

UNDER MY SKIN

Making Sense of People

Probably like many who work with the public, I often get the chance to see how little sense people can make. Even so, last week was unusual.

On Tuesday, I saw Beulah who had not been into my office for 8 years. "I showed Dr. Prince this spot on my leg," she said. "It's been there a month, and I'm worried about it."

"Just a blocked follicle," I told her. "Put some bacitracin on it, and it will be fine."

Beulah sighed with relief. "I don't need another cancer," she said. "I already have stomach cancer. Dr. Prince told me I couldn't have surgery or any other treatment, because I wouldn't make it through.

But I'm 98 years old, and I guess we all have to go sometime. I don't have any family left. They're all gone.

"I've lost 30 pounds," she said, still spry enough to hop off the exam table. "None of my clothes fit anymore. But it's awfully good to hear that I don't have to worry about that spot on my leg."

That is a relief, I agreed.

The next morning, I greeted Iris warmly. "How are those grandchildren?" she asked, as she always does. "Do you have any new pictures?"

"I thought you were moving to Florida, Iris," I said.



BY ALAN ROCKOFF, M.D.

"It's been a tough year," she said, "so I had to come back." She went on to tell me how her husband had become jaundiced and succumbed in less than 3 months to cancer of the bile duct. "It's crazy, Doctor," she said. "Both of his brothers had cancer, they had operations years ago, and they're fine. My husband was never sick a day in his life, never even had to take anything for a headache. And now he's gone."

We talked about Iris's own problem, scleroderma, which somehow was not progressing at all. Her only skin complaint, easily disposed of, was mild hand eczema.

After some further pleasantries and picture showing, Iris took out a bag of skin care products. "I'm running low on

these," she said. "Is there any way I could get some while I'm here?"

Sure she could.

Then on Thursday, Sybil came by, a robust woman of 79 who wanted some pigmented lesions checked. As I looked her over, I asked about her family.

"My baby brother has Lewy bodies dementia," she said. "He's not doing very well. He's in a nursing home now, because his family couldn't take care of him anymore. He still recognizes us a little, or seems to, when we come to visit. It's very painful to watch."

Then Sybil brightened, pointing to the brown spots on the backs of her hands. "Can we laser these off?" she asked. "I really hate them."

Of course we can.

By week's end, I was really perplexed. How do people do that, I wondered? How can they go from the profound to the trivial with no acknowledgment, no apology, no, "I know this will sound frivolous after what I just told you?" How do they manage such a sudden and seamless register change—as though an opera singer stopped mid aria and launched into "Jingle Bells" without so

much as a wink? But they do. I am just about gone; I have outlived everyone around, but what a relief that I don't have skin cancer. My husband just died a painful and senseless death, but I need those creams to help my skin look younger. My little brother is wasting away before my eyes, and how about those pesky age spots.

On reflection, such paradoxes may be more apparent than real. Unless we succumb to deep depression or utter despair, we want to go on living. This means setting aside gloomy thoughts, even if just for a while, and attending to all matters, profound or trivial, that people pay attention to until giving up altogether.

Since no one can make tragedy go away, I guess it's nice to be able to mitigate its impact just a little now and then.

But the end of last week left me shaking my head. I hope never to stop trying, but I doubt that I'll ever really understand people as long as I live. ■

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POINT/COUNTERPOINT

Will California's mandate for health checks before elective cosmetic surgery save lives?

The Donda West Law protects patients.

On Oct. 11, 2009, California Gov. Arnold Schwarzenegger signed into law a bill requiring a health check and a written clearance before patients can undergo plastic surgery. Assembly bill 1116, the Donda West Law, was inspired by the death of entertainer Kanye West's mother, Donda West, who was the former chairwoman of the Chicago State University English department. She died on Nov. 10, 2007, because of complications from cosmetic surgery. A physical was not performed before she underwent surgery.

There are a growing number of people opting to have elective cosmetic surgery who may not be aware of the risks involved. Sometimes patients may think they are well enough for surgery, but they are not. Prior to the bill's approval, patients could undergo elective cosmetic surgery in California without having a physical. If the law would have been in effect before Donda West's surgery, she might still be alive.

Yolanda Anderson, the niece of Kanye West's late mother and one of my constituents, joined me in helping to pass this bill, and she is now working with legislators in other states to pass similar measures in her aunt's memory.

The law, which went into effect on Jan. 1, will protect citizens from un-

necessary bodily trauma that could result from elective cosmetic surgery. Specifically, the law requires physicians and surgeons to complete a physical examination, including a complete medical history on their patients, prior to performing elective cosmetic surgery.

As the price comes down for cosmetic surgery and the stigma of undergoing elective procedures disappears, cosmetic surgery is becoming more accessible. Aggressive marketing of procedures has led people to believe that they are safe and makes the risks seem almost nonexistent. This measure will make people more aware that there is an element of risk and that a medical clearance is critical.

The Donda West Law strikes an appropriate balance between the patient and the surgeon. It will protect both from harm: the patient from unnecessary bodily trauma, and the surgeon from having to deal with the injury or loss of a patient if he or she is not physically fit at the initial scheduled time of the elective cosmetic surgery. ■

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BY WILMER AMINA CARTER

The new law is 'feel good' legislation.

The Donda West Law smacks of good politics. A popular musician on the heels of a tragedy jumps into action to fix the system and to make sense of the senseless death of his mother. Politicians love the play. This is reelection gold. A movie plot could be no better. The real question is: Will it make a difference?

Sadly, the answer is probably not.

The law requires a history and physical examination of a potential cosmetic patient before surgery. I have been doing this routinely for over a decade. Will this make cosmetic surgery safer? If a physician needs to look at the law before doing the right thing, the patient is probably better off going to someone else. You cannot use legislation to make a better doctor.

An important issue not addressed by the law is that of medical clearance. Patients with multiple medical problems, or those who are in questionable health, should have medical clearance in addition to a history and physical examination. Knowing when to obtain this takes good judgment on the part of the physician. In the actual Donda West case, a prior consultant plastic surgeon reportedly wanted to have such an evaluation, which might have saved her life.

The new law allows the required history and physical to be performed by a physician, nurse practitioner, or a physician's assistant. The assumption is made that such an individual will know what to do with the results of the examination and, more importantly, when to go further in a preoperative evaluation.

Maybe the legislature will be kind enough to use their vast experience in clinical medicine to provide physicians with a flow chart to tell us what we need to do. Suffice it to say, I do not believe they understand clinical medicine well enough to produce effective law.

Medicine is already over-regulated, so what good does it do to add more regulation? It would be better to give physicians the tools to weed the incompetent out of health care. Our malpractice tort system just lines the pockets of the legal profession at a high price. Doctors know who the good and the bad in medicine are, but they are really unable to effect change. Instead of creating "feel good" legislation, how about addressing medicine's problems by means of real change? ■

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BY JOHN DI SAIA, M.D.