BY ALAN ROCKOFF, M.D.

Under My Skin

Referral Notes to Nonphysicians

If you ask patients not just why they came but why they came *now*, you'll often find that a third party was involved. Whatever is wrong may have been there for some time, raising no concern in the patient's mind until someone else stared at it and warned, "You'd better get that taken care of!"

Now and then this is a colleague. In that case, I can write a letter acknowledging the referral:

Dear Chip,
Thanks so much for referring Mr. Halsey Gribness. I assured him that his red spot is not Lyme disease, adding that whatever bit him had more legs than he does. His honeymoon safari to Ecuador sounds special. Mrs. Gribness is recovering nicely. I simply can't thank you enough for allowing me to participate in the care of this most pleasant gentleman.

Collegially . . .

Far more often, though, no doctor played any role in encouraging the patient to show up; other, nonmedical sources did the job.

I would love to send notes acknowledging their referrals, too, but most of the time I don't know how to reach them. I will therefore devote my next two columns to thanking these referrers. I assume they subscribe to Skin & Allergy News. If they don't, they should.

Dear Parent/Significant Other:
Helping someone near and dear to overcome inertia takes resolute encouragement; the technical term for this is "nagging." Without your efforts, Ken might never have shown me that mole, and the thing on Jen's nose would have just kept on getting bigger.

Special thanks to the women among you, because you take the responsibility for health matters that your men secretly rely on while pretending to be annoyed.

Telling Stanley, "If you don't have that brown spot looked at, don't come home for Thanksgiving," was a bit strong, but love's got to be tough sometimes.

Keep up that resolute encouragement!

Dear Patient's Coworker:
Now that the water cooler has been replaced by the Intranet and instant messaging, you have so many more opportunities to share diagnostic and therapeutic advice. To tell the truth, I don't think I would discuss with my wife half the things my patients seem to have kicked around with the whole human resources department. You guys really know a lot! You've seen cases just like Bill's, recommended treatments you're sure are bound to work for rashes like Jill's, seen how things ended (usually badly) when growths like Phil's weren't taken care of in time.

Of course you don't even have to actually say anything to generate a visit to my office. Staring at the warts on Syl's hands as she typed at the adjacent keyboard, all the while maintaining a tactful silence, did the trick. So did squirming as Will scratched at the board meeting.

Keep those referrals coming!

Dear Hairdresser:
You guys and gals have a unique perspective—you stand over people and look down at a part of the body that is important but seldom seen. So when you say, "Mabel, you're really thinning out, I can see your scalp!" you get her attention. You pick up cases of psoriasis and alopecia people didn't know they had and spot moles they didn't know were there. You have great moral authority, too. If Hermione is wavering, telling her there is no way you'll take responsibility for putting a chemical color on *that* until a doctor says it's OK sends her right over to me.

If I had any hair, I would thank you in person.

Dear Magnifying Mirror:
Just when failing close-up vision threatens to make my patients ignore those minor imperfections, you step in to save the day. I looked at myself in one of you recently—scary! My pores looked like the far side of the moon, and the mottling under my eyes reminded me of potato blight. I'd consult myself if I could get a referral.

To be continued … ■

Dr. Alan 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

Well-Rounded Residency Is Enough

Dr. Carlos Garcia's claim that a Mohs fellowship is required to perform Mohs micrographic surgery competently is flawed ("Should only fellowship-trained dermatologic surgeons perform Mohs surgery?" Pro & Con, May 2005, p. 12).

It is true that a cardiothoracic surgeon is more skilled and experienced than a general surgeon in doing bypass surgeries. But this is merely a reflection of the general surgeon's lack of training and necessary exposure during a general surgery residency to matters of the heart. In their quest for a well-rounded exposure to all the organs. General surgeons are unlikely to concentrate on a specific one during a standard residency.

In contrast, dermatologists spend their entire residency studying, analyzing, cutting, and repairing only one organ. Any standard residency program well rounded in surgical dermatology and pathology would likely exceed the numerical requirements of the American College of Mohs Micrographic Surgery. I exceeded those numbers midway through my second year of residency. "Complex" cases in all locations of the face with challenging repairs were part of the daily regimen at our Veterans Affairs hospital in Miami. Likewise, skin oncologic pathology training is usually well exceeded in derm residencies so dermatologic surgeons should be very skilled in detecting cancer as presented in Mohs frozen sections. Perhaps Mohs fellowships should be reserved for those residents who do not get sufficient training in either of these two basic skills.

At this pace, soon some clinicians who don't do surgery will suggest that those of us who do ought to complete fellowships in "clinically detecting skin cancer" because maybe that is a skill we don't sufficiently master in a residency program. Maybe I should quit treating the thousands of pediatric patients in my practice because I lack a pediatric dermatology fellowship.

Dr. Garcia also is concerned that patient care would be sacrificed by non–fellowship-trained dermatologists weeding out "complex" cases. I have referred a limited selection of difficult cases, usually to an oculoplastic surgeon who is more adept at repairing complex ocular defects. Dealing with eye-repair issues is what they have done in residency all along. I think that exceeds rather than "sacrifices" care. I have examined the repair work of some fellowship-trained Mohs surgeons and I wished they would have done the same.

In my experience, the self-preserving advocacy of preferred status regarding who should clear the margins in a given patient is financially motivated. At least in our region, Mohs surgeons' stronghold on the referral business has been hurt by those of us who do Mohs on our own patients, and the trends toward this practice is alarming to them. In fairness, maybe those of us who defend our right to operate on our patients also are, in part, financially motivated. However, continuity of care is an aspect of our patient care that is vastly underrated. Usually, an established patient is grateful to have the doctor who is familiar with the problem deliver the ultimate treatment. Special thanks and recognition should be given to the pioneers of this great procedure, and we should remember that they themselves were not "fellowship" trained either.

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Dr. Garcia declined to respond.