularity among otherwise healthy people of tweaking one’s appearance with cosmetic treatments, from Botox injections to lip plumping and laser hair removal. Plastic surgeons, dermatologists and facial surgeons in the United States performed about 9.6 million such nonsurgical treatments in 2007, almost nine times the number a decade earlier, according to the American Society for Aesthetic Plastic Surgery.

‘Your Input Is Valued’
Mr. Hocker was finally sold on dermatology last year, while on a clinical rotation during which neurosurgeons called him and a dermatology resident to an intensive-care ward for a consultation. A patient, in a coma after surgery, was covered with mysterious red half-moon-shaped blisters. They could not determine the cause. Then Dr. Haynes of Harvard arrived.

“Dr. Haynes comes in and he is like a walking CAT scan, who eyeballs her from head to toe and has the diagnosis in 15 seconds,” Mr. Hocker said. The verdict: a rare blistering disorder caused by an allergy to an antibiotic.

Mr. Hocker said he liked the idea of drawing independent conclusions without tests or consultations with other doctors.

After noting the importance of preventive medical care despite the often “humdrum” nature of the conditions treated, Mr. Hocker said that “these things that are so important don’t compensate well enough,” and cited “lack of respect for what they do” in a field “viewed as easy because anyone can get into it” as a reason doctors might hesitate to go into internal medicine. He had earlier said that in specialized fields like his own, dermatology, “you know you are valued and your input is valued in the hospital.”

Dermatology also attracts students like Mr. Hocker because of the potential for basic research on skin diseases that can lead to new treatments. Mr. Hocker said he plans to focus his career on researching the role of genetics in problems like skin cancer and abnormal scarring; he took a year off during medical school to conduct melanoma research.

While students like Mr. Hocker choose dermatology planning on research careers, others end up focusing on cosmetic treatments like skin tightening and resurfacing. Half of the dermatology residents graduating over the last five years from the program at the Boston Medical Center have chosen postgraduate fellowships that teach a combination of skin-cancer operations and cosmetic procedures, according to Dr. Barbara A. Gilchrest, the chairwoman of dermatology at Boston University School of Medicine.

Work Less, Earn More

Dermatologists say they enjoy the variety of a specialty that encompasses serious illnesses like skin cancer and psoriasis as well as conditions like uncombable hair syndrome.

But students interested in such work also often factor in personal benefits. Internists, for example, worked an average of 50 hours a week in 2006 while dermatologists worked about 40 hours, according to an annual survey by Medical Economics magazine. Dermatology also offers more independence from the bureaucracy of managed care, because patients pay up front for cosmetic procedures not covered by health insurance.

And while an internist earns an average of $191,525, a dermatologist earns an average of $390,274, according to an annual survey conducted by the Medical Group Management Association, whose membership includes more than 21,000 managers of medical practices. Dermatologists who specialize in
cosmetic treatments or in skin-cancer operations can earn much more.

For thousands of medical students nationwide, especially those trying to enter the most competitive fields, this week — when residency acceptances are announced — has been fraught with tension. The National Resident Matching Program uses an algorithm to pair applicants with the one program they have ranked highest that also preferred them, a system that leaves some applicants disappointed.

Mr. Hocker and Ms. Singh face even longer odds because they entered the match process as a couple, seeking positions at the same program, or at least in the same region.

On Monday, when applicants learned whether they had been paired with a program at all, Mr. Hocker and Ms. Singh found out they will each obtain a residency. Thursday, they find out where.

“My friends going into general medicine and general surgery pretty much have an idea that they are going to be at their No. 1 or No. 2 school,” Ms. Singh said. “But we really could be anywhere in the country, together or not together.”

She added: “We would have a better chance of winning ‘American Idol.’ ”

Editors' Note: April 5, 2008
A front-page article on March 19 about why many medical students find lucrative specialty fields like dermatology more attractive than general medicine paraphrased comments by several people but put the paraphrases between quotation marks, a violation of The Times’s rule that every word between quotation marks be what a speaker or a writer actually said.

In particular, a quotation attributed to Thomas Hocker, a medical student, was an imprecise paraphrase of what he had said, according to the reporter's handwritten notes.

After noting the importance of preventive medical care despite the often “humdrum” nature of the conditions treated, he said that “these things that are so important don't compensate well enough,” and cited “lack of respect for what they do” in a field “viewed as easy because anyone can get into it” as a reason doctors might hesitate to go into internal medicine. He had earlier said that in specialized fields like his own, dermatology, “you know you are valued and your input is valued in the hospital.” He did not say: “But there is not a lot of respect for doctors who do that because anyone can get into it. But if you are an expert where no one else is, like the eye or the skin, your input is valued.”