Under My Skin

Getting the Red Out

How long does it take for a red spot to go away?

Well, it depends on what kind of spot, where it is, whether it's been picked at, and so on. But just because there's no straight answer doesn't stop patients from providing one themselves, and then drawing inferences that don't do any good for their prospects or peace of mind.

BY ALAN ROCKOFF, M.D.

Many people use the rate at which red spots fade as an index of their overall health, and slow fading means poor healing. The two commonest states for which this is supposed to be a feature are diabetes and old age. Once someone is diagnosed with the former or assigned (by himself or someone else) to the latter, he takes note of a red spot (a scratch, a surgical scar), decides that it's taking too long to go away (has he ever looked before?), and concludes, "I don't heal as well as I used to."

Physicians sometimes reinforce this by telling him that diabetics have "poor healing," from which he deduces, not unreasonably, that any innocent nick can be just around the corner from gangrene. (Most of my diabetic patients seem to heal just as fast as anybody else.)

In this way, persistent redness can imply something about overall state of health. Besides that, redness—which lies right out there on the skin, our territory—can take on specific meaning in several situations we meet every day.

► **"My acne is starting to scar."** Departed inflammatory acne lesions often leave red marks that take some time to fade. How long depends on their depth, state of excoriation, and/or no apparent reason. Some acne patients think of comedones and small papules as more or less normal and don't even come in for treatment until they notice that their spots are taking too long to go away. They refer to this as scarring, by which they don't necessarily mean what we mean by this term, namely permanence.

Acne treatment may fail for many reasons, but one common cause—left out by the promulgators of those accursed algorithms—is despair. The patient sees marks that stay reddish for weeks and picks at them in frustration (which of course perpetuates them). Confronted every day in the mirror with the same two dozen livid marks, she decides that our treatment is a waste of time. Why wouldn't she?

Unless we supplement our treatment, whatever it is, with constant hand holding and reassurance that yes, Virginia, those red spots really do fade over months if they're left utterly alone, and makeup is really okay to use because it won't clog your pores, she'll never get better.

► **How about some leg makeup?** For some reason, red marks take longer to fade the lower down on the body they are. Even when psoriatic plaques flatten, ugly purple splotches persist. These hang around for months, and they may not look improved to patients who aren't explicitly told that indeed they are. Then, of course, there are those with stasis dermatitis who fail to respond to antibiotic therapy for "bilateral cellulitis." After all, the legs still look just as red. …

► **Red scrotums in the sunset.** I often encounter patients, in the office or in online chat rooms, who are convinced that their penises and scrotums are tingly, sensitive, and altogether "too red." One common scenario is this: The patient had balanitis, dermatitis, or perhaps a marathon evening of passion in Bangkok's red-light district. Beset by fear or guilt, he consults a physician, who diagnoses it as (what else?) a fungus.

An endless treatment sequence ensues: antifungal creams, antibacterials, and cortisones. This helps the patient focus on his nether regions and therefore feel all kinds of sensations and notice redness he's quite sure "wasn't there before." Needless to say, he's never stared down there before with this kind of focus until he thought he had an STD or a fungus.

The approach I've found most useful in such cases, once it's clear that there is no active disease, is to tell him to stop absolutely all active remedies, to use only unmedicated moisture lotions, to ignore any tingling as irrelevant, and to look unfailingly up, not down. Eventually, either the redness finally goes away or the patient does, having concluded that whatever the color is really belongs there after all. ■

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Point/Counterpoint

Do physician bloggers compromise patient privacy?

Sophisticated bloggers can conceal patient identity.

I write a blog (www.talesfromthewomb.blogspot.com) and I post in the open. I write fictionalized medical events, discuss studies relevant to neonatal outcomes, and, on occasion, muddy myself with both politics and evolution. I have not been afraid to take on controversial topics, but at the same time I am sensitive to the issue of patient confidentiality.

PHILLIP V. GORDON, M.D., PH.D.,

I have a policy of never writing about patients from my current place of work. When I write about events that were inspired by real patients, I create a whole new cast of characters and rewrite the scenario based upon a sentinel medical event that I want to explore. I switch the times (referring to myself as a fellow rather than a resident, for example) and change the sex, race, cultural values, and religions of the families. I create a different cast of doctors and nurses. I change critical details and invent new character personas, and I write from scratch without any access to patient notes or data.

In this way, I can still explore the medicine and the ethics behind the case, without violating the trust of these patients and their families. Sometimes, I use a case report in the literature or one that a colleague in another institution described at a medical meeting to create the vignette. When you are out in the open, there is simply too much opportunity for people to think you might be writing about them. For me, being out in the open ensures a certain standard of ethics.

Others blog anonymously. I know some of these bloggers and they live in fear of being discovered. I think anonymous blogging is a reasonable way to protect patient confidentiality, but some people are better than others at writing in ways that don't give out identifying information, and there are people who are not sufficiently sophisticated to do anonymous blogging well. These people are the exception; they eventually weed themselves out or get caught by their institutions and are shut down.

Anonymous blogs can also be a way for doctors to speak up about their own rights. In one case, an anonymous blogger revealed that an institution was regularly violating work hour rules. We need to know what's going on in some of these hardcore programs, and anonymous blogging may be the only way we will ever truly know. ■

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Blogging about patients is never safe or acceptable.

Physicians who write about their patients in blogs violate the law and the Hippocratic oath, regardless of whether they blog anonymously or take steps to conceal the identities of their patients. Patients have a right to feelings of trust and safety when they consent to treatment from a physician, and these basic conditions for treatment are destroyed if patients fear that their doctors will blog about them. This may sound like an infringement of a physician's right to free speech, but as physicians, our primary relationship to our patients is defined by medical—not constitutional—rights.

DEBORAH C. PEEL, M.D.

Anyone with a minimal understanding of cyberspace knows that blogging can never be totally anonymous. Recently, the Detroit Free Press and its sister news outlets ran a story about an "anonymous" physician who had blogged about an 18-year-old woman whose third baby was born on Christmas Day and required treatment in NICU. In addition to editorializing on the moral character of the young mother, this doctor communicated to his readers crucial details about this woman's life. The patient could have easily identified herself, even if others could not. If she read the blog, she was likely hurt and offended by the doctor's negative comments about her and would be right to fear that others could recognize her. What this blogger-doctor should have realized is that everyone—whether they are a good person or not—deserves medical privacy.

Some physicians who blog about their patients do so out of frustration. Instead of blogging, these physicians should deal with their feelings in appropriate and constructive ways. Peer review with other physicians who are sworn to uphold the Hippocratic oath is one option. Another is to discuss issues with a patient directly: Patients deserve an opportunity to explain themselves. Personal therapy for a doctor with persistent negative feelings is also a constructive and safe alternative. Finally, if a physician is unable to contain and work through his or her feelings about a patient, he or she should arrange to transfer the patient to someone who is able to be tolerant and respectful.

Patients should not have to ask their doctors if they blog before they feel safe to agree to treatment. As U.S. Supreme Court Justice Brandeis said, the highest and most valued right of civilized man is the right to be let alone. ■

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