

## April 2021: Dermatologists, disparities, and duty



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This month in *JAAD International*, a range of manuscripts address important themes surrounding access to health care and the often-profound disparities that exist in the populations that we serve. Chu and colleagues explored the socio-demographic features of a group of people living with albinism (PWA) in Botswana.<sup>1</sup> The authors found that PWA were more likely to live in rural environments and report health care access challenges, findings that highlight the ways in which the cyclical nature of social, economic, and medical disparities can manifest even in nations that provide universal health care.

Health care disparities are not limited to those living with sometimes stigmatizing dermatologic conditions. Indeed, one of the most striking—and consistent—findings from several manuscripts addressing the global burden of disease is the degree of international variability in disease burden.<sup>2,3</sup> From atopic dermatitis to fungal diseases and skin cancer, a consistent aspect of skin disease is the ways in which it differentially manifests across nations and regions.<sup>4-6</sup> While this can partly be explained by biology—skin cancer, not surprisingly, represents a greater burden in fair-skinned populations, while fungal diseases are more common in tropical and subtropical climates—the effect of economics, access, and disparities cannot be ignored. As derma-

tologists, we have the responsibility and privilege of caring for patients and the joy of seeing them thrive; recognizing systemic challenges to health care may help us serve these populations in even more meaningful ways.

### Conflicts of interest

None to report.

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