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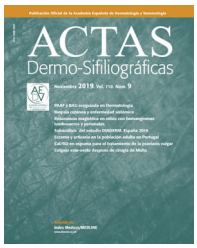

OPINION ARTICLE

[Translated article] Why Should We Incorporate the Word ''Esthetics'' into the Official Name of Our Specialty?

Por qué debemos incorporar la palabra «estética» a la denominación oficial de nuestra especialidad

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According to Laín Entralgo, a medical specialty arises when four decisive moments converge and work together: (1) technical knowledge that is capable of demarcating with sufficient accuracy the clinical picture of the diseases corresponding to the specialty in question; (2) urban accumulations of sufficient magnitude; (3) an economic level that allows for the existence of physicians dedicated only to the patients in question; and (4) the existence of a marked social sensitivity to that form of illness.[1] For dermatology, that happy conjunction occurred in the whole of Europe throughout the 19th century. Our specialty was already focused on venereology, a fundamental and unquestionable pillar of dermatology. The word *dermatology* thus became a generic name for our specialty, which studies, diagnoses, and treats diseases and abnormalities of the skin, visible mucosa, and cutaneous adnexa, together with cutaneous manifestations of systemic disease and vice versa.[2]

In our opinion, the name ''medical–surgical dermatology'' includes neither the totality nor the current reality of the specialty. The adjectives *medical* and *surgical* that appear to explain and qualify the speciality, in reality limit it because all the actions aimed at attaining cutaneous health still must be included in it and it is necessary to convey in an appropriate manner to the public that dermatologists are physicians who are experts in caring for the skin and its adnexa in a comprehensive way, in all its states, in sickness and in health, and at all stages of life. We therefore defend in this article the inclusion of the term esthetics in the official name of this specialty.

Any dermatologist would agree and assume that one of the goals of our specialty is the healthy skin of the population. The very definition of dermatology (the science and study of the skin) includes the concept of care and preservation of healthy skin.[2] For good reason, our beloved Spanish Academy of Dermatology and Venereology (AEDV) has named

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Table 1 Therapeutic Procedures in Patients With Facial and/or Bodily Aging and Esthetic Abnormalities.

Epidermal or dermal–epidermal skin rejuvenation techniques. Photodynamic therapy. Superficial, middle and deep peelings. Microdermabrasion and dermabrasion, electrocoagulation, fractionated and nonfractionated ablative lasers. Other energy-emitting devices.
Dermal stimulation techniques (facial and bodily aging, scars and stretch marks). Nonablative laser. Infiltration of dermal stimulants. Carboxytherapy, ozone therapy, and oxygen therapy. Multipuncture systems (micro needling). Radiofrequency with needles and other energy-emitting devices. Infiltration of plasma enriched with growth factors. Regenerative medicine using mesenchymal stem cells. Infiltration of dermal stimulants. Application of intradermal threads. Mesotherapy. Phototherapy.
Techniques for correcting surgical scars. Intralesional infiltration. Infiltrations of different filler material and/or fat. Cryotherapy. Surgical correction. Laser. Radiofrequency. Other energy-emitting devices.
Muscle-relaxing techniques. Infiltration of botulinum toxin.
Facial or bodily tensioning techniques. Infiltration of connective-tissue stimulants. Deep sutures. SMAS lift. External and/or internal radiofrequency. Focused ultrasound. Face-lift. Surgical face-lift and mini lift. Facial and body tensioning surgery. Eyelid surgery with or without fat transposition. Eyelid ptosis surgery. Lip lift. Temporal and frontal eyebrow lift. Plasma, radiofrequency. Tensioning threads or sutures. Infiltration of lipolytic stimulants. Liposuction. External or invasive radiofrequency. External or invasive laser. Neck-tightening surgery. Ear-correcting techniques, rhinoplasty, and rhinomodeling.
Face and body filling or augmenting techniques. Treatment of facial fat compartments. Facial filling, augmentation, or remodeling. Infiltrations of different filler material (hyaluronic acid, calcium hydroxyapatite, polylactic acid, and others). Lipofilling. Facial prostheses (chin, cheeks, ears, etc.).
Treatments in the genital region. Medical esthetic genital treatment, infiltration of filler and/or fat, genital bleaching, rejuvenation laser treatment and improvement of genital function. Radiofrequency. Genital, cutaneous, and mucous cosmetic surgery (male and female).
Tattoo treatment. Laser removal. Micropigmentation. Surgical techniques.
Treatment of facial vascular abnormalities. Medical topical or systemic treatments. LED photostimulation. Intense pulsed light. Pulsed-dye laser. KTP laser. Nd-YAG laser.
Treatment of the melanocytic or pigmentary system (including exogenous pigmentation). Chemical peeling. Laser treatment with pigment absorption. UltraPulse, q-switched, and picosecond laser (alexandrite, ruby, TKP, Nd-YAG, and others). Phototherapy.
Sebaceous-gland treatment. Topical and systemic active ingredients that act on the activity of the sebaceous gland. Photodynamic therapy. Intense pulsed light, laser or energy-emitting devices (associated with exogenous particles or otherwise), biophotonic therapy. Other energy-emitting devices.
Treatment of bodily vascular abnormalities. Phlebectomy. Phlebosclerosis. Intense pulsed light. Laser treatment with absorption by hemoglobin. Endovascular laser. Other energy-emitting devices.
Treatment of facial and bodily adipose tissue. Lipoaspiration, liposuction, and body remodeling. Ultrasound, radiofrequency, laser, cryotherapy, and cryolipolysis. Surgical fat extraction and autograft. Infiltrations. Subcision. Chemical lipolysis. External or endocutaneous techniques. Intralipotherapy. Bichectomy.
Prevention and treatment of lymphatic disease. Lymphedema, lipedema.
Treatment of bodily flaccidity. Mesotherapy. Surgery. Lifting. Energy-emitting devices (radiofrequency, laser, other).
Techniques used on the sweat glands. Iontophoresis. Infiltration of botulinum toxin, microwaves, radiofrequency, and laser. Other energy-emitting devices.
Treatments of the hair follicles. Topical treatments. Systemic treatments. Infiltration. Laser hair removal. Medical pulsed light. LED photostimulation. FUE and FUT hair transplants. Surgical techniques. Regenerative medicine using mesenchymal stem cells, growth factors, and platelet-rich plasma. Other energy-emitting devices.

its most powerful tool for training and communicating with society the ''Healthy Skin Foundation'' (Fundación Piel Sana in Spanish). The classic, and true though often repeated, definition of the concept of health established more than half a century ago by the World Health Organization, which indicated that this is a ''state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'',[3] is sufficient argument to include healthy skin and dermatologic esthetics in dermatology. Healthy skin, whose epidermal, dermal, and hypodermal cell lines fulfill their functions correctly, is a harmonious, balanced, and esthetically pleasing skin: hydrated, uniformly pigmented, elastic, neither excessively greasy nor shiny, free from inflammation and disease.

Moreover, skin health and disease form a continuous spectrum, from optimum health at one end to complete acute or chronic skin failure at the other. On this cutaneous health-disease spectrum, there is a poorly defined transition zone, where normal and pathologic overlap.[4] This can be seen clearly in many dermatoses of melanocytic, keratinocytic, sebaceous, sudoriparous, dermal, and hypodermal origin. Esthetic dermatology, then, is that area of the specialty that completes the comprehensive vision of the skin's health-disease spectrum. Dermatologists with an esthetic bent, as dermatologists, diagnose and treat (medically or surgically) skin diseases and, as experts in healthy skin, go beyond attaining the absence of skin disease: they promote optimum cutaneous homeostasis, with

the idea that healthy skin, whose cells perform their functions correctly, is an esthetic skin. This vision of the health-disease spectrum of the skin, in which esthetic dermatology is integrated with medical and surgical dermatology, is becoming increasingly dominant among the upcoming generations of dermatologists. It has provided the specialty with major scientific advances in recent decades and has allowed it to adapt (perhaps like no other specialty) to an increasingly well-informed society, in which the concept of welfare is understood as being healthy and feeling healthy. As well as looking good.

Needless to say, in our view, the name that best defines our specialty is simply *dermatology*, with no qualifier. Because the adjectives *medical*, *surgical*, and esthetic are already a natural part of it.[5] Why would we include the word *medical* if dermatology already is medical? This redundancy makes no sense without the historic defense of the surgical facet of dermatology, one of the great advances of our specialty institutionally and terms of teaching. We would like that abbreviated and integrating name to be the one we could now promote and perhaps we will see this in the future, as is already the case in other countries in our region and in North America, where citizens understand perfectly that *dermatology* is everything to do with the skin's health, in all its aspects, including esthetics. But at present, in Spain, we consider it to be a serious strategic and communication error. Teaching reasons and institutional, research, and outreach goals require that the name of our specialty be medical–surgical dermatology, esthetics, and venereology, clearly transmitting the idea that the dermatologist is the physician specialist in sick skin and healthy skin. The lack of definition and signification toward institutions and the population, and even a certain apathy on our part, has led general physicians and other specialties to take on dermatologic areas of knowledge and present themselves as referents in the esthetics and health of the skin, with little more than university training, something unparalleled in our setting and in the advanced world.[6] The argument, though occasional and no less surprising, that esthetic dermatology is banal, or that there are other important areas of our specialty that also need to be defended (as if the defense of an area were to the exclusion of the solid defense of other areas and of the whole) have been duly deactivated by AEDV itself with the recent publication, after approval in assembly, of the portfolio of dermatology services[7] (Table 1).

In fact, the practice of esthetic dermatology in our setting necessarily takes place in a context of private care, with no coverage by public services, as might be expected in a system of universal, equitable, just, and mainly free public health care. Yet it is precisely these public services that currently train dermatologists, through the MIR teaching and training program, which was last revised 15 years ago. The dermatology teaching committee recently submitted a new program that includes broader training in esthetic and technological dermatology, an essential step that will allow for teaching accreditation of private training centers that will complete and reinforce training and research in esthetic dermatology.

Finally, the proposal that was submitted to the board of directors of AEDV to include the word esthetics in the official name of our specialty is a proposal that is constructive, that completes, that recovers the natural areas of our specialty. It does not take the spotlight away from any orientation or preference within dermatology; rather it expands and recovers our area of dedication. And it is also a social need. The most brilliant professionals with the highest scores in the MIR examination (something that is being consolidated year on year) cannot ignore that need by the public for information and care. Dermatologists must promote healthy habits for the skin and its adnexa, provide information that is true, sincere, accredited, honest, and clear to our citizens and must lead actions aimed at improving skin, including esthetic dermatology. And acting proactively, firmly grounded en scientific rigor, as our elders and ancestors did so strenuously and constantly, showing that dermatology is a valued, appreciated, recognized, resolutive, and approachable specialty that is there to serve everyone.

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Conflicts of Interest

The authors declare that they have no conflicts of interest.

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