ORIGINAL RESEARCH

Ethical Dilemmas in Clinical Dermatology: A Qualitative Analysis of American Academy of Dermatology Member Survey Responses

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OBJECTIVE: Dermatologists face multiple ethical challenges, but prior publications have studied these through case-based reporting. This study evaluates what ethical issues dermatologists find most pressing through a qualitative analysis of open-ended survey responses from dermatologists. **METHODS:** We surveyed American Academy of Dermatology (AAD) members via email (n=3999) and asked respondents to describe, in one paragraph, a recent case or scenario that was ethically challenging in their practice of dermatology. Participants also answered multiple-choice questions about which types of ethical issues they found most challenging and common, as well as several other general queries about ethics in dermatology. We then conducted qualitative analysis on the free responses (n=188) and inductively found themes and subthemes. **RESULTS:** Ethical dilemmas faced by AAD members reflect numerous subthemes. The most reported ethical challenges were requests for insurance dishonesty, insurance barriers, unscheduled patients, overutilization of procedures, inappropriate medication or paperwork requests, and patient disrespect. To our knowledge, this study is the first to demonstrate the range of reported ethical challenges faced by dermatologists through qualitative analysis. **LIMITATIONS:** As a qualitative study, the results are not fully representative of all ethical issues faced in dermatology and do not quantify their prevalence. **CONCLUSION:** These results could direct future wider-scale, quantitative studies to gain further understanding of the ethical challenges dermatologists face and how those challenges may vary based on practice demographics. Wider ethical analysis, particularly of the financial aspects of modern dermatologic care, may benefit the dermatology workforce. **KEYWORDS:** Dermatoethics, insurance, conflicts of interest, healthcare overutilization, billing

Dermatologists face a myriad of ethical challenges. Technical advancements, from targeted biologic therapies to teledermatology, continuously improve patient outcomes and access to care.[1,2] However, medical costs and disparities in access raise concerns about justice.[3,4] Meanwhile, barriers to care imposed by insurance companies force healthcare providers to balance treatment benefits and cost while considering the best interests of their patients.[5,6]

A variety of high-impact dermatology journals have featured articles about ethical dilemmas for many years.[7] However, case studies or theoretical scenarios are often presented with insightful prescriptive analysis but without data regarding which ethical dilemmas dermatologists find most common or pressing in current practice. Qualitative analyses of ethical surveys in other medical specialties, including dermatopathology, have yielded insight.[8,9]

To investigate ethical issues faced by dermatologists, the Professionalism and Ethics Committee (PEC) of the American Academy of Dermatology (AAD) created and administered an anonymous survey about ethics to a random sample of AAD members. We conducted qualitative analyses on free-text responses describing recent ethically challenging scenarios that respondents reported.

METHODS

The survey was designed and approved by the PEC of the AAD. The study did not require institutional review board review from Emory University, as the deidentified data were already collected by the AAD. Our survey was adapted from a prior survey instrument used to investigate ethical issues affecting members of the American Society for Dermatopathology (ASDP) and underwent multiple cycles of revision by the PEC. This survey was then distributed via email by the AAD Strategic Research and Analytics Division to a random sample of 3999 fellows and associates of the AAD. Our final survey prompted respondents to briefly describe (in one paragraph) a recent case or scenario that was ethically challenging in their practice

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of dermatology. Respondents were further queried about which types of ethical issues they found most challenging and common, as well as several other general aspects of ethics in dermatology. Demographic information was also collected.

For the free-text portion of the survey, responses were coded using MAXQDA software (Version 2022.2; VERBI) by two authors (Huang, Sangari) with experience in qualitative research. A codebook was created inductively based on survey responses and revised through multiple versions for consistency. The codebook was also reviewed by another author (Sood) and the senior author (Stoff). Any differences between researchers in free-response interpretation were resolved by the senior author. Segments from the free responses that pertained to subthemes were tagged and recorded, and the number of segments that corresponded with each individual subtheme was recorded. If applicable, a segment could be tagged with more than one corresponding subtheme. Responses to other survey items by those who completed the free-response section were also summarized descriptively.

RESULTS

The survey was sent to 3999 AAD members via email, and of the 357 responses to the survey (survey response rate: 8.9%), there were 188 free-text responses (free-response rate for survey respondents: 52.6%). The demographics of those who offered free-text responses are summarized in Table 1.

Through qualitative analysis of the 188 free responses from survey participants, we found 244 segments that referred to ethical challenges dermatologists recently encountered. Table 2 summarizes the results of the qualitative analysis.

Four overarching themes were detected in the free responses: financial influence on dermatology, interactions with patients, work environment and professionalism, and physician obligations towards patients. Additionally, we identified a total of 24 subthemes. Of note, the subthemes most prevalent in free responses about ethical dilemmas were:

1. Requests for insurance dishonesty (n=26, 10.7% of segments)
2. Insurance barriers (n=25, 10.3%)
3. Unscheduled patients (n=18, 7.4%)
4. Overutilization of procedures (n=18, 7.4%)
5. Inappropriate medication or paperwork requests (n=17, 7.0%)
6. Patient disrespect (each n=17, 7.0%)

TABLE 1. Demographics of survey participants who provided a free-text response

DEMOGRAPHICS	ANSWER CHOICES	NUMBER (%) (n=188)
Sex	Male	89 (47.3)
	Female	81 (43.1)
	Prefer not to answer	6 (3.2)
	No response	12 (6.4)
Years in Practice	In training	0 (0)
	Less than 5 years	16 (8.5)
	Between 5 and 10 years	25 (13.3)
	Between 11 and 20 years	37 (19.9)
	Over 20 years	100 (53.2)
	No response	10 (5.3)
Type of practice	Dermatology group	84 (44.7)
	Solo practice	44 (23.4)
	Hospital - academic	19 (10.1)
	Multispecialty group	17 (9.0)
	Other	7 (3.7)
	Hospital - nonacademic	3 (1.6)
	Military	2 (1.1)
	No response	12 (6.4)
Ownership of practice	Myself/dermatologist owners	90 (47.9)
	An organization backed by private equity	34 (18.1)
	Part of a health system/hospital/academic center	24 (12.8)
	Physician owned - nondermatologist	9 (4.8)
	Government	7 (3.7)
	Nonphysician owners	4 (2.1)
	No response	15 (8.0)

Table 3 shows ethical dilemmas that respondents considered most urgent and encountered most often, respectively. It also summarizes respondents' perceptions of the process of resolution of professionalism allegations in their practice, frequency of ethical/professionalism dilemmas, capacity to resolve ethical issues, and overall burden of challenging ethical scenarios.

DISCUSSION

This qualitative analysis of AAD member responses highlights multiple ethical challenges in dermatology with associated nuances. Use of qualitative methods facilitates the analysis of rich data from respondents' own words, allowing inductive detection of subthemes that may have not been captured in a more quantitative multiple-choice survey format.

Dermatologists most often cited financial influence as an ethical challenge, with patient requests for insurance dishonesty and barriers imposed by insurance companies being the first and second most common subthemes, respectively. Patients may feel financial pressure because of the cost of healthcare or the nature of their health insurance plans, leading to requests for dermatologists to help with this burden through certain billing practices (e.g., requesting a benign seborrheic keratosis removal for cosmetics purposes to be documented as medically necessary). The ethical concern raised by patient requests for insurance dishonesty links to a separate subtheme, billing honesty, where some dermatologists make documentation changes to facilitate billing. Notably, in billing honesty segments, some actions were intended to lower out-of-pocket cost for patients (n=8), such as in the case of "stretching the truth" to obtain coverage of a medication, as opposed to overbilling

TABLE 2. Themes/subthemes and their prevalence in free text response answers to the prompt "Briefly describe (in one paragraph) a recent case or scenario you've experienced that was ethically challenging in your practice of dermatology." Themes and subthemes are ordered by frequency

THEME / SUBTHEME	DEFINITION	EXAMPLE QUOTE	SEGMENTS (%) (n=244)
Financial influence	**Financial concerns potentially affecting care or influencing decision-making**		**89 (36.5)**
Patient request for insurance dishonesty	Patient requests healthcare providers to document an inaccurate diagnosis so treatment would be covered by insurance (often for cosmetic purposes) (which may or may not have been granted). This includes if a physician suspects patients are saying things just to get coverage.	"Patient had a [seborrheic keratosis] and wanted it removed. When told it would not be covered by insurance they said I should bill it as bleeding or inflamed, or just remove it and not document it."	26 (10.7)
Insurance barriers	Insurance companies having policies that delay or deny coverage for treatments	"Near daily denial of insurance payment for covered FDA-approved therapy."	25 (10.3)
Overuse of procedures	Providers observe overuse of procedures or use of more complicated than necessary procedures by other dermatologists for financial gain or otherwise	"The use of Mohs surgery for completely inappropriate criteria, i.e. superficial basal cell carcinomas on the trunk."	18 (7.4)
Billing honesty	Providers misrepresenting a clinical encounter for various reasons, including adapting a diagnosis so treatment can be covered by insurance, overbilling services to an insurance company or inflating/exaggerating care given to up-coding for increased compensation; not requested by the patient	"Having to "stretch the truth" about a patient's diagnosis to get a medication approved by insurance to treat their condition."	12 (4.9)
Financial transparency	Situations where patients are not informed of cost, or are surprised by bills/costs	"Patients who have high-deductible plans also ask to have legitimate charges removed because they don't understand their policy and I didn't take the time to explain it to them."	5 (2.1)
Conflicts of interest	Providers having underlying connections/motives that inappropriately influence decision making	"…so many of our "thought leaders" are being financially supported by industry. Most disclose at lectures but often mention that they have so many industry relationships that they are essentially unbiased, which is rather hard to believe when you think about it."	3 (1.2)
Interactions with patients	**Situations where interactions with patients lead to potential ethical challenges**		**72 (29.5)**
Unscheduled patients	Requests for care or advice from patients without an established appointment (including virtually)	"The patient's family member asks me [to] look at a spot 'real quick.' I offer an appointment but they say that they want to know if any appointment is needed. It's a pickle."	18 (7.4)
Inappropriate medication or paperwork request	Requests from patients for medication/paperwork incongruous with clinical presentation or the standard of care (including requests for refills without proper evaluation by physician)	"[Patient] who has not been seen in over a year requesting refills and then canceling follow-up [appointment]."	17 (7.0)
Dissatisfaction with care	Situations where patients are dissatisfied with time with provider, care provided, or cost of services	"A patient had a difficult rash and after 3 visits it was not resolved. She didn't want to pay her bill."	14 (5.7)
Patient autonomy	Situations where a patient's decision may deviate from the standard of care, and/or capacity to give informed consent is unclear	"Patient with numerous skin cancers declining surgery interested in [sonidegib]. Unclear if patient can grasp scope of treatment plan and alone, no family but 'the oncologist said you could do it.'"	12 (4.9)
Managing family expectations	Over or under-involvement of family in care, especially concerning children or older patients	"An elderly patient has skin cancer such as melanoma, but the family wishes to have it treated without telling the patient the diagnosis."	9 (3.7)
Request for out-of-scope care	Patient requests for services outside of a dermatologist's scope of practice	"Before baricitinib's approval for alopecia areata, I had a patient present to clinic with a box of tofacitinib that he had obtained from Bangladesh. They asked me if I could monitor labs, etc., if he decided to take it."	2 (0.8)
Work environment/ professionalism	**Work environment or coworker behavior present ethical and professionalism concerns**		**52 (21.3)**
Patient disrespect	Instances of patient disrespect or harassment towards providers (including trying to get providers to badmouth another provider), which may escalate into threats of harm	"Pt throwing a tantrum at the front desk about inability to get a refill after not having been seen in the office for 2+ years. Pt threw a clipboard at the front desk and could have seriously injured someone."	17 (7.0)
Advanced practice clinician (APC) concerns	Situations where issues arise due inadequate supervision of APC, misuse of APCs in practices for profit, or mistakes from an APC, resulting in care provided that falls outside the standard of care	"APCs (dermatology) supervised by board-certified dermatologist (BCD) thousands of miles from APC who care for patients as if they were dermatologist[s]. Patients do know the difference. We should be able to sanction the BCDs who do this. I am leaving medicine shortly as I am disgusted this is happening in my specialty."	13 (5.3)
Lack of physician autonomy/ resources	Situations where office conditions, scheduling, or policies limit a provider's ability to provide appropriate care	"A company (corporate) has told me to have 'all' patients return for rechecks."	9 (3.7)

TABLE 2 CONTINUED. Themes/subthemes and their prevalence in free text response answers to the prompt "Briefly describe (in one paragraph) a recent case or scenario you've experienced that was ethically challenging in your practice of dermatology." Themes and subthemes are ordered by frequency

THEME / SUBTHEME	DEFINITION	EXAMPLE QUOTE	SEGMENTS (%) (n=244)
Work environment/ professionalism (continued)	**Work environment or coworker behavior present ethical and professionalism concerns**		**52 (21.3)**
Misrepresentation of qualifications/ provider scope of practice	Where there is little to no transparency on a provider's accreditation/ degree/certification in a patient encounter, or a provider does procedures without proper training	"In my prior office, what I was extremely disturbed to see was the inappropriate utilization of an undertrained advanced practice clinician (APC) to the financial benefit of the practice owner. Patients were often under the impression the 'white coat' meant the APC was a physician and expected an expertise that was not fulfilled."*	6 (2.5)
Professionalism issues	Considerations of professionalism between colleagues, including in the same practice or in multidisciplinary interactions (e.g., misrepresenting what peers have said or unfairly leveraging seniority)	"Nurse was called disparaging names on a call with staff by lead physician."	4 (1.6)
Liability concerns	Instances where liability concerns may conflict with clinical judgment	"Whether or not to withhold diagnostic procedure (patch testing) for a pregnant patient, which is likely safe but concern over medical liability."	3 (1.2)
Physician obligations towards patients	**Physicians violate the obligation to provide the standard of care to patients, or there is uncertainty regarding a physician's ethical obligation towards patients**		**31 (12.7)**
Nonguideline directed care	Instances where care administered deviates from the standard, including superfluous care, which could result in overbilling (in instances outside of overuse of procedures)	"Colleagues ordering extensive lab testing for biologics and isotretinoin more conservatively rather than following updated clinical guidelines."	7 (2.9)
Nonfinancial barriers to care	Weighing potential obstacles to access to care, including situations where a physician may have to discharge patients or there is a geographic barrier to care	"Patient…requesting 9 months of a [prescription], that generally I do not give more than 3 months for. However this [prescription] is not available in the country where he will be. And although I can—from a technology perspective—do virtual visits for him, I am not licensed in another county. I don't know what to do!"	6 (2.5)
Physician competence	An instance where a physician makes a clinical error or the physician's clinical knowledge may be lacking in a particular aspect (which may make it difficult to address certain needs)	"Patient comes in after being told by another dermatologist that they are not 'an expert in their skin type'; i.e. Black patients being sent to me as a Black doctor. This is not appropriate and erodes patient trust in our specialty. I don't turn away patients with skin cancer even though that's not my area of interest."	6 (2.5)
Weighing costs and benefits	Clinical scenarios where the dilemma stems from weighing benefits of treatment with adverse effects or costs of treatment (including financial)	"How to treat a 95-year-old healthy patient with melanoma in situ that would require a large surgery to remove. After discussion, we chose to monitor it with him for any sign of progression to invasive melanoma (he declined imiquimod). Was it more ethical to excise it or is 'watchful waiting' the correct course?"	6 (2.5)
Privacy and confidentiality	Situations that concern maintaining or breaching patient privacy or confidentiality, including electronically	"The chairperson of a nearby academic dermatology program gave a grand rounds lecture that used identifying photos of patients and gave no indication that the patients had given permission. In fact, she reported that she had not met some of the patients and had borrowed (with permission) photos from other people, who were not specifically credited."	5 (2.1)
Request for out-of-scope care	Situations where providers see individuals being possibly harmed, and may or may not have a legal obligation to report	"On a late Friday afternoon, a White [man] brought an adolescent-looking Asian female to office near closing time, for a new patient laser hair removal. [The man had] no ID for patient and unwilling to provide demographic info. As [the] front desk kept asking, he looked angry and took [the] girl away. She never said a word. I feel like we missed an opportunity to report suspicion of trafficking, but they left too quickly."	1 (0.4)

*In this example, both subthemes "Advanced practice clinician concerns" and "Misrepresentation of qualifications/provider scope of practice" were applicable.

to inflate compensation (n=4). Several case discussions have explored ethical implications of "stretching the truth" for insurance coverage in dermatology.[6,10]

In cases of patient requests for insurance dishonesty, 19 of 26 segments specifically noted patients requesting coverage for cosmetic procedures. The importance of this issue is also highlighted in multiple-choice responses as well, with 23.4% of respondents noting that "inappropriate requests to have a cosmetic procedure billed to insurance as a medical procedure" was the issue most encountered in their practice from the given choices. Between patient requests for insurance dishonesty and barriers by insurance companies, many challenging ethical scenarios in dermatology appear to result from interactions with third-party payers.[11,12] Dermatologists have begun exploring ways to use new technology, such as large language models, to advocate to insurance

TABLE 3. Multiple choice responses from American Academy of Dermatology members who provided a free text response to the prompt "Briefly describe (in one paragraph) a recent case or scenario you've experienced that was ethically challenging in your practice of dermatology"

SURVEY QUESTION	ANSWER CHOICES	RESPONSES, % (n=188)
Which of the following ethics and professionalism issues do you consider most urgent or important? (Select one response)	Appropriate and fair use of healthcare resources	117 (62.2)
	Interprofessional relationships	13 (6.9)
	Conflict of interest	12 (6.4)
	Honesty and transparency	7 (3.7)
	Inconsistent competency	6 (3.2)
	Informed consent	3 (1.6)
	Privacy and confidentiality	2 (1.1)
	No response	3 (1.6)
Which of the following ethics and professionalism issues do you encounter most often? (Select one response)	Appropriate and fair use of healthcare resources	127 (67.6)
	Conflict of interest	19 (10.1)
	Honesty and transparency	9 (4.8)
	Interprofessional relationships	9 (4.8)
	Inconsistent competency	6 (3.2)
	Privacy and confidentiality	3 (1.6)
	Informed consent	2 (1.1)
	No response	8 (4.3)
Which one of the following clinical scenarios with ethical implications involving patients do you encounter most often in practice? (Select one response)	Inappropriate requests to have a cosmetic procedure billed to insurance as a medical procedure	44 (23.4)
	Inappropriate requests for refills	36 (19.2)
	Inappropriate requests to assess another family member during a patient's visit	36 (19.2)
	Inappropriate requests by patients to negotiate or lower bills	17 (9.0)
	Overt patient hostility to physicians or staff (e.g., questioning sterile technique, qualifications, competency)	16 (8.5)
	Dispute about a diagnosis by a patient or caregiver based on outside information (e.g., friend, internet research, another medical provider)	7 (3.7)
	Requests for inappropriate treatments	4 (2.1)
	Patients who cannot consent to treatment arriving unaccompanied for visits	4 (2.1)
	Parents who are unable or unwilling to discipline children effectively in office	3 (1.6)
	Family members who intervene in patient care (e.g., demand a particular lesion be removed or treatment when the adult patient doesn't want it)	2 (1.1)
	Do NOT encounter any of the above	19 (10.1)
If professionalism allegations are made against a physician in your practice, do you feel complaints are handled fairly?	I think it's a neutral process	69 (36.7)
	I think the patients are favored	38 (20.2)
	I think the physicians are favored	11 (5.9)
	Don't know	70 (37.2)
How often do you encounter ethical and/or professionalism challenges in your practice of dermatology?	Never	4 (2.1)
	Rarely (a few times a year)	55 (29.3)
	Sometimes (approximately one per month)	55 (29.3)
	Often (approximately once per week)	27 (14.4)
	Very often (more than once a week)	55 (29.3)
	No response	8 (4.3)

companies on the behalf of patients.[13]

Overuse of procedures was another concern under financial influence. Nine out of 18 segments about overuse of procedures specifically noted inappropriate use of Mohs micrographic surgery, the use of which has increased greatly in the last few decades.[14] Mohs appropriate use criteria (AUC) was created to help guide judgment on whether Mohs surgery is indicated in specific clinical scenarios.[15] However, responses in the survey suggest that, even with AUC, some dermatologists may still inappropriately use Mohs or not favor treatment options that could be more appropriate in certain situations.

The next most prevalent theme was interactions with patients, a broad category that included different types of clinical interactions with patients resulting in ethical dilemmas. Many dermatologists report getting curbside requests from family members of the patient during appointments, which has been explored in prior ethical analysis.[16] Scenarios under this theme often involve situations where a patient requests something that could violate medical ethical norms, such as requesting evaluations without proper time/resources or providing refills without proper consultation in an appointment or regular follow-up. However, the patient-physician relationship could become strained depending on the dermatologist's response, as described in recent ethics case analyses.[17,18] In these situations, training on how to preserve the patient-physician relationships in challenging situations and advocacy for maintaining high ethical standards could be helpful.

Segments coded under work environment/professionalism reflect concerns dermatologists have with their work environment, including interactions with administrators, advanced practice clinicians (APC), peers, and patients. Hostile environments related to patient disrespect were most prevalent, where situations could range from merely uncomfortable to feeling physically unsafe. Dermatologists also reported dilemmas regarding inadequate supervision or overuse of APCs for profit. Others noted instances where there is a lack of physician autonomy and adequate resources. To preliminarily investigate whether concerns of physician autonomy/resources differed across practice settings (e.g., private equity-backed dermatology group

practices vs. independent group practices vs. hospital-based group practices), we also looked at the practice settings for healthcare providers who reported this as an issue after coding and how the practice was owned. The nine segments reporting physician autonomy/resources came from nine different dermatologists. We found that five belonged to dermatology groups, while one each was in hospital, solo dermatology, corporate clinic, and academic outpatient settings, respectively. Four reported their practice was owned by private equity, two reported the practice was hospital-owned, and two were self or dermatologist owned. However, this sample size was too limited to be meaningful, and further studies are required to comprehensively investigate how concerns vary across different practice settings.

Finally, the subtheme "physician obligation toward patients" explores duties dermatologists have in their role that could be ethically challenging. Dermatologists discussed witnessing a failure to follow standard-of-care guidelines. This was attributed to superfluous care aimed at increasing billing, physician unfamiliarity with recent care guidelines, or other unspecified reasons. In addition, dermatologists reported challenging scenarios related to decision-making when weighing the costs and benefits of different treatments for patients with no easy answer. In such situations, familiarity with the ethical frameworks of medical decision-making can aid dermatologists in their approach to patient management.[19] Out of all the identified themes in this analysis, issues pertaining to physician obligation are central to traditional principle-based medical ethics, of which even experienced clinicians might benefit from periodic review.

Compared to analogous studies in dermatopathology, this study identified similar themes of ethical challenges. Financial influence was identified as a major concern by both dermatologists and dermatopathologists, though the specific ethical challenges faced were different. For example, dermatopathologists reported overuse of stains and diagnostic overcall as major ethical challenges, whereas dermatologists did not report these concerns.[9] The survey study in dermatopathology also reported appropriate and fair utilization of healthcare as a major ethical concern, with overuse of immunohistochemistry being one major contributor.[20] This parallels concerns about overutilization of procedures in dermatology reported in our survey.

TABLE 3 CONTINUED. Multiple choice responses from American Academy of Dermatology members who provided a free text response to the prompt "Briefly describe (in one paragraph) a recent case or scenario you've experienced that was ethically challenging in your practice of dermatology"

SURVEY QUESTION	ANSWER CHOICES	RESPONSES, % (n=188)
How well equipped do you feel to manage these challenges?	Not at all	19 (10.1)
	Somewhat well-equipped	77 (41.0)
	Well-equipped	53 (28.2)
	Very well-equipped	29 (15.4)
	Expert	2 (1.1)
	No response	8 (4.3)
What effect do ethical and/or professionalism challenges have on your practice?	None at all	6 (3.2)
	Minor burden	112 (59.6)
	Major burden	39 (20.7)
	Extreme burden (eg, I have considered resigning or retiring as a result)	17 (9.0)
	No response	14 (7.5)

In our survey, nearly 30% of respondents reported that professionalism/ethical issues created a major to extreme burden, and around 50% felt not equipped at all or only somewhat equipped to handle ethical dilemmas. These results emphasize that ethical challenges have serious implications for clinical practice and providers, possibly contributing to dermatologist burnout.[21] In addition, having improved systems in place for reporting and managing challenging scenarios could reduce the burden felt by dermatologists.

Qualitative analysis, despite independent analyses and multiple rounds of revision to increase consistency, is inherently subjective. For some responses, the context of an ethical dilemma could be inferred based on what is often encountered in clinical practice but was not explicitly stated. Furthermore, there can be overlap of themes as multiple factors coincide in a given clinical scenario. For example, our subtheme "dissatisfaction with care" is grouped under the theme "interactions with patients," but financial burden of healthcare on the patient could factor into ethical challenges as well, making it also relevant to the theme "financial influence." Although our sample was representative, the response rate for this study was relatively low, and it is unlikely that thematic saturation has been achieved for this complex topic. However, qualitative research is not intended to be broadly representative but rather to explore a novel area of study and generate a rich set of topics for further investigation. Finally, awareness that survey data is being collected for research could influence respondents.[22]

CONCLUSION

Our study is the first to demonstrate the range of reported ethical challenges faced by dermatologists, highlighting areas for future exploration. Based on these results, a wider-scale, quantitative study could be helpful to gain a more comprehensive understanding of everyday ethical challenges dermatologists face and how those challenges may vary based on demographic information. This study suggests that wider ethical analysis, particularly of the financial aspects of modern dermatologic care, may benefit the dermatology workforce.

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