

UNDER MY SKIN

Derm Layspeak II

Good morning, Doctor. I went to another dermatology office, but I'm not going back there. Too risky."

"Too risky?"

"They had a staff infection."

"Let's review your history. Do you have any medical issues?"

"Just my prostrate."

"Any skin problems?"

"My mother says when I was an infant I had ectopic dermatitis."

"And after that?"

"As a teenager my face was clear, but I did have bacne."

"Go on."

"In college I got an irritation in my groin area."

"A fungus?"

"No, but I did have a fungus on my toenails. The test showed a hermaphrodite infection."

"What about the groin rash?"

"I have it on my scalp and elbows too. The doctor said it was seriosis."

"Did he treat you with anything?"

"I got two creams for the elbows, ones that come from farms in warm climates."

"Farms in warm climates?"

"Cultivate and Tropicort."

"Does this rash come on your face?"

"No, but I do have rosetta there."

"Have you had any growths removed?"

"The kind that run in families. Most of my relatives get bumbs."

"Bumbs?"

"Yes, you know. Like skin ticks. The doctor didn't take them off. He had his PI do it."

"Any skin cancers?"

"I did have two plastic nevi removed. And there was a squamish cell on my arm. It just popped up."

"Did the doctor burn it off?"

"No, I was afraid of scarring so he sent me to a surgeon for an exorcision."

"Any other skin problems?"

"I'm a little embarrassed about this. I was once incarcerated, and I got penal warts."

"Were you treated for them while you were in jail?"

"Yes. It was minimum security."

"What else?"

"Gentle herpes."

"Here's a prescription for an antibiotic for your face. What are you looking at?"

"I can't read it. PO... what does POBID mean?"

"Twice a day by mouth. But you don't have to read it. The pharmacist reads it."

"You mean I get this in a pharmacy?"

"Yes."

"Any pharmacy?"

"Yes."

"Can I take it to Drugtown?"

"Any pharmacy."

"How about PHarmaRiot?"

"Yes, there too. What cream did you use for the groin?"

"I knew you'd ask me that, so I wrote it down. Here it is ... Fougera!"

"That's the manufacturer."

"It was white. It came in a tube."

"And?"

"It had a yellow stripe. There was a 5 in it. Why am I thinking of Lucy's husband?"

"Desonide?"

"That's it! Say, can't these steroid creams thin your skin?"

"This one is okay."

"Even for the groin area?"

"Yes. Here's a prescription. Now what are you looking at?"

"It just says BID, but there isn't any PO."

"The technician at PHarmaRiot will type the instructions in English."

"Weren't you going to give me a prescription for the antibiotic for my face, the one with the PO?"

"I did give it to you. You put it away."

"I can't find it. Could you write another one? And I need a different script for a 3-month mail-away."

"Okay, here."

"You wrote only one refill. The mail-away has to have three refills."

"All right."

"I also need a 3-monther for the groinal cream."

"Three refills?"

"Yes. Doc. I have to go."

"How come?"

"Damned prostrate." ■



BY ALAN
ROCKOFF, M.D.

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.

PRO & CON

Should nonphysician extenders be used in cosmetic dermatology practices?

YES

Nonphysician extenders provide a valuable service in cosmetic dermatology practices, bringing a nursing component to care and spending the time necessary to make patients happy.

This is particularly important in the cosmetic arena, where we as physicians may not spend the appropriate amount of time with patients. This shouldn't be an excuse, but it is a reality.

In both my general and cosmetic dermatology practices, I use several nonphysician extenders, including nurse practitioners, registered nurses, certified aestheticians, and others who provide services in my clinic.

They augment my practice, but they work under very strict conditions, which is mandatory for this concept to work and function well.

Most cosmetic dermatologists use nonphysician extenders in their practices, but the extent of the extenders' services varies.

A recent survey showed that extenders in cosmetic practices are doing consultations and are performing nonablative laser procedures, hair removal, peels, microdermabrasion, and filler and Botox injections.

One of the main arguments against the use of nonphysician extenders is that they will have a higher incidence of adverse events when compared with physicians.

I'm not aware of any comparative clinical trials demonstrating a higher adverse event incidence rate for extenders, and surveys that suggest a higher incidence rate with extenders might be biased in

the sense that those without adverse events to report may not respond to the survey.

Furthermore, many of the adverse event reports are associated with community-based spas and salons and not with physician-led practices.

The key to the successful use of nonphysician extenders is appropriate training and supervision.

In my practice, nonphysician extenders are trained extensively in general dermatology before moving in to the cosmetic realm.

Before caring for patients on their own, they spend months shadowing me, attending training programs, and then providing treatments to staff members under my supervision.

Each morning, the nonphysician extenders and I do slide reviews and case reviews, and there is ongoing review of diseases and disease processes.

Physicians must accept responsibility for the services they perform, because ultimately they are responsible from a legal and malpractice point of view.

When used appropriately and under proper supervision, extenders can truly enhance your practice and your image in the community. ■



Dr. Michael H. Gold is founder and medical director of Gold Skin Care Center and the Laser and Rejuvenation Center in Nashville, Tenn.

NO

Nonphysician extenders should be used to complement physician services, not perform them.

In my practice, extenders provide pre- and postoperative teaching and assistance during procedures. Appropriately trained nurses provide microdermabrasion and administration of anesthesia.

Complications can occur even with the simplest of procedures, and should not be provided by those without the appropriate medical training. With more advanced procedures, such as those involving laser and light sources, serious complications can occur in an instant. I regularly use my training and knowledge about the interactions between a laser or light source and the skin's surface to make changes to a parameter or treatment.

This makes me a better physician, and it gives my patients better results. Nonphysician extenders are lacking the extensive training necessary to make these kinds of judgment calls.

Aside from the legal ramifications of delegating treatment responsibilities to nonphysician extenders (some insurance companies won't even cover claims for procedures performed when a physician isn't present), we must consider the effects that such delegation is having on dermatology as a whole.

By allowing extenders to perform medical procedures such as laser and light source treatments and injections of fillers and Botox, we are sending a message that these procedures are so simple and so easy that anyone can do them.

If that's the case, then we have no right to complain when someone down the

street at a spa or salon—or in his garage—provides these services at a discounted fee.

Over the years dermatology has given up various aspects of dermatologic practice, and cosmetic procedures will soon follow if we continue to send this message. Hair removal is already virtually gone from our practices, and with increased delegation of cosmetic procedures to extenders, so too will be laser and light source treatment, as well as fillers and Botox. I anticipate that the incidence of complications in the hands of nonphysicians will rise significantly.

We have to emphasize the fact that these are medical procedures, rather than promoting their use outside of dermatology by delegating them to nonphysician extenders in our practice. The consequence is a diminished quality of care.

When considering the use of nonphysician extenders in a cosmetic practice, think carefully about whether the decision will be one that is good for the patient or just good for the bottom line.

Our primary obligation is to the patient. A qualified physician who understands the nuances of the available technology and how these devices interact with the skin represents the standard of patient care. ■



Dr. Roy G. Geronemus is director of the Laser & Skin Surgery Center of New York, and American Society for Laser Medicine and Surgery president.