Medicine, We're Still Praciting Ep 02 Transcript

Announcer: From Curtco Media.

Jenny Curtis: Welcome to Medicine, We're Still Practicing with Dr. Steven Taback and Bill Curtis. On this episode Steve and Bill continue their conversation with Dr. Peter Grossman about health care, the cost of medicine and cosmetic plastic surgery.

Bill Curtis: Who's making the money in the system?

Dr. Steve Taback: Oh, the insurance companies for sure are making tremendous money. They are probably making more of the money. Hospitals are feeling the squeeze. Certainly physicians believe it or not, people don't realize that, are feeling the squeeze. Probably the pharmaceutical companies, although I have a little bit of a heart for them because they're the ones putting out the risk research and development so I understand they need to recap what they're doing. But there is a lot of abuse on the pharmaceutical side. I have very little heart and empathy for the insurance companies.

Bill Curtis: If an insurance company delays a process, a treatment, a scan, and the result is that my family member passes away. Can I sue the insurance company for malpractice?

Dr. Steve Taback: You can't sue them for malpractice, but you can certainly sue them.

Bill Curtis: Why isn't that malpractice? Why aren't they part of the health care system?

Dr. Steve Taback: Because they're not practicing medicine. However, currently in certain states, the reviewers who are basically making the decision to deny the scan, there's just been recent legislation that you do not have to have a doctor patient relationship to be sued for malpractice. And there are various states now that are making it acceptable for patients to sue any doctor who has weighed in on the case can then be sued for malpractice. But whether you call it malpractice or otherwise, there is still a liability to denying a scan that the standard of care would dictate that this should proceed. And if you have deviated from the standard of care and have caused damages, there is certainly a form of malpractice and there's certainly justification for

reclaiming your loss. However, you are going to get maybe a financial award, you're going to get a financial settlement, but it's not gonna bring mom back.

Bill Curtis: Peter, can you just tell me in your practice, when you run into a burn victim, what are some of the medications that you have to use that are, in your opinion, outrageously priced?

Dr. Peter Grossman: So you have to understand that certain amount of these medications are covered by the hospital themselves, and the hospital can take a large loss or at certain times take a large profit margin based on.

Bill Curtis: It goes into the the $600 aspirin, right?

Dr. Peter Grossman: Yes. I mean, if you ever see a bill from a hospital, it's crazy. Part of that is because they are compensating for what they think the insurance companies will pay. So if they say I'm going to charge $600 for an aspirin, but they know they're going to get probably six cents, you know, they're hoping that ultimately they'll get $6. That in itself may be more more than they should. But in reality, it's a constant battle of economics going back and forth between hospitals and patients and insurance companies and physicians. And it's a troubling situation. It's not that we're better or worse in other countries. In reality, I think access and timing for healthcare is probably better here than any where else despite the fact that more people may feel that they have the same parity in other countries than they have here. I'm going to say something relatively controversial. You know, there's a lot of people who feel that health care is a right and there are some people that feel that health care is a privilege. I'm kind of in the middle. I think health care is a responsibility. I think health care is a responsibility of our government, of our people, but it's also a responsibility of every individual. And to feel that you have no play in the responsibility of it is a fallacy. And if you're going to want to expect to get something out of this health care system, you have to put into it.

Bill Curtis: We have been trained in a very strange kind of a mindset where we get a little pissed off when we have a $10 co-pay, but we bring our car to the local dealer and it's amazing what they're willing to charge us for a new set of breaks.

Dr. Peter Grossman: Absolutely. Or if you talk to an attorney for an hour, you're not going to have your attorney insurance company pay for that.

Dr. Steve Taback: Let's step back on two seconds. I need to make a point. First of all, I think that, Peter, your description of this responsibility of health care as part of the most eloquent explanation I have heard. I agree with that. I think this notion that we should be taken care of by the government is a socialistic, communistic perspective. And if you look at most communist socialist countries, the populace is not well cared for. So I think everybody needs to bring the resources to bear and they need to have a realistic perspective on what does it take to really provide that high level health care for everybody. The government can't do it on its own.

Bill Curtis: Why not?

Dr. Steve Taback: Well, they can if...

Bill Curtis: If there's so much profit at the insurance company level for insurance companies stockholders, if we cut that out- let's see at the time of this podcast, we're just getting done with some debates for the 2020 election and Bernie Sanders, Elizabeth Warren, Bill de Blasio, they're all saying we should cut out private insurance and it should all be national health care. One provider, which, of course, would be Medicare, I suppose a government provided health care. What's wrong with that?

Dr. Steve Taback: Without competition in the system? First of all, there is such a huge potential for corruption. And when somebody is in control and has that much power, it will corrupt and you will have broad, stretching rationing of health care and you're already getting rationing of health care on the Medicare side, it's not just the private side. Actually I'd like to make a plug for hospitals on this issue of, because I want to be very balanced and fair, this $20 aspirin, you mentioned the $600 aspirin. The hospitals are also in a very precarious position. We believe in the right to health care. And I believe on some level there is that very strong responsibility. Somebody who comes into your hospital, who is critically ill, who has no insurance and no possible means for payment, that hospital, and rightfully so, can not send that patient out into the street and say, sorry, you don't have insurance, away you go. The hospital is obligated, as well as they should be, to take care of that patient regardless of their ability to pay. So in the

process of taking in the patient with zero insurance and without any means and spend hundreds of thousands of dollars of services that they are fishing out to try to save this person's life, somebody has to pay the differential.

Bill Curtis: Whenever you say someone has a right to a service, you say that someone else has the obligation to provide that service. Which means someone has the obligation to go to school for an extra seven or 10 years, someone has the obligation to go get certified in a particular specialty and someone has the obligation to serve me with their expertise. And it's an interesting thing that nobody in this debate seems to take a look at both sides of the equation.

Dr. Steve Taback: See, I agree with you. And I think what has happened is in many ways there has been the melding of two concepts, the concept that everyone should have the right to health care. I agree. What that means is under the Bill of Rights, we are all equal and we all should be afforded the right to life, liberty, pursuit of happiness. And with that, you have the right of access to health care. I don't think that that necessarily means and this is the other thing, that if you have the right, that it should be provided for you. You have the right to have access. You should not be limited to access. But it doesn't necessarily mean that it's going to be provided to you free of charge. You have a certain right to not have it be limited and impeded. And the funny thing is, is that here we saying everyone has the right. And yet insurance companies, by the impediment that I was just talking about, including Medicare, who has a reviewer to deny or to accept the test that's being ordered, is actually denying you in its most primitive form, the right, not really the reimbursement.

Bill Curtis: This is the problem with the medical industry's public relations gap, is that everyone's talking about their right to health care. No end that you have candidates saying that they want to eliminate private insurance and go with a one provider option. Of course, Medicare. I don't think the consumer understands what that means. What do you think would happen specifically to my health care if my insurance provider was Medicare?

Dr. Steve Taback: Well, the trouble is, unfortunately, Medicare has a budget of and by itself and our officials decide how much money is going to be allocated to health care budgeting. And if we have basically exceeded that, they have no choice but to then find

ways to ration care, just like the insurance companies are saying we are no longer paying for this because we want our profit margins. Assuming that Medicare is a little bit more altruistic and I'm not sure that's the correct assumption, I wouldn't make any assumptions.

Bill Curtis: Well, Medicare doesn't have a revenue stream.

Dr. Steve Taback: Exactly, right? They're not looking to generate a profit. So in that regard, that part is good, right? We don't have, you know, top level...

Bill Curtis: Not necessarily. Why don't they just charges the same thing that insurance companies charge us?

Dr. Steve Taback: Well, I mean, they certainly can. But the bottom line is they're not going to be charging you something so that their upper level management people can get a multi-million dollar bonus at the end of the year. There's still going to be some administrative costs. But hopefully they're minimized by having a government health care system. But what that doesn't take into account, the corruption that can take place amongst officials, number one. And number two, do our taxes supply enough money to provide health care for everybody? And if that's not the case, and if even after you have a single payer system, if all of the health care dollars has been expended and you're operating in the red, what do you do with that? So I'm not sure a single party system has the bandwidth unless you're planning on really raising taxes in exorbitantly and intolerably. I'm not sure a single party system is going to do that for you.

Dr. Peter Grossman: I think you're absolutely right. I think we also have to compare apples to apples when we're talking about our country versus other countries. The taxes or the expenses paid from the taxes that are generated in this country are paying for so many other things to such a greater extent in this country than other countries. I mean, whether we like it or not, we are the defenders of the entire world. And our militaries are huge expense from our country that doesn't have the same portion of the government expenditures in other countries. And so we can't pay as much per capita on health care because we're paying so much in other things that aren't just affecting us but are affecting other countries throughout the world. So when you think of apples to apples, we're not putting that much money into health care dollars as opposed to other things

we're putting into. But even so, let's say that we were utilizing a single party health care system. How does that stimulate research and development? Because we've become a society that is expecting the absolute best, the newest, the latest. How are we going to advance health care? How are we going to beat cancer? How are we going to be able to increase longevity in a healthy way? Well, that's only going to happen through dollars invested in research and development. And if all of our dollars are spent on taking care of individuals who are going to the emergency department to take care of their sore throats or take care of minor ailments, we're not going to be able have that money to do that. So we have to be realistic about what a single health care parity can and cannot do and what our expectations are in this country.

Ad - Robert Ross: I was introduced to Steffano Ricci decades ago and I was enamored of his creations then and just as impressed now. Stefano Ricci is about style that matters because it lasts. The design, the craftsmanship, everything about everything he does is made to endure.

Dr. Steve Taback: Welcome back. We're transitioning now to areas of cosmetic surgery that maybe the general public are not aware of that might be somewhat worrisome or problematic. We were talking about the fact that you also have an interest, as I do, and making sure that the public is aware that there are a lot of things out there on the market that are making a lot of money for various individuals that may not have, let's say, have specious benefit, if any benefit at all, that the public who are uninitiated may be drawn towards with false hopes of achieving certain results that you and I both know will never be attained. Tell me about beauty and the B.S.. Tell me what that is and what you do with it.

Dr. Peter Grossman: I appreciate you bringing that up Steve. I am very proud of what plastic surgery does and what cosmetic surgery does. Plastic surgery. Where do we come up with that term? Well, plastic really refers to the Greek term plasticos , which means to mold or to change. And that's really why we use the term plastic surgery today. However, in 21st century United States, plastic surgery is a business and there is revenue to be made by those people performing cosmetic surgery and cosmetic medicine. And with any business, sometimes there is validity and sometimes there is simply profit as the motivation to move forward.

Dr. Steve Taback: How is the public going to dtermine which is which?

Dr. Peter Grossman: Well, that is a very good question. And that's not easy, because today with social media as the primary venue for people getting their knowledge base, there is no real regulation on that. And there is no real ability for the general public to differentiate between the B.S. and beauty. When I came up with the concept of discussing beauty and the B.S., it was to use that pun, that play on words, to be able to say, look, there is some enormous value to what cosmetic medicine can do. But we have to differentiate that from hyperbole. And so my hope is that through venues like this, where we can discuss what works, what doesn't work, what may work but we really don't have enough statistical data to prove it. We have anecdotal data to prove it and be able to tell people, look, this is something you have to move forward with with caution. And hopefully through venues like this that we can be able to say to the general public, this is something that is worthwhile. This is something that you need to be cautious of.

Bill Curtis: When you visit certain cities that shall go nameless in south Florida. It seems that every time you turn your head, a woman walks by who has clearly not known the appropriate limitations for the plastic surgery they should get. And they believe that as a 72 year old, you can strive to look 35.

Dr. Peter Grossman: You know, all of us want to retain our youth. And if we don't have our youth spectrum in a form of reality, we tend to preserve our youth in a way that is unrealistic. I think what happens is that because there is a wow factor in the media, we tend to focus on that rather than what the average person does when they do cosmetic surgery. The question is, what is it that's reasonable?

Bill Curtis: Wasn't the idea of having plastic surgery, that is good plastic surgery, to almost have people not notice?

Dr. Peter Grossman: Ideally, that's what we want. But, Bill, to a certain extent, people don't want to have something that you don't notice if they spent that money for. They really on the surface may say, I want something subtle. I don't want people to know I had something done. But then why do it if nobody knows that you had anything you want to look better.

Dr. Steve Taback: Whose responsibility is it to say enough is enough?

Dr. Peter Grossman: I think that's a very good question, Steve. And I think it's the responsibility of the provider and it's a responsibility of society and it's the responsibility of the patient. Ultimately, as a provider of somebody who performs plastic surgery, you want to give the patients what they are hoping for without giving them something that they cannot reverse in a way that gives them a sense of feeling normal. And by that, I mean, unfortunately, there's so many motivations to do things to an extreme, because they are seen on television or seen on social media that we tend to fall into the traps of trying to be more noticeable. The wow factor, that wow factor, unfortunately, has pretty detrimental effects. And the question is whether or not the procedures that we're doing now will have the ability to have sustainability from an aesthetic standpoint. For example, right now the trend in aesthetic medicine is this Brazilian butt lift, this big round buttocks, which to me is interesting because I'm of the age where 20 years ago, 30 years ago, we wanted the exact opposite, a very small buttocks. And there is liposuction with no augmentation. Trends in plastic surgery change and.

Bill Curtis: So does living room furniture.

Dr. Peter Grossman: But you can change your living room furniture, right?

Bill Curtis: You can't change this once you do it?

Dr. Peter Grossman: Unfortunately, sometimes you cannot. And we have to be somewhat prudent. We have to be pragmatic in what we're doing. And as the providers of health care and as the experts in which people come to see us for, we have to find that fine line between revenue generation and ethics and character.

Dr. Steve Taback: Can you tell, though, looking at your patient or talking to your patient who really doesn't need a fix relative to their face and body type or body appearance, but really needs a checkup from the head up, from the neck up, if you would, that really this is a psychological problem of self-esteem that's best handled in a psychotherapist's office rather than in the plastic surgeon's venue.

Dr. Peter Grossman: Yes, I think that all of us who are performing cosmetic surgery need to really evaluate our patients and take that into consideration first and foremost. But I also want to say that the vast majority of patients and the vast majority of surgeons who perform cosmetic surgery do things that are modest, moderate, appropriate. But what we see in the media, what we see that grabs our attention, are those outliers,.

Dr. Steve Taback: The extreme. Are you willing or can you say that these particular services give us examples of certain services that you are unequivocably sure that have no benefit whatsoever. They're merely for revenue generation and that the general public should steer clear of.

Dr. Peter Grossman: Stem cells. Ok? And then let me qualify that for a minute. I think that stem cells are ultimately going to be a huge part of our health care system, from aesthetic medicine to cardiac medicine to pulmonary medicine to neurological medicine. It is something that absolutely will play a role in what we do. And right now, stem cells are amazing in the laboratory. We're able to use stem cells to generate new cells within a specific area that's targeted in the laboratory and regenerate cells that have diminished over time. The problem is we haven't really been able to apply that to the individual in a clinical setting, but we have been able to market it very well and in cosmetic medicine as well as orthopedic medicine and other areas of medicine as well, we are marketing our ability to take what we believe are stem cells, cells that are immature and then can ultimately modify themselves, replicating the cells that are needed that we have lost. To be honest with you, I think that's premature right now and a little bit of marketing hype.

Dr. Steve Taback: I appreciate your courage because, and I was speaking to one of the leading experts in stem cell research who has basically stated that the only acceptable stem cell therapy that's actually on the market today is bone marrow transplantation, which has been on the market for some time. Stem cells are being used in research protocols and they're being studied. And there's a lot of interesting research that's coming out regarding stem cells. But if it's on the market and there's somebody who is touting stem cell therapy other than bone marrow transplant, it is not tested and do not trust it.

Dr. Peter Grossman: I unfortunately agree with you right now. I think that unfortunately there are people who are capitalizing on some of the hype and that discredits the potential of what stem cells can offer. Five years from now, 10 years from now, we're going to see amazing things in the future of medicine.

Dr. Steve Taback: Right. Potential is there, but we're not there yet.

Dr. Peter Grossman: Correct.

Dr. Steve Taback: What else?

Dr. Peter Grossman: I think that we try to maximize what we can achieve through topical medicines. You have to remember that the skin is our protective organism from the outside world. It protects bacteria from getting into our system, it protects fluid from leaking out of our system, so our skin has a very precise and obligatory function. When we say that we can put some topical cream or ointment on our skin and lose years of age because of this ointment that we put on us, that's just B.S. It's not going to happen. Now, that's not to say that we shouldn't protect our skin and use something called a humectant to moisturize our tissue because we should.

Bill Curtis: What's a humectant and who's got it?

Dr. Peter Grossman: So a humectant is some way in which we're able to be able to get moisture to our tissue. We live in a world that's caustic to our skin. One of the basic things we want to do is just protect the outer layer of our skin. And that's important. And putting moisturising creams and certain amount of lotions are very important. So I'm not negating that. What I'm negating is the absolute.

Bill Curtis: Promise of looking younger and not being younger as a result.

Dr. Peter Grossman: Exactly. It's marketing hype. You'll find enormous markups.

Bill Curtis: Is there a difference between the moisturizer that you buy at CVS for three dollars and 45 cents for the moisturizer that cost three hundred and forty five dollars?

Dr. Peter Grossman: Very little. That's not to say that there isn't something that's important in some of these moisturizing agents. We all want to make sure that we stay youthful and we want to look good. And I don't discourage companies from putting out new products. I try every product that comes to my office, every vendor that sells me the latest and the greatest wound care ointment or the latest and the greatest cosmetic cream. And I'll put it on and I'll give it to my wife and have her try it on. And some feel better. Some are less reactive and cause less irritation. There are benefits to it. And I think that in reality we should probably focus on the true benefits to it. Every single person, every one of us who live in, certainly Southern California, should be putting some type of sun cream on, some type of moisturizing cream on to protect ourselves from the environment. It's a great market that should be available to us. But to sully that credibility with saying that your fine lines and wrinkles will go away. I think is really a disservice.

Bill Curtis: And is there a difference in what the manufacturing costs are for some of these suntan lotions that are $2 and 45 cents or eighty five dollars a tube?

Dr. Peter Grossman: I can't speak to every product, but I can tell.

Bill Curtis: Can you tell us what you recommend?

Dr. Peter Grossman: There's certain products that I know last longer and certain products that I think are cost effective for patients. I think that which most people should have is something that has a sun protective factor, an SPF of 45 or greater. Once you get higher than that, I think the benefit is not that significant of how much sun ultraviolet radiation is protected, but the higher the number, the longer amount of time it takes before you should reapply it. I think having something that is less irritative, something that adds moisture to the tissue is something that's going to be beneficial.

Announcer: Tag Heuer. Precision you can hear.

Bill Curtis: Do most procedures have a certain half life?

Dr. Peter Grossman: All procedures have a certain half life. Our bodies are dynamic structures. If you have a facelift, it's not going to stop the clock,.

Bill Curtis: Not going to stay lifted.

Dr. Peter Grossman: No. It turns the clock back, but the clock keeps ticking. The same thing with a breast procedure. If you have a breast augmentation, you will have that volume. But ultimately, the skin loses its ability to support it. And so you'll ultimately, over time have some laxity in the skin and some drooping to the breasts. There are certain procedures that may stay a long time. If you have a rhinoplasty, a nose job, that nose will stay smaller than it would have been had you not had it done. But the effects of gravity and time...

Bill Curtis: So do you then go in and get a reboot or?

Dr. Peter Grossman: If you are a candid and honest surgeon, you will tell every patient that nothing lasts forever and everything needs a re-evaluation at some point. And most things may need over time something else to be done. For example, if I do a breast augmentation on a patient, I think it's a very good operation and it increases the patient's sense of self-esteem in many times, makes them wear clothing that they feel more comfortable with. But it's a foreign body that is put inside your own body and that's not without potential complications. But that's the key to a good surgeon. To be honest with patients, don't let them think that this is the last operation in their lifetime on their breast. Because there are many reasons why someone may have to redo an operation on their breast if they're having an augmentation or a reduction or a lift. We are a dynamic species and we change. And I think that we have to be candid with people and let them know that no operation is perfect. No operation is without the potential of a re operation. And if you are a good surgeon when you're doing your procedure, you need to think about what potentially can happen in the short term and what potentially can happen in the long term so that I can continue to make the patient happy, healthy and safe.

Dr. Steve Taback: Are you saying that some surgeons are not embracing full disclosure for fear that the patient would not accept the procedure once they were fully informed of all the possible risks and future surgeries that might be required?

Dr. Peter Grossman: Yes, there is very little reason why in this day and age, you can't do more research on your own to look at what the risks and benefits are of a procedure. Look at the physician providing the procedure to you. Are they someone who is well trained or are they someone who's taken a weekend course in a procedure, going outside and here?

Bill Curtis: How do you check out your doctor?

Dr. Peter Grossman: For example, if your doctor is board certified in internal medicine and he's performing or she is performing liposuction, you may want to take a second to think about is this person appropriately trained? Not only.

Dr. Steve Taback: And I would take more than a second.

Dr. Peter Grossman: Not only in doing the procedure, but most importantly, what happens if something goes wrong? The bottom line for me, as I tell every patient, any procedure that you have done, and I think, Steve, you can attest to this. Any medical procedure, surgical procedure carries a risk with it. What you want is that whoever is delivering that procedure to you to have the ability to handle a potential situation that goes wrong. And if all you were trained in, over a weekend course is how to do a procedure not how to deal with the potential complications, then you shouldn't be doing that procedure.

Dr. Steve Taback: Right. I think every physician, it's incumbent upon them, a responsible practitioner should be doing those things that are within their scope of practice. As an internist and pulmonary and critical care specialists, I certainly see that there is probably more money for me if I were to start doing rhinoplasty, nose jobs or breast augmentation. The notion that I would try to venture into that arena when it is so far out of my scope of practice is so irresponsible that there is no way I would even consider it. And yet there are unfortunately some practitioners that may venture into that realm. And I think doubling back on what we were saying before, the responsibility of health care is not just within the practitioner that the patients need to be wary and they need to take some responsibility. And yet the crux and the lion's share of the responsibility, I think, should be on the practitioner to not be marketing services that are not within your scope.

Dr. Peter Grossman: I totally agree with you. The issue, though, is, is that the person who suffers the most is the patient who would have to deal with that type of person who would do something out of their scope.

Dr. Steve Taback: Without a doubt.

Dr. Peter Grossman: And that's why both you and I are trying to encourage the consumer to be smart consumer.

Bill Curtis: So on the same kind of note, does it make sense to inject a toxin into your face, to paralyze muscles for a little while so your smile has less wrinkles?

Dr. Steve Taback: There's a good question, right?

Dr. Peter Grossman: I am so happy you asked that question. The toxin that we talking about mostly is botulinum toxin. The most common.

Bill Curtis: Botox, right?

Dr. Peter Grossman: The most commonly known is Botox. It's the Kleenex, the brand name that we understand for botulinum toxin.

Dr. Steve Taback: That's what it kills you in your canned vegetable. That's when the can is bulging. And you know that you've been basically poisoned.

Bill Curtis: It's got botox in it?.

Dr. Steve Taback: It's got botulinum toxin.

Dr. Peter Grossman: Now, having said that, the botulinum toxin that we inject in cosmetic medicine, is.

Bill Curtis: not from peaches.

Dr. Peter Grossman: Not from from rotten canned fruit or vegetables. But it's developed in a laboratory. It's processed, is separated, is purified, and it's injected in very small amounts. Botulinum toxin, whether it's Botox or Dysport or Xeomin or the newest one called Jeuveau or newtox, they are all actually one of the few things that actually lives up to the hype. They absolutely get rid of lines and wrinkles. But not only that, they get rid of muscle spasm and muscle pain that can be attributed to muscle spasm. It is done in a relatively safe fashion by most practitioners. The good thing about botulinum toxin is that anything bad goes away. The bad thing is that everything good goes away and you become a Botox addict. Do not invalidate people's concerns about looking older or looking tired. Whether we want to admit or not, we live in a world where we're valued on how youthful and how refreshed we look. And if we can do something in which patients can feel that they look better and in essence, when they look better, they tend to feel better in that cascade of looking better, feeling better than doing more for their own health continues. We should appreciate that, especially when there is low risk. Botulinum toxin is a very good product. Botox is something that I am a big believer in. I think that.

Bill Curtis: But it too can be overdone, right?

Dr. Peter Grossman: Everything can be overdone. I think that the vast majority of patients that have it done. The vast majority of individuals that you see, you don't know that they've had it.

Dr. Steve Taback: Not to ruin the revenue stream of cosmetic surgeons. But as a society, should we not be embracing the aging process rather than saying, you know, you look old and tired? Is that something that we have learned through years of socialization, that youth is good? Should we not be embracing, perhaps vis-a-vis the old Chinese philosophy that we respect our elders and that in many ways we should be revering our elders and embracing the fact that aging is a natural process?

Dr. Peter Grossman: I think that makes a nice philosophical argument, Steve. But let me ask you personally. Are you happy that you look older than you did 10 years ago.

Dr. Steve Taback: Absolutely not, but I'm working on it. I haven't been to your office yet, but I'm considering it.

Dr. Peter Grossman: Would you rather not look older?

Dr. Steve Taback: Yes, but that doesn't mean that I'm right. It means means more than I'm a product of my environment and my socialization. And I realize, philosophically, that that's not so healthy. At least from my perspective, when I look at it, I should be embracing the fact that I am aging rather than looking at it as a negative.

Dr. Peter Grossman: And I'm going to respectfully disagree. We need to embrace age, not aging. Age is inevitable. Age brings with it experience. Aging is a process of failure of our systems. Failure of our heart to continue to work the way it did. Failure of our lungs to work the way it did. Failure of our skin to protect ourselves the way it did. We need to fight aging because there is nothing glamorous, nothing good about the negatives effect of aging. None of us wants to lose our cognition. None of us want to lose our mobility. None of us want to lose our aesthetics. We want to maintain our brain function. We want to maintain our cardiac function so that we can exercise. We want to maintain our aesthetics that is aging. And we need to look at aging as a disease process that is completely different than age itself as a chronological factor and the experiences that we get with that. What we would like to be able to do is to be able to live our life as healthy as we can. And when it's time for us to go, we go. We do not want to have a slow death. We want to have a long life and a quick death.

Dr. Peter Grossman: I hope that my previous comments don't dissuade people from moving forward with cosmetic surgery. I'm just more concerned about the marketing hype and I'm not negating the advances that have come through. One of the things that I think is just fantastic about the advances in cosmetic medicine is where technology has taken us. There are technological ways now in which we can have minimally invasive procedures, where we can have body contouring without surgery. We can tighten our skin with small little holes from needles and injecting small little devices that we can heat up the skin and shrink and tighten the skin. So we don't have to necessarily go to general anesthesia and have patients have major operations. Not that I'm negating or invalidating some of the benefits of the standard procedures that we do for many, many years in cosmetic surgery. But the fact is that technology continues to advance and allows opportunities for people who perhaps otherwise would not have had cosmetic procedures. One of the things that I'm very excited about is the use of

radio frequency energy for tightening the skin. There is a device and one that I'm happy with right now called BodyTite or FaceTite or AccuTite. It's made by this company called InMode. What you're able to do is stick a small needle underneath the skin and using that needle you can heat up the skin, creating a tightening effect, immediately to see some tightening without cutting.

Bill Curtis: And is it temporary or permanent?

Dr. Peter Grossman: Now, this is something that, again, nothing is permanent, but it will turn the clock back. Tighten the skin. And now that skin is 2, 3, 5 years younger than it would.

Bill Curtis: For how long?

Dr. Peter Grossman: Well, until the next time that you need it, it will always be, to me,.

Bill Curtis: Is it like Botox where you need it a few months later?

Dr. Peter Grossman: No, no. This is something

Dr. Steve Taback: But isn't this inducing scar tissue that then causes some traction that tightens the skin.

Dr. Peter Grossman: So it's not necessarily inducing scar tissue. What is inducing is an inflammatory reaction. When you create a controlled trauma, the body reacts by creating inflammation. In this situation, the inflammation results in the deposition of new collagen and collagen is what makes up the bulk of our skin. As we get older I tell all my patients that there are 3 D's that occur. The first D is dissent. Things go south. Our skin starts falling down, we start having sagginess, that's something that up until now and even now, it has been treated with pulling procedures,.

Bill Curtis: ok, check.

Dr. Peter Grossman: Facelifts and that sort of thing. The second D is deterioration, sun damage.

Bill Curtis: Check,.

Dr. Peter Grossman: The brown spots, the red veins, all those discolorations that occur from from just living a normal life.

Bill Curtis: That sounds horrible.

Dr. Peter Grossman: And the third D is deflation. We start losing volume and this is something that people don't always think about. We start losing the fat volume underneath the eyes and we get these bags or these hollow areas underneath the eyelids. We start losing thickness to the skin and our skin becomes thinner. And a lot of people can recognize that on the back of their hands. But you see that on their upper lip and in their cheek areas. And so when we're talking about rejuvenation, we want to replace all three of those things that have gone awry. We want to tighten our skin. We want to fill our tissue up and we want to correct the deterioration. So what are our options? Well, let's say we're talking about the face. If we were having sagging of the skin, what we've been utilizing in the past is a facelift. And it facelift is a great operation,it is still something that works well. But for those people who don't neccesarily show it,.

Bill Curtis: And what is that , are you cutting something and pulling it and suturing it? How does that work?

Dr. Peter Grossman: So a facelift is a great operation, but it is an invasive procedure. You're making incisions along the temple, along the front of the ear and along the back of the ear, you're lifting the skin off of its underlying tissue and you're pulling it up. You're excising or removing the excess tissue and you're tightening it up like you'd tighten the sheet on your bed to have a nice snug look to it. There are lots of things that,.

Bill Curtis: Well that doesn't sound like a whole lot of fun.

Dr. Peter Grossman: And there's more than that. You're tightening up the tissue underneath the skin, just above the muscle to try to maintain that. There are risks

involved with that. There's risk of bruising, risk of bleeding, risk of nerve injury. It's a great procedure, but not without risk. So what technology has allowed us to do to a certain extent is to give us alternatives. You can use radio frequency energy to tighten the under surface of the skin so that you get some lift rather than having to use a knife and a larger procedure. For the surface deterioration that happens from sun damage, brown spots, age spots, fine lines and wrinkles. Laser energy is something that is often utilized. That laser energy can focus on either the brown pigment in our melanin or the red pigment in our hemoglobin, the blood vessels or in the moisture of our skin, tightening our skin, improving the discoloration in our skin. These technologies show things that weren't available to us 10 years ago, 15 years ago, 20 years ago. Certainly weren't available to us with the safety margin that's available to us right now. For the deflation that we get in our tissue, fillers that are available right now are incredibly abundant and relatively safe and healthy for patients. The most common filler that we use to fill that deflation, that deflated balloon look, is called hyaluronic acid. There are many products that people recognize by name, Restylane, Juvederm, those types of products. And basically, they're a molecule that is like a molecular sponge and they absorb moisture and they retain that moisture until your body ultimately breaks it down and takes it away after six months, a year or two years. But there procedures that can be done in the office with relatively minimal negative effects. So technology has come along and allowed us to do these procedures with little downtime, less cutting, less risk. And in my practice now, I used to be a little bit concerned about energy instruments, because basically energy is heat and heat causes burns and burns are things that I try to help people would.

Bill Curtis: Avoid

Dr. Peter Grossman: But the safety that's involved in them right now is far better than they used to be. Not completely safe. That doesn't mean that you can have anybody utilize them. But with things like Bodytite or FaceTite, which is a radio frequency type of apparatus, you can tighten the skin. And it's not just the face. You can do the face. You can tighten the lax skin around the knees, the lax skin around the under surface of the arms, rather than giving big scars underneath the arms. Even more sensitive areas like genitalia. It's interesting, we live in a unique world right now and some of that has been changed by yoga pants and Lululemon. And we see different styles now where

people's hairstyles in the genitalia region are different. And so we're focusing on the aesthetic of that.

Dr. Steve Taback: We are coming close to the conclusion of our time here. You're a busy burn surgeon. You're busy cosmetic surgeon. The person, the listener, who's listening to the things that you're recommending and the things that you can do. Are you available for the average person to come and track you down and say, Dr. Grossman, I need your help?

Dr. Peter Grossman: You know, it's very interesting. We all want to become very busy so that it takes time for people to see us. And then when it takes time for people to see us, then people don't want to wait. We live in an Amazon world where we want things now. I recognize that. And what I've tried to do in my practice is to be able to find a way to make myself available. I have great nurses who work with me. I have great physicians' assistants who work with me who can help me with some of my follow up procedures as well as some triaging some of my other procedures. But I really think that if I'm out here trying to say, hey, this is what we do and this is what we have to offer. I recognize the fact that I have to be available and I have to be available in a relatively expedient way.

Dr. Steve Taback: So we are talking to Dr. Peter Grossman, a world renowned burn surgeon, a world renowned cosmetic surgeon practicing in the West Hills region of the San Fernando Valley in Los Angeles. And it's been our pleasure and our distinct honor to have you here to educate us.

Bill Curtis: Peter, will you come back?

Dr. Peter Grossman: Bill, I will come back anytime. It's really been a pleasure to be both with you and Steve. I'm hoping that this was informative to your audience and anything that I can do to help, I'm happy to come back. This is a great format for people to really learn about what's going on with medicine, whether it's cosmetic medicine or other aspects. And it's a privilege to be a part of it.

Dr. Steve Taback: To our listeners, thank you so much for tuning in. Once again, this is Medicine. We're Still Practicing and I'm your host, Dr. Stephen Taback.

Announcer: On the next episode of Medicine, We're Still Practicing. Dr. Stephen Takeback and Bill Curtis are joined by Dr. Bert Mandelbaum. See you next time. And take care of yourself.

Announcer: This episode of Medicine We're Still Practicing was hosted by Dr. Stephen Taback and Bill Curtis, produced by Chris Porter, Sound Engineering by Michael Kennedy. Theme Song by Eric Deck, recorded at Curtco's Malibu Podcast Studios. Additional Music by Chris Porter. Today's guest was Dr. Peter Grossman. Be sure to subscribe write and leave a review wherever you get your podcasts. Thanks for listening.

Announcer: Curtco Media. Media, for your mind.