

Close Encounters of the Cutaneous Kind
Seth Tobolsky

Medicine is no paradise. It isn't a profession in which one basks in the glory of having completed medical school, cheeks radiant with the raw satisfaction of having come so far, eyes ablaze with the euphoria of being done, being set, being a Doctor(!). And it isn't always pretty. Medicine is Medicare, and poverty, and Depakote, and depression. And medicine doesn't have all the answers; a multitude of diseases and disorders from the commonplace cold to the rarest of cancers are not curable. There's no magical potion a patient can drink to alleviate the worries of the world, no steroid that can treat a patient who mutilates herself to get back at the demons that haunt her past, no pill to take to make it all just go away. But medicine, as far as my inexperienced, 18-year-old self has seen, has a magic all of its own, a deeply ordinary, mind-blowing, challenging, incredibly heartrending sort of appeal, the sort of magic that swept me off my little freshman feet, and made me absolutely sure that, despite the Prozac, despite the picker's nodules, despite the occasional grumpy soul that wends her weary way to the dermatologist's office in the dead of winter, medicine is for me.

Medicine is most definitely not *Scrubs*, or *Gray's Anatomy*, or your mother's cousin's oh-so-successful son with the exceptionally gorgeous yet exceedingly intelligent wife and the spacious 5 bedroom, 3 ½ bath palatial McMansion in Westchester County. Medicine utterly defies quantification. It is a field in which intellectual curiosity is more important than shrewdness, where compassion counts more than the dollar, where one can hand a check to a patient who lives in a state of destitution, and that patient can now go to a conference on the rare disease she contracted a few years ago, where that patient can now try to live a fuller life, more knowledgeable, more comfortable, more in control.

If after a month I can already draw these conclusions about medicine, something extraordinary must have happened. A summary of the typical day with the dermatologists I shadowed for the month of January 2010 might be the best way to begin this reflection of my experiences. What astounded me most about stepping in the dermatologist's shadow was that it was an experience of the most unexpected kind.

My month had a decidedly less-than-spectacular beginning: the day before my apprenticeship was to begin, I chatted with a few classmates about what a dermatologist's office might be like. I was bombarded with statements akin to "dermatology sucks," "dude, you're going to be wicked bored," "dermatology... isn't that just acne and rashes and stuff?" and "man, those dermatologists, they make, like, *tons* of money." Perhaps that's an exaggeration, and perhaps it isn't, but on the bus ride to North Adams, Massachusetts that very first day of my internship, I had mixed emotions. And all of them were completely shattered within my first five minutes of clinic visit.

Immediately after carefully draping my cumbersome winter coat over a coat hanger of an entirely inadequate size, the doctor bustled into the office, a veritable squall of freshly fallen snow, North Face earmuffs, and bags upon bags of what could only have been assorted and extremely bulky ski apparel. She quickly ushered me into her office, exchanging a cordial greeting, and then proceeding to embark upon an impassioned speech about how awful the insurance companies were, how difficult it was to run a private practice, and how incredibly rewarding it all was. I was completely overwhelmed; terrified even. What was this medicine that I had been so doggedly pursuing for an entire semester? What could possibly be rewarding about filling in G-codes for Medicare, balancing financial, medical, and familial obligations, and

essentially getting no sleep? By the end of the month, I obtained the answers to these elusive question: Everything!

A doctor wakes up in the morning, eats his obligatory bowl of cereal, watches his obligatory daily dose of CNN, and expends his obligatory amount of gasoline to get to work. Sounds normal, right? The second she steps into the office, a certain aura begins to appear, an aura of purpose, resolution, competence. With some doctors it may be an aura of complacency or overconfidence or even egomania, but with the doctors who had this little freshman January shadow, it was anything but that. A patient is escorted by the medical assistant to the exam room; the patient is a little uneasy; the medical assistant more than a little tired. The door is closed, the patient's chart is placed in the proper receptacle, and the doctor arrives. With the hems of her white coat whipping with the mighty force of years of a clinical experience, she enters the room, greeting the patient with a warm smile, a reassuring expression, and a subtle yet undeniable confirmation of her expertise. The doctor probably already knows what the patient has, "72-year-old Caucasian female, complains of polygonal, violaceous papules on the forearms, will ask about the white spots that have developed on the upper chest area." She already knows that the patient suffers from lichen planus, a sometimes easily treatable disorder of the skin, and that the white spots are a common, altogether benign condition known as *Tinea versicolor*. But she doesn't immediately overwhelm Ms. Johnson or Jennings or Jensen with the facts. She listens to Mrs. Johnson's Christmas mishaps, Ms. Jennings's New Year's resolutions, how Jensen's son is doing over at Amherst, how their husbands are Williams alums of twenty-five years (how fast the years have gone!), how they're concerned about the white spots on their chests since their sister was diagnosed with melanoma a mere two months before. "A patient's history is eighty percent of the whole picture," the doctor tells me, "it's key." Though the patient is eventually

told she does indeed have the lichen planus and *Tinea versicolor*, after a full-body exam, the doctor finds a small, slightly black nevus-like object on the back of the patient's thigh. This bland but "interesting-looking" mole on the back of the patient's thigh turns out to be a potentially deadly melanoma.

If the doctor hadn't had the patience to listen to her patient's spiel about her life, her son, and her family history of melanoma, that "interesting" nevus would have been overlooked. If that nevus had been overlooked, the patient might have experienced rapid growth of the tumor, which would have eventually metastasized to the rest of her already frail, 72-year-old body, the silent killer that sends rhinoviruses running in fear.

No textbook will ever tell a budding M.D. to listen to the patient for more than the perfunctory hello, to administer a dose of comfort rather than a dose of ibuprofen, to spend that extra five minutes to get to know that fascinating individual behind the oft-opaque surface of being that last morning patient, that 11:45 who came half an hour late. The diagnosis of diseases and disorders and the thrill of the chase accompanied with the eventual resolution is one of the most amazing aspects of medicine, but what absolutely clinches the deal for me is the fact that doctors truly do care about their patients, and try, to the best of their ability, to arrive at the correct diagnosis and to prescribe the correct medications. If that shave biopsy of the eyelid to test for possible basal cell carcinoma takes an extra fifteen minutes, meaning that the Papa Gino's meatball marinara sub sandwich won't have a chance to be hungrily devoured for the next three hours, then so be it. If the patient shows signs of an underlying psychiatric disorder, and it takes an extra fifteen minutes to reassure him that the cyst on the bridge of his nose is perfectly benign and removable, then so be it. "Comfort always" is the doctor's mantra, the very mantra I believe in, the mantra that I never expected to be exposed to in such a genuine and

inspiring way. This is what medicine is all about, whether one practices at the poorest hospital in Brooklyn, or the cushiest clinic in Manhattan. Posh, poor, destitute, or hypochondriac, it should accept always, fail sometimes, and encompass all.

Medicine is brimming with the most fascinating diseases known to mankind: chronic hypochondriasis, neurotic excoriations, lymphangiomatosis, pemphigus vulgaris. But it is also a discipline teeming with a profusion of “what-ifs” and other uncertainties. What if I’m wrong? What if the lab was mistaken and this tumor isn’t actually benign? What if my nurse lost the specimen? What if this patient is lying to me? What if I have to close down my practice due to lack of funding? What if this patient dies? What if I get sued for malpractice, and lose? These “what-ifs” are the reality of medicine, an integral part of the physician’s daily existence. These “what-ifs” are the patients, the relatives of those who are ill, the chances of metastasis, the prognosis.

If I learned anything in January of 2010, it wasn’t just dermatology. Yes, I’ve familiarized myself with some basic dermatologic terms and concepts and even diagnosed a few slightly bewildered patients with notalgia paresthetica, seborrheic keratosis, and an allergic contact dermatitis due to the use of Neosporin to treat an itchy back. But more importantly, I gained an appreciation of how important the patient is to the process of healthcare. It isn’t the knowledge of random, obscure diseases that makes one a “good” physician: it is the ability to listen, comprehend, and empathize with a patient, to actually imagine what their existence may be like, if only for a moment. A patient’s chart can only part of the story, a blood test can maybe add something, but a patient’s story in their very own words paints a picture a thousand times more colorful, more vibrant, more *real* than could a thousand paragraphs riddled with medical jargon, a thousand diagnoses, a thousand egos.

My friend told me, ““Dermatology sucks dude, you’re going to be wicked bored,” and he was way wrong. I was ushered into a Brave New World filled with amazing creatures and have glimpsed a hard, demanding, and fascinating future. Bring it on!