UNDER MY SKIN

Gifts

As a senior medical student, I spent an outpatient January in the office of a suburban pediatrician who cared for the children of many doctors.

After the holidays, he mused about the onslaught of gifts that he received from people to whom he extended professional courtesy.

BY ALAN M. ROCKOFF, M.D.

Some gave him conventional things—candy, wine, and so forth. Others aimed for something more grandiose. Like the one who the year before had sent him a side of beef.

This is the season when many people get to ponder the intricacies of giving and getting gifts. Knowing when and what to give, as well as how to accept, requires a lot of art and sensitivity. ("That's exactly what I wanted! How did you know?")

Thankfully, such subtleties are less important for doctors, at least at work, now that health insurance and fixed copayments have made most professional courtesy obsolete. I doubt many miss it. Professional relationships work best when objectivity is not undercut by other considerations. Like handouts.

Gifts haven't gone away, though, even if we're going to have to do without pens, mugs, and sticky notes from pharmaceutical companies. Some of my patients still like to bring presents. One Russian patient handed me a box of chocolates covered in Cyrillic script and funky Russian, ruby-red graphics. I protested that she really shouldn't have (though of course not too strongly, so as not to offend). Bringing the gift clearly makes her happy, and my staff eats the chocolate.

Many of my Russian patients like to bring gifts. Besides chocolate, they present wine and other spirits. One Russian physician brought a bottle of Armenian vodka in a bottle whose odd shape I couldn't make any sense of until he showed me how to hold it: It was shaped like a boxing glove! I show it to house guests, but it's just too weird for me to open. (Some time later I saw another vodka bottle from the former Soviet Union, this one shaped like a submachine gun.)

Other ethnic groups bring presents too. A Chinese patient generally brings cookies from Chinatown, and sometimes tea. Pamela brings a loaf of Irish bread every time she comes for Botox. She says she knows how much I like it.

I have no idea how she could know this, since I have never eaten an Irish bread, but I don't have the heart to tell her. My head nurse, Faye, grew up in South Boston. (If you can't locate Southie on the physical and cultural map, check out Matt Damon in "Good Will Hunting.") Faye likes Irish bread, including Pamela's.

So far the examples I've given reflect varieties of ethnic expression and traditional patterns of gift-giving left over from old countries. Other presents are personal expressions—authors bring in a copy of their latest book, musicians drop off a CD. One patient last year brought an art calendar her mother had illustrated. A very elderly gentleman came by a few years ago, and reminded me that I had seen him decades before when I first went into practice. In his 90s, he was still busy making mobiles, and he brought me one. I couldn't bear to throw it out but had no idea what to do with it, so I hung it behind a door for a long time. Eventually, like most such things, it went.

Then some gifts, like their givers, are just, well, odd. One gentleman came a few years ago for a minor problem that cleared by the second visit. Before he left, he rather solemnly announced that he was so grateful for my intervention that he had purchased a gift. He reached into a tin bucket he'd brought and withdrew a short, green brush, the kind you use to wash dishes, and presented it to me. The price tag was still attached—49 cents.

I was speechless. I still am. The gift brush sits on my window sill, reminding me of the importance of going the extra mile for patients, of washing dishes, and of buying things on sale.

Hope you had happy holidays (and got the gifts you wanted)! ■

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EDITORIAL

Physician Assistants Are Our Responsibility

Should dermatologic surgeons teach nonphysicians to perform dermatologic surgery? I think the question is no longer relevant.

This question was debated at the 2008 annual meeting of the American Society for Dermatologic Surgery, with compelling arguments both for and against the practice.

BY DAVID J. GOLDBERG, M.D.

The fact of the matter is that non-MDs are already doing dermatologic surgery, with or without our teaching. This is not something we can stop. This cat is out of the bag.

The least we can do is make sure these non-MDs are well trained. After all, we are the experts. We have the know-how and the skills, and it behooves us to pass this knowledge on to our high-level physician-supervised physician assistants and nurse practitioners so that we can provide the best and safest care for our patients.

According to the American Society for Aesthetic Plastic Surgery (ASAPS), Americans spent approximately $13.2 billion dollars on cosmetic procedures in plastic-surgery offices in 2007; $4.7 billion dollars were spent for nonsurgical procedures.

ASAPS also found that the top nonsurgical cosmetic procedures in 2007 were botulinum toxin injections (2,775,176 procedures), hyaluronic acid fillers (1,448,716 procedures), laser hair removal (1,412,657 procedures), microdermabrasion (829,658 procedures), and intense pulsed light (IPL) treatment (647,707 procedures).

It's no wonder that we rely more and more on physician extenders to help us keep up with the demand for cosmetic services. In 2002, the American Academy of Dermatology reported that 20% of dermatologists were using NPs and PAs in their practices. In 2007, it was 30%, and by 2010, it is estimated that 36% of dermatologists will be using NPs and PAs.

Physician assistants have developed a critical role in medical practices. Currently there are 68,000 PAs in the country, and it is projected that by the year 2016 the number will be 83,000. And patients are going to PAs in greater numbers.

According to the American Academy of Physician Assistants, there were 14 million more patient visits to PAs in 2007 than there were in 2006. That is not going to change. In fact, being a PA in a dermatologist's office is very lucrative. The mean salary is $103,000 per year in a dermatology practice, making derm PAs among the most highly paid in the field. It's a win-win situation for all—physicians in dermatology and plastic surgery are finding the physician-PA team helpful for maintaining a successful aesthetic practice.

The American Academy of Dermatology and American Society of Dermatologic Surgery guidelines state that PAs must work under the direct supervision of a physician. Nevertheless, according to an ASDS survey, 51% of dermatologists have seen complications from botched procedures performed by PAs who did not have physician supervision.

Among the most notable: A 22-year-old North Carolina State University biochemistry senior died from lidocaine toxicity after a potent topical anesthesia was applied for laser hair removal of the legs, and a 25-year-old Arizona woman died after languishing for 2 years on a respirator as a result of having her legs smeared with Photocaine (6% lidocaine, 6% tetracaine) ointment and then occluded with cellophane for several hours. Both of these cases involved nonmedical personnel.

There is a consensus among PAs that they are not being trained well by their supervising doctors. They are excluded from the ASDS meeting, and they certainly don't get to see approaches from any other physicians. But there are plenty of other meetings for nonphysicians where they can learn injectables, fillers, and lasers.

We can censure dermatologists who train their own PAs and NPs on how to inject botulinum toxin fillers and perform other cosmetic procedures. We can continue to cover our eyes and ears and pretend that we can stop this. Or we can consider training our PAs and NPs ourselves.

I say we should take the bull by the horns. We should train high-level physician extenders to meet our high standards. We should continue to push for legislation to encourage physician supervision, and we should promote the high quality of who we are and what we do as dermatologic surgeons. ■

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LETTERS

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