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Perspectives

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When less is more: the role of dermatologists in promoting societal and self-acceptance of skin health and disease

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The desire to improve the human condition is not new. Historically, this was in part framed as a search for longevity, reflected in narratives such as the pursuit of the 'fountain of youth' or the philosopher's stone.[1] In contemporary dermatology practice, it is increasingly discussed, especially on social media, in the context of antiageing, with expansion to an ever younger group. In addition, the aim of achieving 'perceived normality' seeks to change normal healthy variation, such as pores, sebaceous filaments and dynamic lines. Arguably, this drive extends to the need to treat objectively milder forms of skin and hair conditions where symptoms are limited, cutaneous and psychosocial function is preserved and the benefits of intervention are less clear, raising questions about how our specialty should respond.[2] While much of the current discourse has focused on external drivers that set the tone for optimal skin, such as industry and social media influencers, less attention has been paid to the role dermatologists themselves play in supporting acceptance and fostering more resilient ways of living with skin changes in health and disease.

The role of dermatologists is particularly relevant in the context of social media, where they are not only responding to patient expectations, but also shaping them. Content designed to be engaging and accessible often simplifies complex decisions and may place greater emphasis on visible outcomes than on clinical context. In some cases, this may influence how individuals interpret and prioritize concerns about their skin and contribute to shifting perceptions of what is considered normal skin, alongside an expectation that 'perfect' skin is both achievable and desirable. Within this landscape, phenomena described as 'social media dysmorphia' and 'cosmeticorexia' have emerged, reflecting the impact of digitally altered, generative artificial intelligence content and idealized images on self-perception.[3,4] Studies suggest that higher levels of social media use are associated with increased dysmorphic concern and a greater likelihood of seeking aesthetic interventions, particularly among younger individuals.[3,4] In a field where rates of dysmorphic disorder are already higher than in the general population, this raises further questions about how such interventions are framed and delivered.[5]

These challenges do not occur in isolation, but within a wider cultural and economic context. The rapid growth of the aesthetics industry makes it difficult to ignore the role of financial incentives in shaping both practice and demand.[6] Some interpretations of treatment targets, defined by clinical trials and guidelines, result in an emphasis on complete or near-complete clearance as an optimal outcome, shifting focus toward measurable endpoints rather than individual patient context and lived experience. Discrepancies between patient-reported distress, concerns regarding stigma or bullying, and objective disease severity may contribute to treatment escalation rather than exploration of underlying concerns and adaptive responses. Together, these influences may contribute to a narrowing of what is considered acceptable or normal skin, and a corresponding lowering of the threshold for intervention.

We propose dermatologists are best placed to role model acceptance of skin health and disease. This requires a renewed emphasis on clinical judgement, not only in determining when to treat, but in recognizing when pharmacological intervention may not be necessary and may be harmful. Beyond treating disease, we can advocate that acceptance in partnership with patients represents a valid clinical outcome, particularly when it supports a safe, more balanced and sustainable relationship with the skin and self. This may also involve helping patients consider their skin condition within the broader context of their overall health and wellbeing. Factors such as sleep, stress, social connection, smoking, alcohol consumption, diet, weight management and physical activity may have a substantial influence on quality of life, yet can be overlooked when attention becomes focused exclusively on skin clearance. In some cases, addressing these wider factors may offer greater benefit than treatment escalation.

How we present information to patients matters; for example, the most recent British Association of Dermatologists' patient information leaflets on vitiligo and alopecia areata list multiple therapeutic options, with less explicit attention given to acceptance or active non-intervention as a valid approach, highlighting an opportunity to more clearly incorporate these principles within

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patient education.[7] We suggest that a 'healthy skin for all' approach requires remaining grounded in the ethical and professional principles that underpin medicine. Beneficence and non-maleficence are particularly important as aspects of cosmetic dermatology are increasingly commercially driven. We, as dermatologists, have a duty to challenge overmedicalization and embrace acceptance and body image neutrality as positive concepts – sometimes 'less is more'.[8]

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