Racial Inequity in Dermatology

I recently decided to analyze an article titled “The Efficacy and Safety of Sunscreen Use for the Prevention of Skin Cancer” which was published on the medical database PubMed. The article discusses how Exposure to ultraviolet radiation is estimated to be around 80-90 percent of skin cancers (Sander). The use of sunscreen has been proven to reduce the chance of both melanoma/non-melanoma skin cancer. In addition to this, sunscreen has also helped prevent signs of photoaging such as wrinkles, telangiectasia, and pigmentary alterations (Sander). Sunscreens contain organic and inorganic compounds that act to block ultraviolet radiation. Ultraviolet radiation is light with wavelengths that are shorter than visible light. Generally, a shorter wavelength indicates a higher potential of being exposed to light radiation (which can cause biological damage to the skin and bodily functions). Furthermore, sunscreen products contain chemical filters, such as oxybenzone, which absorbs high-intensity radiation. However, questions are still raised about the environmental damage of sunscreen. In regard to who should use sunscreen products, the article discusses that people of all skin types should use an SPF of 30+ to protect themselves. On the other hand, skin cancer is more prevalent in white individuals than people with darker skin. Unfortunately, the article states that there have been no studies conducted to assess the effectiveness of regular sunscreen use in reducing the risk of skin cancer for people of color.Furthermore the article spoke on the application of sunscreen and the difference between spray-on versus a cream-based product. In most cases, spray-on sunscreen is not suggested as it is difficult to detect if the application process was homogenous, the flammability of the product is a concern, possible inhalation of chemicals, etc (these are all major concerns that should be considered when protecting the skin). I researched the academic article titled “Coronavirus Disease 2019 and Race in Dermatology” which was located on the medical database PubMed. To provide a basic synopsis on what the article discussed, structural and systemic racism in Dermatology has subsequent harmful effects on patients of color. Structural racism is the way in which societies fosters descrimintaion through reinforcing inequities systems and stereotypes. The Coronavirus Disease 2019 (COVID) pandemic highlighted the importance of recognizing the role structural racism plays in amplifying and uncovering power imbalances that were pre-existing in health among vulnerable racial and ethnic groups. In the article, it provides documentation on how 70.6% of individuals who died from COVID-19 were Black, although Black patients comprised only 31% of the hospital system population in Louisiana. Furthermore, there were 51.5% of COVID-positive patients and 67.3% of those who died were black in Chicago, Illinois. The

CDC (Centers for Disease Control and Prevention) recognized the racial disparities in COVID-19 were acknowledged a greater burden of disease for non-white individuals. It was noted that a markedly higher percentage of patients who tested positive for COVID-19 were Hispanic (these individuals were younger than 50). Furthermore, Black Americans had the highest percent test positive among their racial or ethnic group (Desai). The medical community has called on dermatologists to increase skin color representation in the literature. Currently, there is a small number of images of cutaneous manifestations of COVID-19 for skin of color patients. Thus, dermatologists are encouraged to photograph and disseminate these images among the medical community. The need for more attentiveness, education of the physician workforce, public awareness, and advocacy has historically been highlighted as key needs by experts in skin color. An example of an organization that is working to combat these racial inequities is the Skin of Color Society which is the largest international organization dedicated to skin of color dermatology. In the article, it is described that the organization focuses primarily on collaboration and looks for ways to address the educational needs of dermatologists who may not focus on this type of Dermatology. They do this by providing critical research opportunities to underrepresented minority physicians and medical students and fostering mentorship. Dermatology education on cutaneous manifestations of COVID-19 is limited by a lack of racial diversity and educational materials representing patients of color. This issue is statistically backed: 47% of dermatologists felt their training was inadequate to aid in the diagnosis and treatment process of skin color patients. This may be because of the textbooks commonly used in resident education (as analyzed by Lester and his colleagues). They reported that skin color representation was valued at about 22-32 percent in these educational tools (which is a significant issue). This lack of imagery of common dermatological conditions can lead to adverse outcomes for patients due to delayed diagnosis and treatment in these populations (Desai). Most skin color patients are often categorized into Fitzpatrick skin phototypes IV and VI though race and ethnicity are directly correlated. For example, some individuals that identify as Hispanic/Latino may be patients with Fitzpatrick phototype I. In addition to this, the article mentions how skin cancer can still occur in darker phenotypes which do not usually receive early detection and treatment. People of color reported that they had different viewpoints than the caucasian population regarding the utility of skin examinations and were less likely to believe they could change their own risk of skin cancer with personal intervention. The healthcare disparities and structural racism in medicine is causing barriers in regard to access of care, mistrust between the patient and physician, and the implicit bias inherent in

healthcare. The groups that unfortunately face these consequences are racial minorities and individuals of lower socioeconomic status.