

UNDER MY SKIN

Community Outreach

From a recent article in the New York Times: “The Cleveland Clinic has lent its name and backup services to a string of CVS drugstore clinics in northeastern Ohio. And the Mayo Clinic is in the game, operating one Express Care clinic at a supermarket in Rochester, Minn.” (“Hospitals Begin to Move Into Supermarkets,” May 11, 2009).

“How may I help you?”

“I need frozen peas, strawberry jam, and a skin cancer screen.”

“Frozen peas, aisle 6; jams and preserves, aisle 8; skin screens right here.”

“Right here? Terrific.”

“Yes. Please undress and we’ll have a look.”

“In the aisle?”

“Just kidding. You can proceed to the booth next to the deli counter. Have you seen a dermatologist lately?”

“Yes. I got a screen at CostSlasher last month.”

“Then why do you need another one?”

“I just finished a tanning series to get ready for a cruise, and I’m feeling guilty and vulnerable. Do you offer other ser-

VICES besides skin cancer screening?”

“Sure. What else have you got?”

“I have this wart on my index finger—OUCHHHH! What was that?”

“Liquid nitrogen. What else is going on?”

“I’ve been breaking out.”

“Cleansers, aisle 12, and here’s a prescription.”

“Thanks. Can I fill it anywhere?”

“We have an exclusive with MachDonald’s Pharmacy. Is there anything else?”

“My wife gave me a list. Let’s see, laundry detergent, milk, whole wheat muffins—oh, yes, she wants you to look

at this mole on my scalp. HEY, CUT THAT OUT!”

“I just performed a shave biopsy. We’ll mail you the results next week with the next batch of coupons. Please take this card.”

“What is it?”

“Log onto our Web site and enter this eight-digit alphanumeric code. It makes you a member of our SuperSlashShopper VIP Club, which entitles you to one emergency appointment at one of our offices for the next 6 weeks.”

“Well, I guess all I need is that skin screen.”

“Before you get undressed, would you like e-mail updates about our specials?”

“No thanks.”

“In that case, I’ll tell you about them now. Refer a friend or family member and get 15% off any three products in our signature, private-label skin care line.”

“Okay. I’ll see.”

“Removal of pigmented spots, half price?”

“No thanks.”

“Laser off two blood vessels, get the third one free?”

“Not interested.”

“How about a package of three photorejuvenation sessions at 20% off?”

“No, thank you. Wait. I just remembered, my wife needs help with a coleslaw recipe using low-fat mayonnaise.”

“Mayo Clinic, aisle 3. Cleveland Clinic, aisle 2. Well, thanks for coming.”

“Hold on. What about my skin screen?”

“Sorry, I forgot. Why did you want another one?”

“I’m tanned, guilty, and vulnerable.”

“Right. In that case you should see my colleague.”

“What colleague?”

“A psychiatrist. He’s in fresh produce, behind the broccoli. Next!” ■



BY ALAN M. ROCKOFF, M.D.

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COMMENTARY

Mandatory Flu Vaccination

In 2004, I joined my colleagues at Virginia Mason Medical Center in a workshop to examine ways to improve delivery of influenza vaccine to patients and staff.

This experience seems all the more relevant in light of the recent emergence of 2009-H1N1 (swine) influenza infections worldwide.

We found that three facts from the medical literature were striking: Influenza vaccine is safe and effective in healthy adults, immunizing health care workers results in a safer environment for patients, and voluntary programs to immunize health care workers have had limited success.

One of my colleagues at the workshop asked why mandatory influenza vaccination of our employees wasn’t a policy at VMMC, a multispecialty clinic and 336-bed tertiary care hospital in Seattle, with 480 physicians and a staff with 5,000 full-time equivalents. The room fell silent; she had a good point.

Soon after this meeting, my colleagues and I sent a recommendation to our management committee asking that it consider mandating influenza vaccination of all employees, from volunteers to maintenance staff. The committee agreed with our recommendation, and influenza vaccination became a “fitness for duty” requirement at VMMC. The vaccine shortage that year prevented us from carrying out the policy, so we spent the 2004-2005 influenza season launching a respiratory etiquette campaign.

We also began planning our influenza immunization campaign for the 2005-2006 season. We learned from focus groups and other inquiries that many members of the staff did not understand the seriousness of influenza.

Mandatory vaccination of health care workers is important because voluntary vaccination programs have demonstrated limited efficacy. For example, after a voluntary program was launched in 1985 at the Minnesota Veterans Affairs Medical Center, including mobile carts and an education campaign, the immunization rate increased from 25% of health care workers that year to 46% in 1996 and to 65% in 2004 (MMWR 2004;54:196-9). But that left 35% of health care workers unvaccinated.

Educational efforts are not always effective. In a survey of registered nurses at the Mayo Clinic in Rochester, Minn., which has a long-standing, multifaceted flu vaccination program, 90% of respondents said they had exposure to educational bulletins and 85% felt they knew what they needed to make a good decision, yet only 7% gave correct answers to more than 85% of the knowledge questions on the survey (Infect. Control Hosp. Epidemiol. 2008;29:99-106).

At VMMC, we decided to include all employees in the program. Staff who have not been immunized by a set date receive notices, are asked to complete an education module, and then undergo further education and

one-on-one discussions. Those who don’t get vaccinated by the deadline can be terminated.

This policy went into effect in the 2005-2006 influenza season. During that time we lost a handful of people who chose to leave or were terminated. Staff can request an accommodation on religious or medical grounds; if this is approved, they must wear a mask at work during the influenza season.

The policy is inclusive: We include all outside contractors, vendors, volunteers, students, and community providers, which requires about 1,000 additional vaccinations each fall.

Our statistics speak for themselves. Since 2005-2006 we have had 98%-99% of our staff immunized, and the others use protective masks during the influenza season. The national average is about 45%, and the most successful voluntary programs have rates of 80% or less. ■

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BY JOYCE K. LAMMERT, M.D.

LETTERS

Serving in Iraq

I enjoyed reading “The Rest of Your Life” column about a physician recalled to active duty in support of Operation Iraqi Freedom (“‘Dr. Charlie’ Goes to War,” May 2009, p. 48). I was called to do a second tour of duty in Iraq in 2005 and served as the Navy medical officer with 19 highly trained Navy corpsmen assigned to a Marine Corps reconnaissance battalion.

A pediatrician in peacetime, I cared for “Uncle Sam’s Misguided Children” while serving in Iraq. Although we worked in an austere environment, the level of care was the same quality found stateside.

All of the marines were trained in tactical combat casualty care. Additionally, my team was trained in various combat and nonmedical skills.

All physicians have pledged the Hippocratic oath, yet have probably taken it for granted, as did I. My epiphany came the first time I cared for a captured insurgent. He had tried to kill my marines with an improvised explosive device when he was shot and wounded. I was asked to evaluate him, and my initial feeling was that of anger and hatred toward a stranger who had tried to harm my men. When I rounded the corner and saw him blindfolded and flex cuffed, I immediately felt compassion, much to my surprise. I gently placed my hand on his shoulder and, through the interpreter, explained that I was a physician and was going to examine his wound. I requested that he inform me if I caused any discomfort.

My experience differed from that of Dr. Garbarino, yet had a lot in common with his. Despite my sophisticated training, medical gear, and weaponry, I did quite a bit of hand holding. I never will forget the eyes and faces of those dying, and the dead brothers and sisters with whom I was blessed to serve while in western Iraq.

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LETTERS

Letters in response to articles in SKIN & ALLERGY NEWS and its supplements should include your name and address, affiliation, and conflicts of interest in regard to the topic discussed. Letters may be edited for space and clarity.

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