

## UNDER MY SKIN

## Private Narratives

Chuck's palms are rough and thick. "This started when I cut one palm at my job," he said. "I work at a nuclear plant."

I tell Chuck he has psoriasis, adding that the cut may have triggered its onset but hasn't caused its persistence, much less its appearance on the other palm. "Also," I say, "radioactivity has nothing to do with it."

"You mean I won't glow in the dark?" Chuck laughs nervously.

A few years ago, I pointed out some ways symptoms can have private meanings that make them more disturbing or threatening than one would expect. There is a short list of illness narratives that apply to most everyone, including I caught this; I'm allergic to that; trauma damaged me and made me weak; I have cancer inside; and I've grown old.

But sometimes there are special circumstances, unique to a particular person, that make these general concerns even more pointed than usual. Chuck's basic worry is that the cut on his palm

brought on his problem. Had it been a splinter, he wouldn't care much—just some roughness that makes it awkward to shake hands sometimes. But what if the splinter is radioactive? That means every time his scaliness comes back, worsens, or fails to go away when treated—he'll glow in the dark. Creams will help Chuck. Undoing his narrative will help even more.



BY ALAN M. ROCKOFF, M.D.

Or consider Becky. Her lips are red and scaly and are resistant to topical therapy. This is common enough and worthy of concern. Her lips look and feel funny, and she keeps licking them, which makes them worse. People can see the problem, which is embarrassing, especially because lip problems have sexual overtones. But Becky's worries are special to her.

"I work in a brewery," she says. "If this is some kind of yeast infection, maybe it has something to do with beer and I'll have to give up my job."

I have to confess that I don't routinely ask, "Do you work in a brewery and fear for your job?" Maybe I should. But when

Becky brings the question up, she helps me understand what—for her, at least—is the central issue. She could live with some scaling and redness, she might even be able to ignore the lips long enough to stop licking them once she knows that every return of symptoms doesn't mean unemployment and retraining.

Personal angles like these come up all the time. Given a minute or two, patients bring them up all by themselves. Like Phil, who has a keloid on his chest. He's a middle-aged guy who doesn't seem likely to take his shirt off much. What bothers him about it? Appearance? Fear of cancer?

"I'm a courier for a clinical lab," he explains, "so I'm in and out of the car all the time. And every time I fasten my seat belt it rubs this and it hurts."

So that's it—fear of trauma (frequent rubbing could cause cancer, and so forth), but of a very specific, and unavoidable, sort. Easy to address, once you know what the worry is.

But the prize in my recent experience goes to Harold, who presents with a fairly large epidermoid cyst on his back. A common enough complaint—why is it there, is it a tumor, and so on. But Harold

too has something particular in mind.

"The bump hurts when I take part in medieval recreations," he says.

"You mean like the Society for Creative Anachronism?" I exclaim.

"Exactly," says Harold.

That group, in case you're unfamiliar with it, is devoted to re-creating the Middle Ages in authentic detail. These folks put a lot of effort into getting everything just right. This means that his cyst bothers Harold because *it rubs against his armor*.

So he has two choices: to remove the cyst or to wear flexible armor, which wouldn't be authentic. So he really has only one choice.

I am not suggesting that we all add questions like, "Are you afraid you're radioactive?" or "Do you joust?" to our standard repertoire. But listening to patients' sometimes idiosyncratic personal spin on their symptoms and fears can be illuminating and helpful. Not to mention bemusing. ■

DR. ROCKOFF practices dermatology in Brookline, Mass. To respond to this column, write Dr. Rockoff at our editorial offices or e-mail him at [sknews@elsevier.com](mailto:sknews@elsevier.com).

## EDITORIAL

## Reform Requires 'Cultural Transformation'

As the 17th Surgeon General of the United States (2002-2006) and chairperson of the Partnership to Fight Chronic Disease ([www.fightchronicdisease.org](http://www.fightchronicdisease.org)), I have been working for nearly 2 years with the presidential candidates' policy teams to help ensure that health and health care were among their top policy considerations. Today, I continue that effort with President Obama's staff, focusing on a vision of health care reform.

First, we have to consider this task as one that will require a cultural transformation of our nation. Our current health care system is a "sick care" system with perverse incentives. We have scores of billing codes to pay providers to make you better once you get sick, but there are very few billing codes they can use to make a living if they want to keep you healthy. We need a paradigm shift that moves our nation to one that embraces health and wellness through appropriate prevention strategies, and builds an infrastructure that begins to reward health care providers who want to keep our citizens healthy.

That's not to say we still won't need surgeons, internists, gastroenterologists, and nephrologists. We certainly will need them. But we need to start this paradigm shift because the business case has been made: The disease and economic burden that we have upon us—we currently spend more than \$2 trillion per year on health care, or 16% of our gross domestic product—is largely preventable. Chronic diseases account for 75% of our health care costs. Smoking, for instance, is the No. 1 preventable cause of death in the United States and the world. Cigarettes are the only product legally sold in the United States that, when used as directed, will kill you over time, yet we continue to sell them.

Then there's the problem of obesity, which is ram-

part in our society. Currently, 9 million children are overweight or obese, some of them with diabetes and hypertension. As these youngsters get older and manifest cardiovascular disease and cancers at an earlier age, the economic burden of obesity and its effect on quality of life are going to be significant.



BY RICHARD H. CARMONA, M.D.

An important part of health care reform will include a basic set of benefits for all Americans, regardless of their socioeconomic status. We have many respected thought leaders in this country who understand the factors that contributed to our current predicament. We need to bring them together and have them figure out a way to accomplish the goal of ensuring that all Americans have access to a set of basic health services.

We also need to restructure our health care payment system, which is starting to look a lot like our tax system. It's almost impossible for the average person to navigate.

After the paradigm shift to health, wellness, and prevention—and the infrastructure that supports those goals—we have to start educating Americans about their responsibility. We can't afford to have people smoking during their whole lives. We can't afford to have adolescents start smoking, because if they develop the habit, they will shorten their lives by 14 years and increase their lifetime health care costs astronomically because of related illnesses.

Every American citizen is a variable in this equation and can contribute by taking steps to improve his or her own health. The best mentors for our children are their parents. If children are routinely counseled about health, wellness, and prevention, they will grow up with those values.

Our dysfunctional health care system is not a De-

mocratic problem. It's not a Republican problem. It's an American problem, and we have to face it as Americans. We know what the economic burden is. So rather than arguing about who should pay for health care, let's start focusing on how to remove the preventable disease burden and related economic burden from society. Let's ensure that everybody has access to true health care, including prevention and wellness services. ■

DR. CARMONA served as the 17th Surgeon General of the United States. He is currently vice chairman of Canyon Ranch, CEO of Canyon Ranch's health division, and president of Canyon Ranch Institute. He is also a Distinguished Professor of Public Health at the University of Arizona, Tucson.

## PAIN RELIEVERS



"That's my diagnosis—but HEY, what do I know?"