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HISTORICAL PERSPECTIVES

Pioneers in dermatology and venereology: an interview with Prof Andrew Finlay

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1. Curriculum Vitae

Prof Finlay works part-time at Cardiff University where he supervises PhD students, writes, manages the use of quality of life measures internationally and lectures. But most of the time he tries to be retired.

Year of birth: 1948, Hillingdon, UK. He was a medical student at St Mary's Hospital Medical School in London, where (not when) Fleming discovered penicillin. He later trained in London, Cardiff and Miami. His first consultant job was in Glasgow, Scotland.

Prof Finlay has authored over 400 publications and has lectured widely internationally. He is currently co-authoring the second edition of an undergraduate dermatology textbook, Dermatology at a Glance. With Ronnie Marks, he co-founded and edited the still thriving Journal of Dermatological Treatment. His early research interest was on nail pharmacokinetics, but he grew bored with this and over the last 30 years his main focus has been on developing, validating and using quality of life measures. Recently he has been exploring how dermatologists are influenced when taking clinical decisions.

As a clinical teacher and educator he has been director of full time and part time Dermatology postgraduate diploma and degree courses. He was appointed to be Professor of Dermatology at Cardiff University in 1999 and was later also clinical director. He retired as Head of Department in 2009.

2. What brought you to Dermatology?

At medical school I wanted to become a bacteriologist. But later, when a junior pathologist, I was put off (in a big way) by not getting on with the Professor of Bacteriology. In any case I was missing clinical contact and so decided to go back to general medicine. On the first day in my new job I was told "By the way, on Wednesday afternoons you help with the dermatology clinic at the Memorial Hospital". I soon found this the best bit of the week and was infected by the enthusiasm of Dr Woolfson, the local dermatologist. So the decision to do dermatology became easy. I've never regretted this choice, in fact I can't understand why any doctor would want to do any other specialty.

3. Who were your most important teachers?

Ronnie Marks was my boss, then close collaborator and colleague over 40 years. He taught me to develop new ideas, to set up new ventures, to write scientific papers and to think outside the box. He also taught me the central importance of being able to measure things in dermatology.

Peter Holt was also first my boss and then a colleague. Peter lived the concept of a dermatologist being a physician first, with a special extra expertise in dermatology, a great role model. The wide general medical knowledge that he always brought to the investigation, management and care of his patients was greatly to their benefit, and taught me not to lose touch with our general medical roots.

4. From whom did you learn most?

My father Harry Finlay was a paediatrician, for many years single handedly covering a huge population. I learnt (but never equalled) his habits of constantly enquiring and looking up about clinical problems and his unflagging interest in his specialty. However I also experienced at first hand this devotion to clinical duty eating into his personal life and so

have tried, mostly unsuccessfully, to have a better work/life balance. Harry had severe chronic atopic eczema throughout his life: this was a major influence on my interest in quality of life issues for the patient and gave me insight into the family burden of skin disease.

5. Please list your 5 best publications:

It depends what you mean by "best". The ones that I'm proudest of are:
Finlay AY, Khan GK. **Dermatology Life Quality Index (DLQI) - a simple practical measure for routine clinical use.** *Clinical and Experimental Dermatology*, 1994; 19: 210-216.
This manuscript was rejected by the BJD, probably correctly, because by following the referees' suggestions we did improve it. It is now one of the highest cited clinical dermatology papers ever. I recently was delighted to re-establish contact with my old PhD student Dr Khan, now working in the UAE: we chatted as if it was only yesterday that we worked together.

Hongbo Y, Thomas CL, Harrison MA. Salek MS, Finlay AY. **Translating the science of quality of life into practice: what do Dermatology Life Quality Index scores mean?** *Journal of Investigative Dermatology* 2005; 125: 659-664.
This paper was critical in turning the DLQI into a useful clinical tool. I later visited Dr Hongbo in Wuhan, where Chairman Mao famously swam across the Yangtze river in 1966.

Finlay AY. **Current severe psoriasis and the Rule of Tens**. *British Journal of Dermatology* 2005; 152: 861-867. This concept placed, for the first time at least in Dermatology, a measure of quality of life impact within the definition of disease severity. The rule's influence on guideline criteria for biologic use in psoriasis has made dermatologists in many countries give more attention to quality of life issues.

Basra MKA, Sue-Ho R, Finlay AY. **The Family Dermatology Life Quality Index: measuring the secondary impact of skin disease**. *British Journal of Dermatology* 2007; 156: 528-538

The impact that skin disease has on the partner and other family members is a massive burden that is usually ignored. The FDLQI questionnaire, by measuring impact, focuses attention on it.

Finlay AY, Marks R. **An hereditary syndrome of lumpy scalp, odd ears and rudimentary nipples.** *British Journal of Dermatology*, 1978; 99: 423-430.
This is the only new condition that I discovered. By chance a patient with this syndrome came into my clinic very soon after I started as a junior dermatology trainee. I assumed that my experienced seniors would recognise it, but it turned out to be a first. It now has a McKusick OMIM number and the underlying gene defect of KCTD1 missense mutations was recently identified.

Finlay AY, Edwards PH, Harding KG. **"Fingertip unit" in dermatology.** *Lancet*, 1989; II, 155.
We thought of the Fingertip Unit one Sunday afternoon when, in a deserted dermatology outpatients clinic, we were trying to film an educational programme for GPs. Instead of dismissing the thought, I went to the lab the next day, got 20 volunteers to squeeze out ointment onto their fingertips and weighed it, establishing that one FTU weighs about half a gram. Colin Long and I then had fun discovering that this covers about 2% of the body surface (two handprints).

6. Have you ever been president or in the leadership of an academic society?

I was elected, by the membership, as President of the British Association of Dermatologists back in 2001. I hugely enjoyed being at the centre of British Dermatology in this and other committee chairman roles. I was constantly impressed by the willingness of so many colleagues to devote time and energy to the wellbeing of their colleagues and the development of our specialty.

7. What was your greatest achievement in your professional life?

I think my greatest achievement has been to contribute, at least in a small way, to a shift in thinking in dermatology, turning the specialty away from being doctor-centred to being primarily patient-centred. Specifically, our work creating simple questionnaires to measure the impact of skin disease on quality of life, has helped to move attitudes towards treating the patient's experience with interest and respect, and of value in informing clinical decisions.

A close-run thing with the above has been the influence of our teaching programmes on improving the management of skin diseases in general practice. Over 4,000 GPs have taken the one-year distance learning Diploma in Practical Dermatology that I designed in 1987, and many more have completed similar courses inspired by ours. This has had a profound impact on the quality of care received by countless patients.

And, of course, I've been immensely proud of, and humbled by, the recognition of my peers, for example receiving last year the British Society of Investigative Dermatology Medal, and receiving the anachronistically titled "Commander of the British Empire" medal (CBE) from Queen Elizabeth II for "services to medicine". I'm still not sure which part of the Empire I'm meant to be commanding.

I get the biggest kick from coming up with new ideas, throwing them out into world and seeing what happens to them. This is really the study of "memes", ideas and concepts viewed as living organisms, capable of reproducing and evolving. Some ideas are very successful, taking on a life of their own (e.g. Rule of Tens; DLQI). Some (most) drop dead (e.g. nail flexibility measurement; the new word quimp). And some lie dormant for many years and then gradually get accepted and used (Partner/family quality of life/the Greater Patient; training for outpatient discharge). I find it hugely satisfying when ideas do emerge from hibernation years later.

It should be emphasised that all of my research and teaching has only been possible because of a series of team efforts. Although this article is about "me", many colleagues equally deserve full recognition.

8. What was your greatest disappointment in your professional life?

Life's too short to be burdened by disappointments. I'm always too busy with the next tasks to spend any time brooding over what might have been. There have been many ventures that have failed but I console myself by branding them "ideas ahead of their time". There have been failed spinoff educational companies, failed grant applications, failure to ever publish a book on which hundreds of hours were wasted, failures to be appointed to junior and to consultant jobs, failures to manage staff as well as I should, failures to submit manuscripts for publication and vast numbers of rejected abstracts and manuscripts. None stands out in particular, except……

As a medical student I was fascinated by the possibility of computer aided diagnosis. In a one year project I proposed ways to calculate the probability of diagnoses based on a formula that included current and prior probability data. I was extremely excited for weeks when I worked out an equation that I thought would revolutionise computer diagnosis in medicine. I can still feel the elation of my "discovery". So my biggest disappointment, which I also still feel 50 years later, was to later discover that the theorem had been published by Bayes in 1763. I was a little late. The moral is, always do a thorough literature review (but I still got the medical school prize for the project).

Regrets are slightly different from disappointments. I do regret not fully focussing my efforts on quality of life: we could have achieved more. I also regret some aspects of the process of restructuring the dermatology department when I took over as head: I could have acted in a more effective way.

9. What was your most funny experience in your professional life?

When recounted years later, most funny experiences end with the apology "Well it was funny at the time". Our annual fun-filled Christmas dermatology parties, held in an over-decorated outpatients' department decades before the dawn of political correctness,

required staff to come in fancy dress. My star turn as a 250mm punch biopsy represented the peak of my expertise in dermatology surgery.

10. Whom would you list among the top ten dermatologists (please name only deceased persons):

Steve Katz
A giant of US medicine, who hugely enhanced the status of dermatology

Bernie Ackerman
A captivating teacher

Neil Cox
A superb teacher with a broad ranging intellect who demonstrated with huge energy that it is possible to contribute outstandingly academically from a position as a dermatologist in a general hospital.

Robert Willan
His disease classification finally made sense out of chaos.

11. Whom would you list among the top ten of living dermatologists?

To be in the Top Ten you should not only be a great clinical dermatologist and researcher, but also an original thinker with wide influence. So in alphabetical order:
Steve Feldman, Lionel Fry, Chris Griffiths, Gregor Jemec, Peter van de Kirkhof, Rona Mackie, Robin Marks, Ronnie Marks, Terence Ryan and Hywel Williams.

12. What will be the greatest problem for Dermatology in the next ten years?

Key problems facing Dermatology include, in the developed world, the appropriate integration of multiple new and very expensive therapies into clinical practice. There are also growing ethical issues resulting from the perfect storm of multiple unvalidated cosmetic intervention techniques, the need/desire of dermatologists for income, the uncritical public demand for cosmetic intervention and the insufficiently regulated cosmetic environment. In stark contrast, the lack of even basic dermatology care for much of the world's population remains a major humanitarian issue.

13. What will be the next breakthrough in the coming ten years in Dermatology?

Therapeutically, possibly the advent of effective treatment for some of the most resistant inflammatory skin conditions, such as lichen planus. I think we will also see a maturing of the huge research focus on hidradenitis suppurativa into clinical strategies to transform the lives of patients.

However the most exciting "breakthrough" will be the reality of Artificial Intelligence being applied to diagnosis and management advice in clinical dermatology. Some shudder at the thought of our visual diagnostic skills being eclipsed and the subsequent death of some aspects of traditional dermatology. But we should embrace the fantastic potential of these new approaches, while ensuring that they are underpinned by research evidence. The role and responsibilities of clinical dermatologists will continue to evolve, just as they have over the last 200 years, but at an ever-increasing rate of change. One thing we can be sure of, patients will need even more to have the balanced informed expertise and empathic wisdom of a kind and understanding dermatologist.

Conflict of interest

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