

Transcript Details

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Lessons in Dermatology Care: Trust Patients' Intuitions & Ease Fears

Dr. Greenberg:

This is Dr. Michael Greenberg for ReachMD on Skin Cancer Awareness Month. We all know the signs of skin cancer. We all know the pearly papule that's a basal cell and the dark lesion that could be a melanoma. But often, there's more to treating skin cancer than just knowing how to do a removal.

A number of years ago, my wife asked me to take a mole off of her face that she had had most of her life. It was totally normal looking. But I figure, you know, she married a dermatologist, she might as well get some use out of me in taking her mole off. So, I did. And lo and behold, it turned out to be a focus of basal cell that we would've missed, had she not decided it was time to take the mole off.

That situation was duplicated a few years later when a young woman came into my office who was pregnant with her first baby; newlyweds, came in with her husband and showed me a spot on her forehead, a dark spot, which was less than the size of a period in a printed book. It was so small it was difficult to see, and she told me she wanted it off. Well, after I did a skin check on her, we discussed it and I said to her, "You know, this really looks benign to me, it's so tiny, it might even be a plugged-up pore, not sure what it is but I don't think it's a problem". And she looked at me and said, "No, I want it off. I don't care what you think. I want it off." It turned out to be a melanoma. And had I not listened to her and removed the mole, it would've wrecked her life, wrecked her family's life and probably had me ending up in court with a malpractice suite.

So, I've started to change my life after those two incidences, change my practice life. And now I've learned to trust peoples' intuitions. More often than not, when I see a mole and it appears to be normal, and a patient tells me that they don't care, they want it off, whether they have to pay for it or not, I take it off. And there's a significant number of those lesions that I take off that are, or that have a focus of skin cancer. It's pretty astonishing number.

And even beyond that, if there is no skin cancer and a lesion is really bothering a patient emotionally, day in and day out, isn't it justified to take that lesion off to give that patient peace of mind because we know that stress affects the immune system? And if somebody's stressed out over anything, that diminishes their immune system's ability to find other starting hidden cancers in their body. So, anything we can do to decrease a patient's stress, I believe is somewhat cancer-preventative.

So, I take these things off. Sometimes insurance pays, sometimes they don't, I don't care. I'm here to take care of my patients. I'm here to make them feel better. I'm here to assuage their fears and I talk to them about fear and teach them that fear is an acronym.

The letters stand, F-E-A-R stands for Fantasized Events Appearing Real. People come to our offices with seborrheic keratosis, convinced that they're melanomas, they're living in terror and they're sure their life is over, and I teach them, wait, stay in the moment. First of all, this looks benign. Second of all, we're gonna take it off, don't worry, there's not a problem. And third of all, don't bleed until you're cut. That's what one of my friends tells me all the time when I start worrying about something. Don't bleed until you're cut. Don't, pretend like you have cancer until you have a diagnosis.

So, the two messages I would give to this, to the community of doctors, both dermatologists and non-dermatologists, who do biopsies on skin lesions, is if you have a patient with an intuition, take it off. And even if if their intuition is wrong, if you have a patient who is living in abject fear over a lesion, take that off, also. Our job as doctors is to do more than just procedures, to do more than just write prescriptions, Our real job is to give patients peace of mind. That's why we became doctors. And my peace of mind increases when I know that I've taken off lesions even if they turn out to be benign, they give somebody else a peace of mind. I sure would hate to miss a melanoma, as I might have on that pregnant woman because I, as a doctor, "know everything." I don't. I really don't. And that's the truth.

But I do know one thing: when you help a patient with their fear, you really help yourself. You really can be proud of being a physician.

For ReachMD, I'm Dr. Michael Greenberg. To access this episode and others from *DermConsult*, visit ReachMD.com/DermConsult, where you can Be Part of the Knowledge. We thank you for listening.