



BY ALAN M.
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I'm not sure why I agreed to speak at the mall, and gratis at that. Maybe it was nostalgia for the talks to community groups, primary care doctors, and television interviewers (at small, public-access stations) that I used to give when I was starting out. Or maybe it is because I just like to talk.

When I got to the local mall at 9:45 a.m., my hopes for a good crowd rose when I saw lines of people stretching out into the lobby. That lasted until I realized they were there for the Registry of Motor Vehicles.

My talk would be next door at the buffet restaurant. Posters announced this month's installment of the Health Awareness series, "Advances in Skin Cancer." I met Janice, a twenty-something in charge of marketing for the strip mall. She led me inside the still-closed restaurant.

LETTERS

More Fraud Prevention Tips

I thought Dr. Joseph S. Eastern's column, "Safeguarding Against Embezzlers," concerning the prevention of fraud was very good (Managing Your Dermatology Practice, April 2009, p. 53).

I would add that to detect or prevent possible theft, it is also advisable to:

- ▶ Take note of employees spending or living beyond their means.
- ▶ Spot-check the bills and checkbook.
- ▶ Remember that employees work in the "system" every day and that no system is foolproof; it just takes time to find the flaws.
- ▶ Be aware that any employee can be put into a financial crunch that would induce him or her to steal, including your office manager. Even your most "trusted" employee could steal from you.

This advice comes from 25 years of law enforcement and working cases at a hospital and doctors' offices involving the theft of money and narcotics. I am now trying to learn the field of dermatology office management as my second career.

Ronald Docimo
LaGrange, Ga.

LETTERS

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UNDER MY SKIN

Public Health Buffet

"Usually, they're done vacuuming before the lectures start," she said. "You'll be speaking from here." She pointed to a wood busing station against the near wall. I turned to face long, neat rows of small tables, each set with salt, pepper, ketchup, and steak sauce.

"How did you get my name?" I asked Janice.

"Google," she replied. "Would you

believe we called 30 dermatologists before we found you? The others were too busy or not interested."

That was gratifying. "Do you get the same people coming to the lectures every month?"

"Pretty much," she said as she indicated a list of regulars. "They check off their name so we can send them announcements."

By then people started showing up. They all seemed to know Janice and each other. "These are good seats," said one woman to her companion, taking a table in front.

Others shuffled in. By just after 10 a.m., 15 people had signed in and sat down. All were old and wan.

One woman sported a bulky gauze
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PAIN RELIEVERS



"This call button goes directly to your nurse, and this one connects you to my Web site."

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dressing on her left cheek. "My dermatologist took off a skin cancer this week," she said, heading to her table.

"What kind of cancer was it?" I asked.

"I don't know," she said. "I forgot to ask him."

Janice offered no introduction. She distributed my one-page handout.

As instructed, I had brought no slides or PowerPoint presentations; the restaurant walls were unsuitable for either. My handout listed a number of Web sites on which to find pictures of

skin cancer, though this crowd seemed unlikely to spend much time online.

I told them about basal and squamous cell carcinoma, melanoma, UVA and UVB, sunscreens, and vitamin D. I also mentioned tanning parlors, and we shared chuckles about the foolishness of kids.

One woman rose to testify. "I know my skin cancer came from a terrible sunburn on my chest," she said. "My skin turned blue. Then I got this small, dark spot. One doctor said to forget about it, but I went to another one, and they did a test."

I agreed that sunburns are undesirable, but suggested that a single bad one wouldn't necessarily generate cancer.

"What strength sunscreen do you recommend?" asked one woman.

"He already answered that," said her table mate. "You have to pay attention!" I assumed this pair shared similar interchanges every month.

And so it went. The props were different from those in the old days: Instead of screens, slide projectors, or TV cameras, I now faced rows of inverted Heinz ketchup bottles. But the rest was familiar: the same facts, advice, questions, and even my jokes and their predictable responses. Everything about those talks came flooding back, including why I'd stopped giving them.

The public can't get enough medical news. What people really want to hear about are the breakthroughs and the exciting advances. Those of us who don't live on the clinical cutting edge have more mundane fare to offer, less like what comes from the lab bench or operating suite than what emanates from the pulpit.

Like pastors, we offer sage wisdom and sensible advice to people inclined to listen to us. They nod in agreement, and not much changes.

Also, like pastors, we don't give up. The same regulars come time after time, only maybe this time they'll pay closer attention so that our words hit home and nudge them a bit in the right direction.

So maybe that's why I agreed to speak. Or maybe I just like to talk. ■

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