

UNDER MY SKIN

The 'Big Bang Theory' of Sunburn

Henrietta had certainly seen some sun in her 50-plus years. Her skin looked and felt like beef jerky. Still, it was one specific sunburn that she recalled.

"Ten years ago in Aruba," she said, "I fell asleep on the beach and burned like crazy. The next year I got four basal cell cancers." She showed me the excision scars on her chest and back.

There are many ways in which patients and physicians just don't think alike. One example of special relevance to us in the skin trade is the concept of latency. We use it all the time, without much thought. We figure that patients are exposed to the herpes simplex or human papillomavirus, but it doesn't become visible until who-knows-how-long later. In the same regard, patients get several childhood sunburns, or chronic, continual sun exposure in adult life, and eventually basal or squamous cell carcinomas pop up.

This makes sense to us, but not much to Henrietta. To her, the problem wasn't all those years on beaches; it was the one big burn in Aruba that did it. If that wasn't it, she might say, how come she got her only four basal cells in the year just after, and none since? Call it the Big Bang theory of sun damage.

We realize of course that our model of

carcinogenesis fails to explain much that we see clinically. Why, for instance, do some patients get nonmelanoma skin cancers only or mostly on their trunks and not their faces? Why do basal cells often appear in places where the sun never shines? (Favorite anecdote: Making conversation while curetting a basal cell on the buttock of a 75-year-old white-as-snow grandma, I said, "I guess we don't have to worry that you had sun exposure here, Mrs. Green." "But Doctor," she piped, "I'm a nudist!")



BY ALAN
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Henrietta's way of thinking has consequences that are, from our perspective, unfortunate: It can make patients worry when they needn't and not worry when they should.

For instance, as each summer ends people flock to our offices, tanned and guilt ridden. They're sure that their recent indulgences have provoked any number of spots to burst into cancer. Sometimes people multiply their anxiety by staring at moles they never noticed before, or by picking or rubbing lesions that they think have changed.

Even light-related changes that have nothing to do with cancer—photosensitivity from doxycycline, for instance—cause concern, because "they came right after sun exposure."

Patients who have moles that look funny to them (like halo nevi)—or which

someone has told them to "keep an eye on—may take excessive and burdensome precautions such as putting Band-Aids on the moles every time they go out. (Ask your patients; you'd be surprised how many do this.) Again, their assumption is that one bad burn, and boom—moles cancerize.

Once diagnosed with sun-related malignancies, or even premalignant keratoses, older people often conclude that they shouldn't go outdoors at all, ever.

The flip side of not being able to wrap their brains around concepts like cumulative damage or latency shows itself in situations like this familiar one:

"What are these crusty spots, Doctor?"

"Solar keratoses, Mrs. Goldfarb. They're from the sun."

"But I haven't gone out in the sun in 20 years!" (Delicacy prevents responding, "True, but you're 80 now.")

Younger patients who like to swim or sail and have many years of potential sun exposure ahead of them may find themselves unable to adopt a regular routine of sun protection. They think all they have to do is prevent one bad sunburn, the kind that Henrietta is certain did her in.

Counseling people in these matters should take into account not just facts but the way patients process them. Concepts such as initiating or triggering carcinogenesis just don't compute for many of our patients, who filter them through their own ways of understanding. What comes through often remains the unshakable belief that what really matters is

not what's happened over the long term but what they did yesterday or what they'll do tomorrow. The same might well be said of other behaviors, such as exercise, weight loss, or healthy diet.

Changing the way people act in matters like this means not just lecturing or conveying information but rewiring brains. Doing that takes a will and sustained commitment which, frankly, most of us practicing physicians are unable to make. In their absence, the least we can do is pay attention to the way our words are actually heard.

No doubt Henrietta will be even browner and crinklier next year. But I'll do my best to make sure she comes back for a checkup anyway. ■

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LETTERS

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LETTERS

Courageous Analysis

I was very pleased to read the analysis by Dr. Jamshid A. Marvasti ("Physicians as Killers?" Guest Editorial, September 2007, p. 12).

At a time when so much of our discourse in the media and in institutions of higher learning is based on depictions of people and communities without context and history, it was refreshing to read Dr. Marvasti's insightful analysis of the cultural context of the recent events in Glasgow and London.

Too often we read noncontextualized condemnations of people and events based on a binary analysis of good versus evil. These analyses do nothing to enhance our understanding of the complex world today and only serve to foment an already divisive discourse—a discourse that frequently parrots the talking points from Washington.

While rightly condemning all acts of terror against civilians, he then makes a very courageous attempt to contextualize and offer an analysis of historical, cultural, and political issues involved. Rather than foreclosing debate and discussion, Dr. Marvasti has allowed us to engage in a more complex and intellectually rigorous discussion. I applaud him for this and hope that we can continue to advance this discussion and go beyond rhetorical attacks.

Jess Ghannam, Ph.D.
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No Excuses for Terrorist Physicians

I am not sure that Skin & Allergy News is any better a forum than the Academy or Emmy Awards for a discussion of the war in Iraq, but at least Dr. Jamshid A. Marvasti's comments pertained to the role of physicians in the ongoing violence ("Physicians as Killers?" Guest Editorial, September 2007, p. 12).

However, it seems disingenuous for him to offer excuses for those healers who have turned to extreme measures to add to the killing, particularly when it is done so indiscriminately. Surely, these nouveau terrorists (who, as Dr. Marvasti points out, are not insane, poor, or uneducated) are deeply frustrated. However, the source of their frustration did not lie with the passengers in the German airports, unless they knew that one or more of the blaspheming Danish cartoonists were traveling that day.

Similarly, the end of their frustrations will not be found in public beheadings, or body parts strewn in the wreckage of an exploded subway. The tenets of civilization proscribe the targeting of civilians during war, even if one is highly enraged and humiliated, and not even physicians can be allowed any leeway here. "First, do no harm."

Now, how about some essays on U.S. military dermatologists and other physicians who are risking their lives to attend

to the medical needs of Iraqis, both militants and civilians? Perhaps they are not so frustrated.

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Editorial Has No Place Here

Dr. Jamshid A. Marvasti's editorial ("Physicians as Killers?" Guest Editorial, September 2007, p. 12) has no place in this dermatology publication.

While the article starts with some relevancy to physicians, it turns into an anti-American rationalization full of dangerous examples of moral equivalency. He states the motivation of suicide bombers is a reaction to some injustice, but fails to mention the entire culture of hate and death that many of these children are raised with from birth. When these children are paraded around in suicide-bomber costumes and schooled in the glory of martyrdom, I would ask the author, a child psychiatrist, how can they not grow up to be killers?

Unfortunately, we are currently facing an enemy who hates us for

our way of life, our freedom, and our practice of different faiths.

While we are in a difficult war we would all like to see end quickly and successfully, it certainly was not the cause of terrorism. If we left all foreign soil today, the fundamental reason they hate us would not change, as spelled out by their own spoken goals. The bombings in America, London, Madrid, Israel, Bali, and more would certainly continue until our way of life was no more. I agree that we have the amazing privilege of the power of the ballot in the West, and I personally will use this to support leaders who understand we are in an existential fight for our way of life.

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