UNDER MY SKIN

Your Friendly Neighborhood Dermatologist

BY ALAN ROCKOFF, M.D.

I'm old enough to remember the actor Robert Young in "Father Knows Best." Because his later hit TV series "Marcus Welby, M.D." aired when I was in medical school and residency, I never saw a single episode, but his image as the kindly general practitioner who knew everybody in town seeped into my consciousness.

I am not a GP in a small town but a specialist in a big, anonymous urban agglomeration, where you don't expect to meet people you know when you walk down the street. Patients come from all directions (well, not the east—they'd have to swim). Some live nearby; others come from towns and travel in circles at some distance. Still, after 30 years, these circles sometimes intersect in unexpected ways, producing intimations of small-town, Welby warmth that can frankly be rather nice.

There was the time, for instance, when I was writing up a note one evening at a rest home nursing station, when the night nurse, who didn't look at all familiar, said, "I brought my son Ted to see you when he had warts as a kid."

"How old is Ted now?" I asked.

"Thirty-six," she said. "He has two kids and lives in Chicago. He still remembers how you used to pour the liquid nitrogen on the floor."

You never know what leaves an impression on kids, including your own.

Two recent incidents illustrate what can happen when you hang around long enough. Shortly before I left for a week off last spring, my associate was called for jury duty on a Monday, the first day I was to be away.

Having already rescheduled once, she had no choice but to go to the courthouse in downtown Boston. We decided not to cancel patients for Tuesday and beyond until she found out whether she would be impaneled on a jury or released the same day. When the judge asked if anyone would find it difficult to stay for a trial, she came forward and told him that because I was away, she was the only one available to see patients.

The judge looked at her forms and frowned. "Dermatology, eh?" he said. "Not many emergencies there."

He seemed disinclined to let her off. Then he looked further and said: "Full disclosure. I'm one of Dr. Rockoff's patients. Have a good day."

When I saw the good judge some weeks later, I expressed surprise that he was presiding in a Boston courthouse, since his usual bailiwick is about 50 miles southeast. It turns out that he just happened to be assigned to Boston that day. Good thing, too.

A similar incident happened a few weeks ago when I exited a highway a few miles from my office onto a street with three lanes of traffic. I stayed in the right lane, which was clear. Several hundred yards further on, I learned why it was so clear: A sign read, "Right Lane Must Turn Right." The famously aggressive Boston drivers in the jammed lane to my left seemed unlikely to let me in, leaving me with the prospect of turning onto an unfamiliar street that headed nowhere, certainly not where I wanted to go.

I, therefore, ignored the sign and drove straight through—into a police trap. An officer motioned for me to pull over behind the line of perpetrators already apprehended. As he asked for my license and registration, I fumed. "Relax, sir," he said, "You're just getting a warning." He walked to his cruiser to examine my documents.

A few minutes later a different officer came over, smiling broadly. "I really need to make an appointment," he said. "I'm late for my annual. Drive safe," he said, handing me my papers.

The truth is, I didn't recognize him, but I'll be sure to do so the next time he comes in.

I'm not suggesting being pleasant or helpful for the purpose of getting off jury duty or avoiding tickets. There are better reasons for trying to be competent, and besides, the odds against a practical payoff are too long.

Still, it is nice when, after casting bread upon the waters for a decade or three, some of it unexpectedly—and pleasantly—comes back.

Move over, Marcus. ■

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LETTERS

Procedural Certification Not Needed

I oppose board certification in procedural dermatology. Even the title of the fellowship, procedural dermatology, is perplexing. Does this make all of the other dermatologists nonprocedural? The practice of dermatology is, by definition, procedural ("Certification Plan for Procedural Derm Postponed," September 2009, p. 1).

I believe this is a turf war between fellowship-trained and non–fellowship trained Mohs surgeons cloaked in the guise of improving patient care to define who is and who is not qualified to perform Mohs.

I fear certification will have a negative impact on access to Mohs surgery. Efforts to improve patient care through certification may worsen it by fostering the assumption that only a select few are qualified to perform Mohs. The burden to treat patients will fall on a small number of fellowship-trained Mohs surgeons and access will decline. I am compelled to speak on behalf of patients who may be penalized by this initiative. We should recall the example of inclusiveness set by Dr. Frederick E. Mohs, who shared his technique with other fields in the spirit of improving patient care.

Opposition against certification has been overwhelming.

According to the results of a member poll, nearly 70% of American Society for Dermatologic Surgery (ASDS) members, as well as every state dermatologic society that has taken a formal position (according to the American Society of Mohs Surgery), oppose certification.

The "Rationale for Certification in Procedural Dermatology," released by the American Board of Dermatology (ABD), states: "There is a body of knowledge well beyond what is taught in the dermatology residency program that comprises Surgical/Procedural Dermatology. This is evidenced by the existence of an ACGME-approved Procedural Dermatology Fellowship as well as the existence of journals and textbooks devoted only to dermatologic surgery."

Does the fact that there is a significant amount of information and additional learning necessary in surgical dermatology necessitate a fellowship and certification?

Perhaps we should create a fellowship program called dermatologic emergency medicine to train residents in the management of severe life-threatening disorders like pemphigus, pemphigoid, drug eruptions, and cutaneous lymphomas. Are these conditions less important than removing a basal cell? Or does Mohs surgery pose an inherently greater risk than managing a patient with bullous pemphigoid on systemic medications? Where is the momentum to standardize this complex area of dermatology to—according to the ABD—ensure a "physician's qualifications, professionalism, knowledge, experience and skills?"

According to the American Board of Medical Specialties, there are 24 member boards which issue 37 general certificates and 110 subspecialty certificates. Does the fact that there are 110 subspecialty certifications justify adding another? Look at ophthalmology. It offers fellowships but no ABMS subspecialty certifications. Is patient care in the field of ophthalmology compromised by this omission? This is an example of a field with fellowships but no formal certification process. Fellowship training does not, in contrast to the ABD's rationale, have to be linked to certification in order to retain merit.

In the era of evidence-based medicine, where are the data supporting better outcomes from fellowship-trained Mohs surgeons? I hope that the decision to pursue certification is based on more than anecdotes. Are there studies measuring parameters such as recurrence rates and other metrics to define statistically significant improved care?

I find the ABD's statement that "dermatology residents must become competent in some aspects of surgery" insulting. Although I agree not all dermatology residents are exposed to the same volume and complexity of surgical cases, to imply that residents are only competent in a few procedures is misleading and divisive.

What message does this send to our patients? During residency training, I performed nearly 200 Mohs cases. However, I only prescribed intravenous immunoglobulin to a single toxic epidermal necrolysis patient. I am much more prepared to offer advanced surgical procedures than complicated medical dermatologic care.

Mohs is a key component of surgical training in residency. The effort to approve certification undermines this training and will divide our specialty. I urge leadership to reconsider this movement.

John Cowan, M.D.
Bowling Green, Ky.

Editor's Note:
The ABD declined to reply until a recommendation has been made and accepted by the Board of Directors.

Remember Our Real Calling

Many thanks to Dr. Renate G. Justin for her contribution (The Rest of Your Life, "Advocate, Caregiver for the Abused," August 2009, p. 54).

I have read it twice this morning, quite moved by the compassion and kindness it shows us all. Her work challenges us all to be better humans in addition to being better doctors. I would like to thank her for her gift to me today. While arguing about the current health care reforms and how they should proceed, we must not lose sight of the real calling of physicians.

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LETTERS

Letters in response to articles in SKIN & ALLERGY NEWS and its supplements should include your name and address, affiliation, and conflicts of interest in regard to the topic discussed. Letters may be edited for space and clarity.

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