



Caring For Your Skin



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Welcome to the ninth issue of the *Caring For Your Skin* Newsletter, that I write biannually to help keep my patients informed of the latest skin care advice, advances and other information. In this issue, I address:

- 1) **Tanning bed risks and legislation**
- 2) **Psoriasis patients are at increased risk of heart attacks, diabetes and arthritis**
- 3) **Smoking increases risk for skin cancer**
- 4) **An aspirin a day may keep cancer away**
- 5) **Introduction of Botox competitor Xeomin is delayed, but Belotero is on schedule**
- 6) **Health care reform in Vermont**

Tanning bed risks and legislation



A 10 percent federal tax on tanning salons was imposed by the Affordable Care Act (ObamaCare). Unfortunately it doesn't seem to be curtailing the use of tanning salons, according to a recent study. Now eighteen states are considering measures banning the use of indoor tanning devices for those under 18. Vermont is one of them. Five states may require parental consent for minors to tan.

Why all the bother? According to the American Cancer Society, individuals who used indoor tanning devices before the age of 30 increase their risk for melanoma by 75 percent. Melanoma is the leading cause of cancer death in women 25 to 30-years old, and the second leading cause of cancer death in women 30 to 35-years old. The incidence of melanoma has been increasing and in Vermont it is above the national average. Tanning also increases the risk of basal cell skin cancer.

A recent report indicates that tanning salons are not making the risks clear to their customers. This is based on a study where women posing as fair skinned 16 year old girls made enquiries at 300 indoor tanning salons around the United States. Over 90% of the tanning salon operators stated that the use of tanning beds did not carry any significant health risks, while more than half denied that indoor tanning increased the risk of cancer. Three quarters of the salons claimed there would be health benefits from tanning, and many said that increased risk of skin cancer from tanning was "rumor" and "hype".

This following link puts a personal face on the dangers of tanning. If you know of someone tanning, please share the following link with them out of your concern for their health and well being.

<http://www.aad.org/media-resources/public-service-advertisements/jaimes-story>

Psoriasis patients at increased risk of heart attacks, diabetes and arthritis



Psoriasis is a common skin condition that is influenced by genes, the immune system, environment, medicines and dietary factors. Patients who smoke and (or) drink alcohol are more prone to psoriasis. It can start at any age and often presents on the scalp, elbows and knees, but can affect any area of skin. Around 40% of people with psoriasis have a family history of the disease. Approximately 10% of patients develop arthritis, particularly those with more severe skin disease. There are now a number of newer “biologic agents” that can be helpful in patients with more severe disease that is not responsive to safer and less expensive treatments.

Psoriasis patients should eat a healthy diet, reduce stress, exercise regularly, not smoke and limit alcohol consumption. Regular medical checkups should include blood pressure, cholesterol, triglyceride and blood sugar levels.

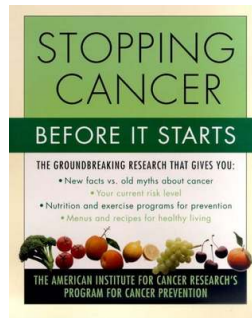
Smoking increases the risk of skin cancer



Smoking not only ages skin faster giving rise to premature wrinkles but it also increases your risk for developing skin cancer. A recent study found that women who had squamous cell skin cancer, the second most common form of skin cancer, were more likely to have smoked than those who were free from the disease. And those who smoked at least 20 years were twice as likely to develop squamous cell skin cancer. Male smokers had a modest risk for the two most common types of skin cancer (basal cell and squamous cell cancer), but the results weren't statistically significant. If you are a smoker, here is one more reason to quit.

For other effects that smoking has on the skin, see: <http://dermnetnz.org/reactions/smoking.html>

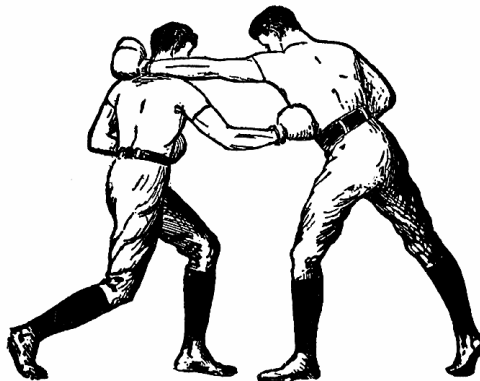
An aspirin a day may keep cancer away



A new study revealed that people who took a daily dose of aspirin had a 24 percent lower rate of developing cancer after three years and were 37 percent less likely to die from the disease after five years, than those who didn't. Aspirin also reduced the risk of any cancer spreading to other organs by 36 percent and certain types of tumors by 46 percent. The aspirin has to be taken every day, either the mini-dose 80 mg or full size 325 mg pill.

Aspirin also reduces the risk of heart disease and stroke. The major risk of aspirin treatment is internal bleeding. Researchers have found that the risk of internal bleeding lessens over three or four years. After that time period, the risk of dying from a bleed was lower among those taking aspirin than those who weren't. You should check with your doctor before beginning a daily dose of aspirin.

Botox maker challenges its competitor Xeomin



In the previous newsletter I discussed the upcoming release of a new Botox competitor called Xeomin. It has a similar duration of effects and safety profile as Botox, not surprisingly considering both contain the same active protein. We were preparing to introduce Xeomin in our practice in the next few months. Those plans are now on hold due to litigation between Allergan, the maker of Botox, and Merz Aesthetics the maker of Xeomin. Allergan issued a permanent injunction preventing Merz Aesthetics from selling Xeomin, for ten months. Allergan claims that Merz Aesthetics misappropriated important trade secrets belonging to Allergan. Merz hired former Allergan employees who brought in confidential materials, including sales statistics and client lists. I met with a Merz representative earlier this spring, and it appears that when Xeomin finally get permission to be brought to market, it will be priced lower than Botox, in the same range as Dysport, the other Botox competitor.

BELOTERO



In the previous newsletter I also discussed Merz Aesthetics' Belotero competitor to the hyaluronic acid fillers Restylane, Perlane and Juvederm. That product should still become available later this year. We are still waiting to learn how the price of this product will compare to the other hyaluronic acid fillers. Studies have indicated that it has a similar longevity and safety profile compared to the other hyaluronic acid fillers, but may have an advantage for filling more superficial lines and wrinkles.

Health care reform in Vermont



The five member Green Mountain Care Board started work on reforming our health care system although we still have many unanswered questions such as what will it cover, how much will it cost, who will pay for it, how will providers get paid, can we use out-of-state providers, and what is the backup plan if the system proves to be unfeasible or unsustainable?



Green Mountain Care is being modeled after the Canadian health care system. It will be a single payer system that will control costs with global budgets. I strongly agree that we need to reform our health care system to better contain escalating costs and to better assure universal access to care. However, I strongly believe the Canadian health care system is one of the worst to model our system after for the reasons I discuss below. I have included links to articles (in blue) where you can learn more about the problems with the Canadian health care system.



Wait times to receive treatment from a Canadian specialist hit an all time high in 2011. The Frazer Institute published data that showed the average time it took for a patient to get non-emergent treatment from a specialist is nearly 5 months. This is double the waiting time in 1993, when the Frazer Institute first began tracking waiting times.

<http://www.fraserinstitute.org/research-news/news/display.aspx?id=2147484002>

Patients are now waiting two to three years for a colonoscopy at most Montreal area hospitals, with the Royal Victoria Hospital no longer scheduling patients due to the backlog. "And it's not just low-risk patients who are affected. Those with a first-degree relative with colorectal cancer – which places them in the high-risk category – have told The Gazette that they have been waiting longer than a year for a colonoscopy. In one case, a 50-year-old patient, whose father underwent colorectal-cancer

surgery and whose grandfather died from the same disease, has been booked for a colonoscopy in 2014. Ideally, such high-risk patients should get their colonoscopy within three to six months from the time the request was made. Colorectal cancer is the second-leading cause of cancer death in Canada.” <http://www.montrealgazette.com/news/Royal+Victoria+Hospital+turning+away+patients+colonoscopies/6237231/story.html#ixzz1oFboy790>

Orthopedic surgeons are taking more time off as quotas limit the number of joint replacement surgeries they can perform, despite long waiting lists for joint replacements. <http://www.theglobeandmail.com/life/health/new-health/health-policy/longer-wait-for-joint-replacements-as-surgeons-told-to-take-a-break/article1901288/>

Searching for a Doctor

Growing numbers of Canadians are growing frustrated searching for a primary care physician. One Canadian writes that she called all 84 doctors who were listed as practicing within 6 miles from her home, “Some of their receptionists were polite. Some were surly. All rejected me.” <http://www.theglobeandmail.com/life/health/new-health/health-policy/the-soul-destroying-search-for-a-family-doctor/article2135332/>

“Patients, waiting up to six weeks for appointments with family doctors, end up in emergency. So, too, do chronic care patients, those with mental health issues, and far too many with minor complaints. Emergency wards are clogged with everything but emergencies. As a result, cash-strapped hospitals closed ERs across the Nova Scotia province for the equivalent of 795 days last year.” <http://www2.macleans.ca/2011/01/25/our-health-care-delusion/4/>



A dark side of rationing – bribing health care workers for better access

There have been incidents of bribing Canadian physicians to get more timely access to health care services <http://www.cbc.ca/news/health/story/2012/02/21/montreal-doctors-bribes-allegation.html> This bribing of health care providers for quicker access to services is found in other countries with access problems due to global budgets and government control of the health care system as in Greece <http://www.forbes.com/sites/aroj/2011/11/12/greeks-seeking-access-to-health-care-stuff-envelopes-full-of-cash/>

In Canada, if you don't want to wait in line for health care services, you can go to the US for health care. For example, when the Conservative premier of Newfoundland, Danny Williams, needed heart surgery, he didn't need to bribe a Canadian surgeon to get more timely care. He simply flew to the US for his surgery.



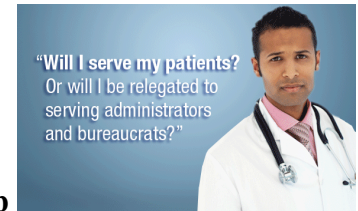
Bullying of doctors by Canadian health care administrators

Canadian physicians get frustrated when having to deal with the rationing of health care. However, health care providers that speak up to protect their patients have been bullied by Canadian health care bureaucrats. The Alberta Health Quality Council panel has found widespread instances of physicians experiencing intimidation and muzzling when advocating for their patients, with evidence of a culture of fear and alienation across the province.

<http://www.cbc.ca/news/canada/edmonton/story/2012/02/22/edmonton-health-quality-council->



[report.html](#) Among the methods of intimidation reported to Dr. John Cowell, the council's chief executive, were: The withdrawal of hospital privileges, feelings of being ostracized by peers, and having contracts terminated or changed. "Some [doctors] have elected to leave the province to seek work elsewhere." <http://www.cbc.ca/news/canada/edmonton/story/2011/11/15/edmonton-bullying-doctors.html> and <http://www.cbc.ca/news/canada/calgary/story/2011/10/27/calgary-health-council-report.html>



Weakening of the patient-doctor relationship

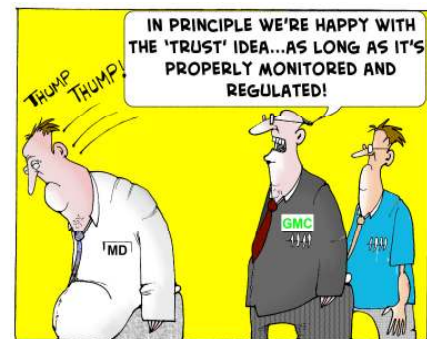
Vermont's Act 48 that empowers the Green Mountain Care Board, to decide what health care services will and won't be covered, and how and what physicians will be compensated. This bureaucratic power likely result in pressure on physicians to practice in the best interest of the system, instead of the best interests of their patients. There are examples of how patients' needs are placed second to the government's needs, when physicians become controlled by government health care administrators. For example, in 2008, there was a scandal in Great Britain when the public became aware that the government-run healthcare system paid bonuses to family physicians who limited the number of patients they referred to specialists and for hospital care. There were examples where patients' cancers went undiagnosed after they were denied specialist care under this bonus scheme.

<http://www.telegraph.co.uk/health/3223309/Doctors-paid-thousands-not-to-send-patients-to-hospital-for-treatment.html>

Here is an article that discusses How Green Mountain Care will undermine the doctor/patient relationship, from a recent radio interview that I participated in: <http://truenorthreports.com/how-green-mountain-care-will-undermine-the-doctorpatient-relationship>



Why are doctors beating their heads against the wall?



Loss of physician autonomy.

With the loss of autonomy, and growing bureaucratic interference in health care, it may be more difficult to recruit doctors to Vermont. Additionally, Vermont physicians may grow frustrated and seek out employment elsewhere. It is much easier for Vermont physicians to switch states, than it is for Canadian physicians to switch countries.



There are better models of health care systems than the Canadian system

I think the health care system in Switzerland is a much better model for Vermont's reform as it provides universal care but avoids the long waiting times associated with single payer systems that control costs with global budgets. The Swiss system also better preserves the trust in the patient-doctor relationship as it empowers the patient and gives them more control in making health care decisions. <http://www.forbes.com/sites/aryo/2011/04/29/why-switzerland-has-the-worlds-best-health-care-system>



http://netizennewsbrief.blogspot.com/2009_07_22_archive.html

I have never been very politically engaged until last year when I became very concerned about the direction Vermont legislation is taking our health care system. In the admirable attempt to improve access for some, we will likely worsen access for all. Patients and doctors need to get involved in the reform process as we have much to lose if this isn't done right. I also feel very strongly that doctors should always work first and foremost for their patients, not for the bureaucrats in control of our health care system.

If you are interested in staying up-to-date on health care reform, I highly recommend viewing the numerous articles and press releases posted daily at:

<http://www.facebook.com/VermontersforHealthcareFreedom>

I encourage you to share this information with others so that more can be made aware of what is at stake. Thanks.



In closing, I hope you found items of interest in this issue of the *Caring For Your Skin* Newsletter. If you are not on the e-mailing list and would like to receive future newsletters via e-mail, or would like to have a particular topic covered in a future newsletter, e-mail your request to C4YSkin@gmail.com.

Hope you have an enjoyable spring & summer....and don't forget the sunscreen! 

DPM