Successful anti-microbial treatment of leprosy (Hansen’s disease, HD) has had a profound effect on the way we manage this disease, not only in treating the individual patient, but at the levels of public policy and medical training.

Before anti-microbial treatment, patients were sent or banished to hospitals where large numbers of patients were gathered. Doctors who were interested in this disease attended these patients, and by practice became experts on HD. They were familiar with early signs, rare presentations, and all forms of complications and sequelae, from reactions to laryngeal obstruction to neuropathic ulcers.

Successful treatment has fundamentally and irreversibly changed this. Since the medicine can be taken at home, outpatient treatment is possible. It is also desirable, as it maintains patients’ family and social connections, employment, etc. It is desirable economically; outpatient treatment is far less costly, and permits patients to keep their jobs and thus contribute to the economy rather than being a drain on it.

Since outpatient treatment is now the norm, there are few leprosy hospitals holding large numbers of patients, and thus there is limited opportunity to gain expertise regarding this complex disease. Many physicians have never seen a person with HD or have seen only advanced cases with complications such as claw hands or ulcers, and thus have little or no knowledge of the diagnosis or treatment of this disease. New patients often appear sporadically, often widely dispersed geographically, and the doctor they first encounter may not recognise the disease.

Today, therefore, more and more patients with HD are diagnosed and treated by physicians who know less and less about this disease. This is a logical, natural result of the availability of successful, desirable outpatient treatment. Other factors have played a role in the rapidity of elimination of expertise in this disease and of national HD programmes and hospitals, notably the emphasis on ‘elimination of leprosy’. This emphasis, with the application of specific numerical goals, has prevailed even in endemic areas where scientifically sound epidemiological data has indicated that these goals could not realistically be achieved in the time allowed. But even without such pressures the end result would be the same: chemotherapy has made leprosy hospitals obsolete. Without such hospitals it is difficult to gain and maintain expertise among physicians.

Thus, a conundrum: with effective treatment we have the capability to interrupt the development of neuropathy and disability in HD. But this can only be achieved if the disease is diagnosed early and a long-term course of chemotherapy is maintained. Without expertise, early disease is likely to be
overlooked or misdiagnosed, and treatment begins later than is optimal — sometimes too late to prevent disability.

The benefits of chemotherapy have come at the expense of education and maintenance of expertise regarding HD. Since hundreds of thousands of new patients are diagnosed every year, and many more are missed and left untreated, this poses a major challenge: how do we maintain high quality treatment and continue to train new physicians and other health workers to recognise this disease?