Under My Skin

Roots

"They removed a mole when I was 17," Claire said, pointing to her knee. The scar had faded to white in the 50 years since.

Claire had come for a body check. Her special concerns were the seborrheic keratoses on her torso. "Do you think," she asked, eyeing them suspiciously, "these spots coming out are from the mole they took off my knee?"

BY ALAN ROCKOFF, M.D.

Clinical work involves a bit of ethnography. Understanding other cultures with alien ideas can be hard; it's even harder when the people from the other culture look just like you.

Claire is a retired teacher from a Boston suburb. You would never guess from her dress and demeanor that her concept of the body has little in common with the one they teach in medical school.

The key to understanding Claire lies in the homely word "roots."

Our patients apply it to the common skin growths we treat every day, as in, "Don't these warts have roots, Doctor?"

That sort of question might not matter to us, perhaps, but to some patients it matters a great deal. A 27-year-old woman, a graduate student in physiology of all things, once asked me, "Isn't it true that plantar warts can grow deep, into the bone?"

That it's not true doesn't stop her—and many others—from wondering. Patients distinguish between wart types. ("These warts on my hands look like 'Planter's warts.' ") The salient characteristic of Planter's warts is not their plantar location but their presumed roots.

Or consider nevi. It's not uncommon for patients to ask, "Don't these moles have root systems under the skin, like a tree?" One patient used a different analogy. "I understand," he said as he pointed to a dermal nevus on his hip, "that a mole is like an inverted golf tee. Most of it is deep underneath."

It would be a mistake to think that such people are uniquely imaginative or deluded. Their ideas are not universal, but they're out there. What they imply is that the medical conception of the body, assumed to be held by every modern and educated person, in fact lives alongside a very different one, an older concept that supposedly went away but didn't.

To doctors, the body has a skin on the outside; inside are many organs—stomach, liver, coiled intestines, and so forth. To many of our patients, however, the Inside is something dark and undifferentiated. Bad things come out of it that would poison the body if not gotten rid of: urine, feces, sweat, sebum.

Diseases come out of the inside too, as "eruptions" or "breakouts," on the skin. Surface rashes are really "systemic." Before you dismiss these as archaic metaphors, listen as patients call warts on the hands, "a virus in my body."

Patients conceive our innards less like a Frank Netter illustration and more like a gloomy cavern, complete with cobwebs and bats. Below, a boiling lake expels excretions and emits eruptions that waft up and out. Above, ugly branching tendrils criss-cross up to their points of attachment on the roof and walls—these are the "roots" of what is poking out above.

This may sound fanciful, but don't take my word for it. Next time you remove a keratosis, wart, or mole, try telling:

- The woman whose irritated SK you're curetting, "These keratoses are just stuck onto the top of the skin. They don't have any roots."
- The man whose mole you're shaving, "Moles don't have roots, of course."
- The mother of a child with plantar warts, "You might be interested to know that plantar warts are thick, but they're just in the epidermis. They don't have roots."

See how often your statement elicits a look of relief—and revelation. For 50 years, Claire's been waiting for the roots of her mole to pop up somewhere else, so naturally her sprouting keratoses seemed to her to be the Mole's Revenge.

Exploring roots can bring unexpected rewards. Give it a try. ■

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Pro & Con

Should pharmaceutical companies be allowed to pay for residents to attend educational meetings?

YES

While I don't support pharmaceutical company–sponsored vacations for our residents, I do think it's appropriate to use unrestricted educational grants from these companies to pay for residents to attend important education events, such as the annual meeting of the American Academy of Dermatology.

This is a reasonable expenditure that helps residents who couldn't otherwise afford to go to these meetings to do so—and helps training programs send their students.

The grants used to pay for residents to attend the AAD annual meeting, for example, are unrestricted funds that are pooled together for use by a number of residents. Therefore, a resident's trip is not tied to a single company.

Though there is generally a small mention of the granting companies in the meeting program, I think that is an appropriate way for the academy to recognize the donation.

There are a number of high-quality meetings in dermatology that I wouldn't hesitate to send my residents to, such as those sponsored by the Society for Investigative Dermatology and the Dermatology Foundation. This arrangement doesn't present a problem as long as there is no quid pro quo from the drug company and the meeting is not an effort to push one product.

What we need to be wary of are the 3-day courses at resort locations that are light on education and heavy on fun. Those trips are unnecessary and take residents away from their training at a critical time.

It is important to note that the pharmaceutical industry has been very ethical in its approach to funding resident attendance at educational meetings and in its interactions with dermatologists in general. For the most part, they adhere to the Pharmaceutical Research and Manufacturers of America voluntary guidance. I really think they have been very responsible.

We also have to face the fact that residents can't be sheltered from the pharmaceutical industry. They already have daily interactions with pharmaceutical sales reps in their institutions. The key is for those of us in practice to be mentors and to advise our residents on acceptable and ethical behavior.

It's not practical or necessary to eliminate pharmaceutical company funding for resident travel and lodging at educational meetings. If the pharmaceutical industry's money disappeared as a funding source, you would find a lot fewer residents at meetings.

It's such a valuable experience to go to a premier educational event, and if we provide that opportunity, we should take advantage of it. To me, the standard in this case is much like in other areas of life—everything in moderation. ■

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NO

Over the years, program directors have come to rely on the money from pharmaceutical companies to subsidize medical student and resident attendance at educational meetings. But that's no excuse for allowing the practice to continue.

The American Medical Association's Code of Ethics prohibits physicians from accepting direct or indirect subsidies from industry to pay for the cost of travel, lodging, or other personal expenses when attending conferences or meetings. Surprisingly, the Code of Ethics does allow drug company funds to be used for students, residents, and fellows to attend educational conferences as long as the selection of the trainees is made by the academic institution.

This difference in the rules for physicians in training versus those of us in practice just doesn't make sense. We need to set the highest standards and expectations for interactions with the drug industry and set them early.

There are a few ways drug companies pay for residents to attend meetings. One way is to award a grant to a group like the American Academy of Dermatology, to pay for the cost of selected residents to attend the group's annual scientific meeting. In that case, the money is a step removed from the residents and students. In the case of the AAD manpower initiative, funded residents don't even know who is industry funded and which companies are involved.

With other educational meetings, the residents and students might know which companies are sponsoring the symposium, but the course content is set by an independent organization not directly influenced by the sponsoring company.

In the third and ugliest scenario, residents and students are offered free travel to resort locations for meetings from a single sponsor who sets the program and the speakers, generally focused on a single product. This is little more than a commercial for the company's products.

There is a simple way to change this practice, but it will be expensive.

Training programs must start to include the costs of key educational conferences in their annual budgets. And if it's not possible for most training programs to find that money, medical societies such as the AAD should look at other ways to pay for this—perhaps by asking graduate members to pay a higher conference registration fee to subsidize the attendance of trainees. The solution for how to pay for senior residents to go to resorts for infomercials is still simple: Just say no.

Ultimately, physicians and the pharmaceutical industry need to start abiding by their own guidelines for interactions. By doing this, we might be eliminating some of the perks we've gotten used to, but we'll also be setting the right example for our trainees. ■

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