



## Dermatology Reports

<https://www.pagepress.org/journals/index.php/dr/index>

eISSN 2036-7406



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*Please cite this article as:*

*Foltz EA, Minhas HK, Bervell J. The landscape of dermatology: the critical role of diversity, equity, and inclusion. Dermatol Rep 2025 [Epub Ahead of Print] doi: 10.4081/dr.2025.10389*

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Submitted 04/04/25 - Accepted 08/04/25

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## **The landscape of dermatology: the critical role of diversity, equity, and inclusion**

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**Key words:** health equity; health policy; disparities; patient outcomes; diversity in dermatology.

**Conflict of interest:** the authors have no conflict of interest to disclose.

**Ethics approval and consent to participate:** not applicable.

**Availability of data and materials:** not applicable.

The landscape of dermatology is undergoing a significant transformation as the field grapples with the implications of diversity, equity, and inclusion (DEI) initiatives. These efforts are pivotal in addressing and reducing disparities in patient outcomes, particularly for people of color (POC). This summary examines the disparities in dermatology, the importance of DEI initiatives, the impact of a recent Supreme Court decision, and the ongoing debates within the American Academy of Dermatology (AAD) regarding DEI policies.

Research has consistently shown that POC face significant disparities in dermatologic care. Studies highlight that POC often experience delayed diagnoses and poorer outcomes compared to their white counterparts. For instance, a study published in the *Journal of the American Academy of Dermatology* (JAAD) found that POC are more likely to be misdiagnosed due to a lack of recognition of skin conditions on darker skin tones.<sup>1</sup> Another study pointed out that POC have less access to dermatologic care, which exacerbates these disparities.<sup>2</sup>

Moreover, POC are underrepresented in dermatology research, leading to a gap in understanding how various skin conditions manifest differently across diverse populations.<sup>3</sup> This lack of representation also extends to clinical trials, where POC are significantly under-enrolled, resulting in treatments that may not be as effective for them.<sup>4</sup> Addressing these disparities is crucial for improving patient outcomes and ensuring equitable care for all populations.

DEI initiatives play a crucial role in addressing these disparities. Studies show that when black, indigenous, or people of color (BIPOC) patients are treated by BIPOC physicians, there are improved health outcomes and higher patient satisfaction.<sup>5,6</sup> These findings underscore the importance of increasing diversity within the dermatology workforce. Additionally, diverse teams are better equipped to recognize and address the unique needs of POC, leading to more accurate diagnoses and effective treatments.

The recent Supreme Court decision to end affirmative action has significant implications for diversity in medical education and, by extension, the dermatology workforce. Articles in JAAD discuss how this decision could reduce the number of underrepresented minorities in medical schools, ultimately affecting the pipeline of diverse dermatologists.<sup>7,8</sup> Without affirmative action, the progress made in diversifying the field could be reversed, potentially exacerbating existing disparities in dermatologic care.

Despite efforts to increase diversity, there is still a significant underrepresentation of POC in dermatology. Studies indicate that only a small percentage of dermatologists are from minority backgrounds, which does not reflect the diverse patient population they serve.<sup>9</sup> This lack of representation extends to academic dermatology, where faculty and leadership positions are

predominantly held by white individuals.<sup>10,11</sup> This disparity in representation can perpetuate a lack of cultural competence and awareness, further contributing to suboptimal care for POC.

The AAD recently faced internal conflict over an anti-DEI resolution proposal, which sparked significant debate within the organization. Proponents of the resolution argued that DEI initiatives are unnecessary and could potentially lower standards.<sup>12</sup> However, the proposal was ultimately rejected, as many members and external stakeholders recognized the critical role of DEI in promoting equitable care.<sup>13,14</sup>

DEI programs have a proven positive impact on health outcomes. According to the Accreditation Council for Graduate Medical Education (ACGME), DEI initiatives lead to better patient care by fostering a more inclusive and culturally competent healthcare environment.<sup>15</sup> These programs help educate healthcare professionals about the unique needs of diverse populations, reduce implicit biases, and promote research that includes underrepresented groups.

Supporting DEI initiatives in dermatology is essential for improving patient outcomes and reducing disparities for POC. The field must continue to strive for greater diversity within its ranks, advocate for inclusive policies, and ensure that research and clinical trials are representative of all populations. While challenges remain, including the implications of the Supreme Court's decision to end affirmative action, the rejection of the anti-DEI resolution by the AAD signals a commitment to advancing equity in dermatologic care. By embracing DEI principles, the dermatology community can provide better care for all patients, irrespective of their background, and work towards eliminating the disparities that have long plagued the field.

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