

Thoughts for the End of 2009

As we conclude what can best be described as another challenging year, I like to think about what I learned. Mostly, I learned a lot about basic patient care (again), being more humane, some new techniques, what good employees can do in a challenging environment, and that patients have long memories.

The most basic patient care lessons need to be reinforced for me a few times a year. My annual physical exam is a lesson both in humility and empathy. This year I had a thorough physical exam and remembered how much can be gleaned from performing a good exam and the differences between a physician who really cares and one who merely places a stethoscope over a shirt (do not refer your patients to those in the latter category). Being on the receiving end reiterated the need to be tolerant and humane when dealing with patients. This lesson is forgotten at times because as physicians we are busy, particularly in a tough economy when we are pushed to see more patients.

A second lesson that I needed to relearn was to titrate treatments to patients' budgets and expectations. When speaking to patients or prospective patients about cosmetic procedures, we frequently describe what we can do with our latest lasers, fillers, toxins, and cosmeceuticals. In a difficult economy, patients may not have the means to obtain the treatments they would like or have received in the past. Recently, a patient presented to me who wanted several areas treated. I did as she asked without discussing the price (I never discuss this and instead rely on my staff to do this). This experience made me realize that I cannot take for granted that patients can afford the same treatments that they used to, and I now instruct my staff to discuss pricing after I have mapped out several potential options. This avoids the pressure of having me in the room and enables the patient to be candid. I recommend this approach or having a direct discussion about pricing to make sure everyone is on the same page prior to treatments.

I learned which employees can ride out a storm. We had days during the summer that were slower than usual and some of my employees came up with ideas

to cut costs and interest patients in new products and procedures. Other employees really did not care unless it affected their employment. I was disheartened by those who disappointed me. These employees need to be replaced with people who are not only interested in punching the clock. I am sure they will find employment with a corporation that will offer reciprocal dedication. Those who rolled up their sleeves and helped the practice earned my gratitude and I will try not to take them for granted on the days I am off my "A" game.

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My colleagues never cease to amaze me with their generosity and grace. During the course of my career, several colleagues have ensured that my writing advance, such as David Duffy, MD, who invested the time to correct early articles. Ideas for meetings became reality through Mary Lupo, MD; Gary Monheit, MD; Vic Narurkar, MD; Susan Weinkle, MD; and the rest who showed up to staff The Cosmetic Bootcamp. I also became involved in teaching at the American Academy of Dermatology and American Society for Dermatologic Surgery meetings through Jeff Dover, MD; Ken Arndt, MD; and Tom Rohrer, MD. In 2010, I will try to be a better mentor to the next group of up-and-coming physicians.

Patients remember both good and bad things that physicians have done to them. Over the years, I have done some esoteric but apparently memorable things to patients, some of which were good. For example, I always order extra flu shots for my patients who have trouble getting them; I pick up a few cases of atrial fibrillation while doing skin exams; and I have arranged referrals to various specialists for people who needed extra attention. Mostly, I did this because I love to diagnose and solve problems and still enjoy the

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education that I received in medical school. I like to help people and have a lot of satisfaction when I can make a difference. Patients remember these things and I get a lot of referrals from patients who understand that even though I run late at times, have a practice that is 50% cosmetic, and spend a lot of time teaching and working on The Cosmetic Bootcamp, I am there for them. I learned that when I call people after Mohs micrographic surgery or after a cosmetic procedure, they realize that I am concerned about their outcomes. Calling patients also helps me keep track of their outcomes and allay their fears and concerns. I have learned several interesting things from these calls. Some patients do not realize that botulinum toxins require a few days to work and need to hear it from you, whereas others fail to hear you describe the

swelling associated with hyaluronic acid fillers. Phone calls help to address their concerns.

Among the bad things we do include keeping the patients waiting, real versus perceived outcome challenges, and not addressing their concerns. Some of these problems can be remedied in the new year while others will continue. Part of my personal goal is to at least be aware of these failings and, if possible, try to minimize them.

Each new year offers an opportunity to start anew. Difficult times mean more stress for us, our patients, and our staff. In this environment, it will require some extra effort and the additional perspective that each passing year can bring.

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