

OnCall Dermatology Times

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'I researched this, and ...'



Karen Nash

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Steering the self-educated patient, managing the misinformed

Patients have access to a lot of medical information on a daily basis — from television, radio, the Internet, friends and relatives, newspapers and magazines, and even from other doctors.

It's not unusual for patients to appear in dermatologists' offices not only "knowing" what they have, but also how to treat it.

On Call talked to dermatologists around the country about how they approach the problem when patients come in requesting treatments or therapies that may not only be useless, but even counterproductive or dangerous. We also asked how patients react to having their beliefs contradicted.

Diplomacy best policy

The doctors say they try to approach their patient's misinformation tactfully.

Douglas R. Farris, M.D., F.A.A.D., of Hurst, Texas, says, "I try not to over-react. I tell patients there is all kinds of information out

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there about different ways to treat various conditions, but we have a lot of history, medical studies and experience showing what does and doesn't work.

"I tell them that although it's their right not to agree with me, if they want me to treat them, we have to proceed with what I think is appropriate. Otherwise they better look to someone else for another opinion."

In Bellevue, Wash., Peter J. Jenkin, M.D., F.A.A.D., says he tries to deflect the patient's stated desires when they have no basis in fact



Dr. Jenkin

"When a patient asks for a specific procedure, my comeback is to ask what they are trying to achieve. What are they trying to do? I get them to talk about what they hope for. From there, we talk about what options could get them where they want to go," says Dr. Jenkin, president of the Washington State Dermatology Association.

"One cosmetic example is that patients will request Botox (Allergan Medical) for wrinkles that need fillers or vice versa. Usually, with cosmetic procedures, I find patients don't put up any resistance to my suggestions as long as they feel that I have heard what they are trying to achieve, and that I have given them options on how to get there."

Paul J. McAndrews, M.D., F.A.A.D., a hair transplant specialist in Pasadena, Calif., recommends being straightforward and honest.

"Patients can be very skewed about what they expect from hair transplantation. They come in with a lot of preconceived notions, and the doctor has to make sure the patient understands the realities.

"I will tell them that they are not going to have hair like Elvis Presley — and that I will not do the transplant if they don't adjust their goals. That usually gets through to them. They realize I must be being honest, because I could be sitting here making money doing what they want, but I'm not.

"If it's a family member pushing for a specific result, I will have them come in too, because it's important for them to hear the same story."

Plotting a better course

Christopher J. Huerter, M.D., associate professor of medicine and chief, division of dermatology, Creighton University Medical Center School of Medicine, Omaha, Neb., gives his patients educational material and tries