Role of dermatologist in post-leprosy elimination era

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According to WHO’s global strategy, the main flank of the leprosy control will continue as it is for several more years. The emphasis will remain on providing quality patient care that is equitable, affordable and accessible. In a post-leprosy elimination era, there may not be any leprologists around, and the only medical assistance available will be the specialists (dermatologists) and the medical officers in government and private health setups. All the work of leprologists (technical) will then have to be taken over by the dermatologists in the post-elimination era.

One cannot deny the fact that once the dermatologists were the medical specialists who trained medical officers into leprologists. Thus, under the present integrated leprosy services, the inflow of the patients whether new, relapsed, with problems such as steroid resistant lepra reactions or drug reaction to a health facility (HF), primary health centre (PHC)/dispensary/or hospital will continue. Some of the Medical Officers may find it difficult to manage certain problems, and could refer such cases to dermatologists, whose significance will therefore increase. After controlling the problem, the consultant dermatologist will refer these cases back to the original place of referral and advise the medical officer on follow-up.

The opinion of dermatologists in policymaking, their experience and skills in training health workers, in developing training curricula and methodology, in research, for testing new drug regimens, management of reactions and their complications, will be required, even more so in the future.

All these aspects must be considered by the health administrators and policy-makers, and a proper referral system developed and suitable training and inducement given to the dermatologists to take on their new role and additional responsibilities.