Under My Skin

The Way We Were

A jammed sharps container doesn't sound like the kind of thing to trigger a nostalgic reverie, but the other day one of them did just that.

Back in 1981, after my first day in my current office building, my secretary called me at home to say that the janitor was furious: He'd been stuck by a needle that came loose in one of the garbage bags.

BY ALAN ROCKOFF, M.D.

We used to put capped needles in the trash!

Yes, there were needle breakers, little red plastic boxes that snipped off needles at the hub, but we didn't always use them; instead, we just screwed the needles into their plastic hubs before discarding them.

Then came AIDS and the Occupational Safety and Health Administration and sharps containers, but even those evolved. The first ones were crude affairs that let you poke inside to retrieve something and possibly get jabbed. Newer models eliminated that chance with one-way-valve openings. Change is troublesome but inevitable. We look for some of it, some we have thrust upon us, and the rest just sneaks in somehow.

Because most change is slow and incremental, it's hard to remember what things were like even a few years ago. We're always brought up short when we see a snapshot, an old TV sitcom, a movie like "Back to the Future." "Hey look, 'Bonanza!' " "I haven't seen a hand lawn mower since I was a kid." "How about those bell-bottoms?" "Look, Windows 98!" (That's for the younger set.)

My office past came blasting through recently in this exchange:

"Your skin cancer will need surgery, Mr. Mortimer. What hospital is your PCP with? I have to choose a specialist from the right referral circle."

"I have Blue Humdinger Supreme, Doctor. I can go anywhere."

"What?"

"I can go anywhere."

"You can go anywhere …?"

(I am running in slow motion through a green meadow filled with crimson wildflowers. Smiling models from nonsedating antihistamine ads are sitting at picnic tables, joyfully inhaling pollen. I can send my patients anywhere I want! It's a dream!)

Actually, it is. But once upon a time I could. Anybody could see me without referrals, and I didn't need an army of referral clerks. I could schedule a follow-up visit just because I wanted to. …I could write a prescription for any drug I felt like. …

We fixed typos with Wite-Out correction fluid. There was no voice mail or e-mail. Faxes had not been thought of. There wasn't any health insurance, and patients paid in chickens, if they paid at all.

You win some, you lose some.

We can't hide from change, but it may be best not to be the first kid on the block to adopt it, either. Let other people work out the bugs, and wait for the higher prices of early adoption to come down.

It's also a good idea to ignore the predators who are always ready to cash in on our fear of instability. They're the ones who send out those screaming flyers, "Give Us Lots of Money and We'll Protect You From the Latest Government Threat!" Better to wait for soberer voices, like those of our professional associations, to assess the situation and give guidance. The sky won't fall in the meantime.

Sometimes, change is so sensible it makes you wonder why it took so long to happen.

Back when I started, I sent pathology specimens to a lab at the derm department of my alma mater. They supplied me with little white cylinders containing a formalin bottle and path slip. Printed on the cylinder were the lab's address and a notice, "No postage necessary if mailed in the United States."

We sent specimens … by regular mail! (Online tracking was not available.)

"Dr. Rockoff, do I have melanoma or not?"

"Hello, lab, do you have the biopsy on Mr. Mortimer? … What do you mean, 'Who is Mr. Mortimer?' "

Yes, things like that really happened. Sometimes the missing cylinder eventually showed up, many palpitations later.

At some point in the early 1980s, some labs started offering courier service. Soon, all the rest followed suit.

See? At least in some respects, these are the good old days. ■

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.*

Letters

We're Not Just 'Dentists'

The ruckus about restrictions on dermatologists' ability to perform outpatient procedures largely concerns cosmetic surgery and is propagated primarily by competing specialties ("State Battles Intensify Over Outpatient Derm Surgery," November 2004, p. 1).

Given the fact that dermatologists perfected tumescent liposuction and pioneered laser and chemical resurfacing, it is difficult to imagine that someone would protest their ability to perform these procedures, regardless of the location.

I am a board-certified oral and maxillofacial surgeon and my practice is limited to cosmetic facial surgery. The article cited legislation in California and Colorado that allows "dentists" to perform cosmetic facial surgery. This is inaccurate. The legislation is limited to board-certified oral and maxillofacial surgeons. No state that I am aware of allows general dentists to perform cosmetic facial surgery.

After dental school, oral and maxillofacial surgeons must perform a 4- to 6-year residency that includes medicine, cardiology, surgery, neurosurgery, medical ER, surgical ER, pathology, plastic surgery, and anesthesia. Despite this excellent training, the same competing specialties mentioned in the article attempt to prevent my specialty from performing cosmetic facial procedures. They claim that we are only "dentists" and only have a "dental education."

My specialty has successfully supported legislation passed in 15 states to amend the state laws, allowing qualified oral and maxillofacial surgeons to perform cosmetic facial surgical procedures above the clavicle. Despite the thinly veiled, self-serving arguments about patient safety presented by competing specialties, there is no evidence that any specialty has a better safety record when performing cosmetic surgery.

No one specialty owns the body, and one's ability to perform a procedure should be based on experience, training, and outcomes. It is extremely misleading for any specialty to preach to the public that only its specialty is qualified to perform cosmetic procedures. Requiring hospital privileges as a prerequisite for office-based cosmetic procedures is a simple means to eliminate competition, if the procedure is fairly monitored, but the specialists who promote hospital privileges are the same ones who control the hospital board rooms and use their clout to keep "outsiders" out.

When legislators have examined our training and experience as oral and maxillofacial surgeons, we have been victorious more often than not. Dermatologists must follow the same path or be maligned as nonsurgeons. They must establish a relationship with local legislators *before* the battle begins. Justice usually prevails, but politics sometimes overrules reason and common sense. Be proactive, tell your story, and legislate for your right to perform these procedures.

Joseph Niamtu III, D.D.S.
Richmond, Va.