

## POLICY &amp; PRACTICE

**AAD Fires Back on Indoor Tanning**

The American Academy of Dermatology is launching a public service campaign to communicate the risks of indoor tanning. The target audience is 16- to 29-year-old women, according to the AAD. This group is being chosen because the data show that 70% of indoor tanners are women in that age group, and melanoma is increasing faster among women than men in that age range. The "Indoor Tanning Is Out" campaign includes print, television, and radio ads. The campaign comes on the heels of an ad blitz in New York, Boston, Washington, Chicago, San Francisco, Seattle, and Pittsburgh sponsored by the Indoor Tanning Association. That campaign claimed there is no compelling scientific evidence linking tanning to melanoma.

**Tanning Industry Ties Cited**

The Indoor Tanning Association also recently found its ties to a Boston University researcher, Dr. Michael F. Holick, scrutinized by the Wall Street Journal. Dr. Holick has published numerous articles on vitamin D deficiency, including a review in the *New England Journal of Medicine* in 2007 (N. Engl. J. Med. 2007;357:266-81), in which he suggested using tanning beds "in moderation" as a source of replenishment. The article was supported by grants from the National Institutes of Health and also the UV Foundation, which is a nonprofit arm of the Indoor Tanning Association. Dr. Holick and his research are prominently featured on the UV Foundation's Web site. In a video on the site, he again suggests the use of tanning beds in moderation. The Wall Street Journal reported that the *New England Journal* said that Dr. Holick properly disclosed his funding source and his potential conflicts.

**Stiefel Buys Atlean Maker**

Stiefel Laboratories Inc. has acquired ABR Invent and ABR Development, two French companies that developed Atlean, an injectable dermal filler. Atlean is made up of tricalcium phosphate particles suspended in a hyaluronic acid gel. The product was granted a CE marking in 2006, and is currently sold in France and Italy. The Coral Gables, Fla.-based Stiefel said it plans to launch Atlean in other European nations, Asia, Latin America, and the Caribbean in the next 18 months. The company will also eventually seek Food and Drug Administration approval, the company reported in a press release.

**Generic Fluorouracil Cream Halted**

Spear Pharmaceuticals Inc. has agreed to at least temporarily cease sales, marketing, and shipment of a generic fluorouracil cream 5%. Valeant Pharmaceuticals International, which makes the brand Efudex cream 5%, sued the FDA to challenge the agency's denial of Valeant's citizen's

petition. The petition challenged the agency's approval of the generic. The company said that the FDA should not approve a generic that had not been tested head to head against Efudex in patients with superficial basal cell carcinoma. The agency said that generics needed to be tested only against actinic or solar keratoses. The FDA requested a 2-week stay of Valeant's lawsuit, which was granted.

**Low Postmarketing FDA Compliance**

The FDA has issued its annual summary report of how pharmaceutical and biologic manufacturers are doing on meeting their commitments to conduct postmarketing studies. According to the agency, 76% of drug makers and 81% of biologic makers had met their commitment as of September 30, 2007. There were 136 drug makers and 54 biologic manufacturers with open postmarketing commitments as of that date. A closer look at the FDA data shows that only 12% of drug studies were completed or terminated with a final report submitted to the FDA that year. In all, 20% of biologics met that goal. Manufacturers are required to report annually on the status of safety, efficacy, pharmacology, and nonclinical toxicology studies required by the FDA, or to report that they have committed to conduct at the time of approval or after approval.

**Disciplinary Actions Decline**

The number and rate of serious disciplinary actions against physicians have decreased for the third consecutive year, according to Public Citizen's annual ranking of state medical boards. The advocacy group said the analysis indicates that many states are not living up to their obligations to protect patients from bad doctors. Since 2004, the number of serious disciplinary actions against doctors has decreased 17%, resulting in 553 fewer serious actions in 2007 than in 2004. Taking into account the increasing number of U.S. physicians since 2004, the rate of serious actions has fallen 22% since then, when calculated per 1,000 physicians, according to Public Citizen. The annual rankings are based on data from the Federation of State Medical Boards.

**Half of Health Spending Wasted**

Wasteful spending in the U.S. health system could amount to as much as \$1.2 trillion of the \$2.2 trillion spent annually, according to a report from the PricewaterhouseCoopers' Health Research Institute. Defensive medicine was identified as the biggest area of excess, followed by inefficient administration and the cost of care necessitated by preventable conditions, such as obesity, according to the report. The impact of issues such as nonadherence to medical advice and prescriptions, alcohol abuse, smoking, and obesity "are exponential," according to the report.

—Alicia Ault

## MANAGING YOUR DERMATOLOGY PRACTICE

## Paid Time Off

Many medical offices are following a popular trend in the business world—replacing employee sick leave, vacation, and any other miscellaneous time benefits with a combination of all of them, collectively referred to as "paid time off."

There are several reasons why this is a good idea, but you should carefully consider all the pros and cons before you make such a change in your office. Contrary to what you may have read, a paid time off (PTO) policy is not without disadvantages.

Its advantages, however, are significant. Employees like the concept because most of them are generally healthy and never use all their sick leave. Allowing them to take the difference as extra vacation time makes them happy and makes your office more attractive to excellent prospects. They also appreciate being treated more like adults who can make time-off decisions for themselves, and they like the increased flexibility that PTO provides.

Employers like it because there is less paperwork and less abuse of sick leave. They don't have to make any decisions about whether an employee is really sick or not since reasons for absence are now irrelevant, making feigned illnesses a thing of the past. If an employee requests a day off with adequate notice, and there is adequate coverage of that employee's duties, you don't need to know or care about the reason for the request.

Critics of PTO say that employees are absent more frequently under a PTO system, which is sometimes true. Employees who never used their full allotment of sick leave will typically use all of their PTO every year, but most of these extra absences can be controlled by requiring prior approval for any PTO except emergencies.

Critics then point out that you are replacing decisions about what constitutes an illness with decisions about what constitutes an emergency, but as I will discuss below, most criteria for emergencies can be settled upon in advance.

You also have the option of allowing employees to take salary in exchange for unused PTO, which you can pay annually or when their employment ends. In general, though, I don't think that is a good idea. I believe vacations are necessary and important for good office morale, and they should be taken by all employees, as well as by all employers.

Remember Eastern's First Law: Your last words will *not* be, "I wish I had spent more time in the office."

And as I've mentioned in several previ-

ous columns, you should be suspicious of any employee who refuses to take vacations. Such employees are often embezzlers who are afraid that someone will discover their illicit modus operandi during their absence.

If you're going to allow PTO to accrue and be paid later, it's probably best to allow only a portion (say, 25% maximum) to be taken that way.

The major disadvantage of PTO is the possibility that employees will resist staying home when they are ill. Some businesses converting to the PTO system have found that employees tend to view all paid time off as vacation time. So when they are sick, they don't want to "waste" any of their "vacation" days. The result is that many employees with upper respiratory infections and other communicable illnesses will come to work and transmit illness to fellow employees and patients alike. Productivity drops as more employees get sick, and patients, needless to say, are not happy about illnesses acquired (or suspected to be acquired) at the doctor's office.

So before switching to a paid time off system, it is important to weigh all the pros and cons and consider your options. Should you decide to proceed, anticipate the potential problems and put strategies in place to counter them.

First, define "advance notice": Is it 24 hours, or is it a week? Then decide how you will define an emergency, and put these definitions in writing. Employees might regard waking up Monday morning with a bad hangover as an emergency, but you might not. Most would consider a sick child an emergency, but what about a malfunctioning car? Some circumstances will need to be decided on a case-by-case basis, but the more situations you can anticipate and settle in advance, the fewer hassles you will have.

Establish clear guidelines from the outset. Make sure everyone knows they will have to request PTO in advance except for emergencies.

Make it very clear that sick employees should stay home, and that if they come to work sick they will be sent home. You have an obligation to protect the rest of your employees, not to mention your patients (especially those who are elderly or immunocompromised), from a staff member with a potentially communicable illness. ■



BY JOSEPH S. EASTERN, M.D.

**'Remember Eastern's First Law: Your last words will *not* be, "I wish I had spent more time in the office." ' Vacations are important for all staff.**

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