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From Head to Toe

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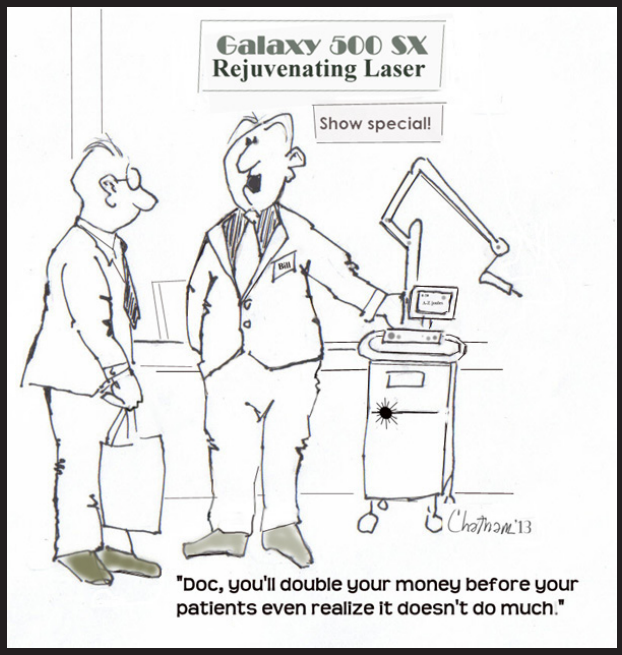

THE CONUNDRUM THAT IS AESTHETIC MEDICINE

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"Plastic surgery" (from the Greek word "plastikos", meaning "to mold or change the shape of"), inhabits two worlds: (1) reconstruction and repair, and (2) aesthetics, focusing on beauty.

Mankind has for centuries sought beauty and health, and there would be little virtue in a world devoid of beauty. Plastic surgery has a long and rich tradition. Following World War I, many horrendous injuries led to the development of dramatic reconstructive procedures, and surgical innovation and technique continually advance. In 1999 here in Louisville, surgeons performed the first hand transplant that achieved prolonged tissue survival.

Certain reconstructive surgeries led to advances in aesthetic procedures: some techniques combine aesthetic improvement with functional reconstructive improvement. One example is septorhinoplasty following a broken nose. The goal here is to improve aesthetic form and function.

It is not uncommon for patients to request a procedure designed solely to enhance attractiveness. Examples: smooth the bump on the nose, strengthen a weak chin or improve texture of skin. Procedures to ameliorate the signs of aging are commonplace, even though aging is a normal and (usually) wished-for experience.

Deciding who is a good candidate for a procedure is not always a straight path. The patient with the deformed nose might seem like a clear decision. But what if the patient whose deep desire is to look like one of the "Real Hollywood" celebrities? Or the patient requesting injectable fillers to make their lips three times the normal size…with cash in hand. Some of our aesthetic surgeries entail taking a healthy person and subjecting them to anesthesia and incisional trauma and healing, with some imponderables and possible complications along the way to a finished result. They require thoughtful decision-making and a primer in realistic expectations for the patient.

Offering aesthetic procedures to enhance appearance is worldwide, and generally acceptable. There is nothing wrong with this. And when principles of ethics guide physician decision-making, the potential to make a positive difference in the life of individual patients is great. Having engaged in the practice of facial plastic and reconstructive surgery for the past 35 years, I have had time to develop a personal perspective on my specialty.

I have been witness to primary medical care as my father practiced family medicine in a small town for 40 years, providing "cradle to grave" medical care to many. While aesthetic medicine and surgery are no longer considered "fringe medicine," I understand that this specialty might be viewed by members of both the medical and lay community as often providing some frivolous and unnecessary service, prompted by the prospect of earning an outrageous sum of money but bereft of "real" doctors who truly seek the best option for their patients.

So, is aesthetic medicine and surgery a frivolous subspecialty or does it provide a real and much needed service to a wide range of patients? And is it ethical?

In 1979, Beauchamp & Childress[1] published "Principles of Bio-

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medical Ethics" which described four principles of modern medical ethics: beneficence, nonmaleficence, autonomy and justice. In other words, (1) act in the best interest of our patients, (2) protect them from harm and negligence, (3) ensure they are making their own healthy choices and (4) assist in a fair distribution of services. Adherence to these principles offers insight about the ethical practice of medicine, including aesthetic medicine.

Do we as aesthetic physicians/surgeons have any unique ethical issues we must always consider?

Ideally medicine is meant to help people who are suffering and who are in need of help. Aesthetic medicine can do the same. Aesthetic surgery that works only according to market principles, however, runs the risk of sacrificing its true focus on the needs of patients. So, might it also risk becoming just part of a beauty industry enterprise whose primary focus is on selling to consumers rather than helping people? The notion of aesthetic medicine as a moral institution based on trust would be in danger of being lost.

Should this happen, patients (consumers) likely will regard aesthetic surgery as a commodity that is bought rather than a service provided by a trained professional. They also may come to view aesthetic doctors as businesspeople first and physicians second. Patients imbue their doctor with a unique level of trust (often with their lives), and this is the difference between patients and clients.

In recent years, the rapidly expanding aesthetic field has attracted surgeons from other specialties and even from nonsurgical specialties. Aesthetic procedures and surgery may even be performed by non-physicians who may or may not be qualified to safely perform such procedures. Since much of this is fee (cash) for service, where there is more money, more ethical questions will arise.

At least four factors have contributed to the growing number of "non-physician providers" of aesthetic procedures: (1) increased use and acceptance of non-physician clinicians in health care (2) the great variability of state laws defining the practice of medicine, (3) the blur between medical procedures and beauty treatments, and (4) the emergence of hybrid medical spas and retail clinics.

Not only is there a growing use of APRNs and PAs, but also the increased emergence of non-physician operators like aestheticians, cosmetologists and electrologists.

The beauty and medical industries themselves contribute to the consumer marketplace ambiguity of who does what. Advertisements portray new cosmetic procedures and devices as magic wands free of side effects and downtime. The delivery of "health care" in salons, spas, walk-in clinics and health clubs only adds to the consumers' confusion about the medical nature of cosmetic procedures. A spa might employ a physician to serve as a medical director. This allows the spa to purchase medical devices and drugs for performing clinical procedures. It is likely that this physician will be off-site.

Exactly what is a "medical spa" and what services are appropriate? Injectables such as Botox and fillers? Laser treatments? Chemical peels?

One opinion comes from the Medical Board of California: "There is a tendency for the public, and some in the profession, to view laser treatments, Botox and cosmetic filler injections as cosmetic rather than medical treatments. The use of prescriptive drugs and devices, however, is the practice of medicine, and the same laws and regulations apply to these types of treatments as those driven by medical necessity."[2]

On the other hand, do medispas make aesthetic procedures more accessible to more people, following the fourth ethical principle of more equitable distribution of services?

Other issues also present challenges.

1. While new technology continues to bring energy-based rejuvenation machines to market, sometimes their actual clinical efficacy is suspect. Some promote "maxi results" with only "mini treatments." We physicians feel pressure to keep abreast with the latest technology so we may make investments based on hope rather than science. When we market and employ these devices, are we helping sustain and endorse an imperfect market, being complicit in dubious claims?

2. Stem-cell enriched fat grafts are marketed for rejuvenation, with promises that the procedure is reliable, safe and effective. While there is potential to treat many medical conditions and diseases, whether there is any benefit from almost all types of stem cell treatments remains unproven. Research is ongoing. Again, if I endorse an unproven treatment, do I help promulgate an unproven but lucrative business?

3. Social media has become the primary "media influencer" in the medical arena and not just aesthetic medicine. Prospective patients demand information, and an aesthetic practice without a website exists in a vacuum. Medical social media exists outside the internally protected confines of peer-reviewed literature, lacks regulatory oversight, encourages informality and provides a format that makes allowances for hyperbole, hype and style over substance.

One study found that 70% of people seeking to inform themselves about aesthetic surgery relied on the internet as their main source of information. The quality of the surgeon's website is the most powerful influence on their choice of aesthetic surgeons. Stylistic and aesthetic factors extraneous to medical practice (e.g., how well-made the social media page appears) are the drivers.[3]

Another survey of US plastic surgery practices' websites found that only 40% describe potential complications of procedures.[4]

While the primary goal of websites and other social media applications such as Facebook, Snapchat and Twitter may be to educate the public, this phenomenon is more than that. It becomes

"medutainment": Medicine + Education + Entertainment = #Medutainment.[5] We are pressured to entertain as well as educate.

But "happy face marketing" by using only the best aesthetic "before and after" results comes with a price. Have we unwittingly raised patient expectations so high that more patients experience dissatisfaction with their results? This makes it more difficult for all of us when patients only learn of the wonders of aesthetic procedures, absent any complications or problems. This in turn increases dissatisfaction which affects both patient and surgeon, leading to a reduced feeling of professional achievement and possibly emotional burnout.

And nothing prevents today's media savvy patients from posting their own pictures and videos online which may or may not portray their physician in a favorable light.

This is not to say that our online sites can't also serve a valuable service to counter non-evidence-based advertisements, debunk sham science or share new scientific innovations along with contextual information. But can every doctor really be "internationally renowned"?

4. Online reviews serve as endorsers of competency and are an ingrained part of today's world. Personal endorsement is a powerful influencer of human behavior. Patients can be asked and persuaded to post positive comments. There is also temptation to incentivize patients to do so. This week I received an unsolicited anonymous email asking me how many new reviews I would like to purchase!

Excellent surgeons have traditionally been seen as having both technical skills and sound judgment. We focus on emphasizing realistic patient expectations, avoidance of overselling, truthful advertising, frank discussions about possible complications, presenting alternatives and a high value on proper training and use of accredited facilities. And selecting patients for aesthetic procedures requires many skills. For example, just because one can perform an operation, which might or might not be medically indicated, does not mean one should perform an operation. Patients do not always have realistic expectations, yet there may be pressures on the aesthetic surgeon to schedule a procedure, nevertheless.

From the surgeon's standpoint, there are basically two reasons for performing an aesthetic procedure. First, to try for a physical improvement and second, more profound and complicated, is to address their psychological needs. What if the patient requests a 'fringe' alteration not aligned with the norms of appearance: how complicit do we want to be?[6]

We are tasked with determining when patients have a "healthy" concern regarding their appearance and avoid treating patients with body dysmorphic disorder or those whose concerns outweigh their perceived deformity.

Many of my patients seeking aesthetic procedures just want to feel better about themselves. For a myriad of reasons, they have decided to explore medical or surgical options in order to bring about a perceived improvement in not just how they look but more importantly how they feel. Even if I think it might be frivolous, might it be unethical to deny them their request, as long as the risk-benefit ratio is acceptable?

According to the definition of Epstein and Hundert, professional competence is, "The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served."[7]

There exist conundrums in all of medicine and some of the same ethical issues exist across all specialties. For example, how can the primary care physician engaged with sick patients offer them the best care possible, while being forced to manage the time oppressive EMRs (do patients really benefit?) and simultaneously adhere to governmental, insurance and institutional employer mandates, but not get burned out?

So, is aesthetic surgery a business ruled by market structures and individual ambition aimed primarily at material gain and profit? Or a specialty intended to benefit patients as an integral part of the health care system? How do we ethically market/educate in a world where hype and perfection seem to be the norm? How can we make use of the best of social media and leave the worst of it behind? How can we help improve care for other patients, not just our own?

"In the final analysis honesty in all matters is the keystone in our ethical arch. We must follow our instincts offering to those in our care only the operations we would wish for our own wife or daughter or mother, advising with the truthfulness and kindness we would hope our own loved ones would encounter."[8] ⚜

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