

# Putting the Science in Beauty

**Keynote Address by Prof K Satkunanantham, Director of Medical Services**

**I**t gives me great pleasure to join you today at the 36<sup>th</sup> National Medical Convention of the Singapore Medical Association. Last year, at your 35<sup>th</sup> Convention, we spoke about Electronic Medical Record Exchange. We then spoke about change and the need for the medical profession to change its mindset to keep up with technology in order to provide the best care for our patients.

The theme for this year's convention is "Aesthetic Medicine – Is there science in beauty?" Usually, there are various reasons why a theme is chosen. There could be rapid progress in the field and it is time to share, or there are many issues that need to be resolved. One would not be wrong if one assumes that this theme was adopted because there have been many advances in the field of aesthetic medicine, and that we are gathered here to update ourselves on these advances.

But implicit in this theme are many controversial issues in aesthetic medicine which the medical fraternity is grappling with. And indeed, the issues that I have been asked to address clearly indicate that this is a controversial topic.

What is the role of the Ministry in the regulation of the practice of aesthetic medicine? What level of training is required? What would the Ministry's response be if an increasing number of general practitioners switch to aesthetic practice? Is the Ministry going to allow doctors to call themselves aesthetic physicians when aesthetic medicine is not a recognised specialty?

I regret to say that I do not have the answers to your questions. However, I hope to show you how the solution could come about.

## THE BEAUTY INDUSTRY

First, let us reflect on why we are in this quandary.

It was only until slightly more than a century ago that the role of the medical profession was to cure, or to alleviate suffering. With better understanding of disease and the development of public health, disease prevention and health promotion became important aspects in the practice of medicine. In recent years, with growing affluence, people desire not only to stay healthy, but also to enhance their image and feel good. As one patient said, "If I don't look good, my doctor doesn't look good." This reflects how important feeling good and looking good is in modern society.

Patients now expect the medical profession to provide aesthetic services. In fact, the medical profession may be deemed by some to be slow in responding to this trend, compared to the cosmetic and beauty industry. I hope this is because we are generally a cautious and responsible lot.

It has been estimated that the passion to feel good and look good is creating a \$160 billion a year global industry comprising make-up products, skin and hair care products, diet pills and cosmetic surgery. Cosmetic surgery alone

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accounts for some \$20 billion and the industry as a whole is expected to grow at a rate of up to 7% a year, or more than twice the rate of the developed world's GDP.

## PUTTING THE SCIENCE IN BEAUTY

The real challenge we now face is to ensure that the aesthetic services we provide are grounded in scientific merit.

The beauty and cosmetic industries too recognise the importance of scientific credentials. Newer products these days blur the line between cosmetics and prescription drugs – so called "cosmaceuticals". While some may label these new products as pseudo-science, the point I want to make is that these developments occurred in response to the consumers who have become more sophisticated and selective in their choices.

Many procedures that constitute aesthetic medicine do have a strong scientific basis. This includes even Botox injections for wrinkles and laser treatment for hair removal. But as we look at some other aesthetic procedures, the scientific evidence is weak, and in some instances, the procedures border on being a sham.

Thus, the practitioners of aesthetic medicine have a duty to carefully consider the supporting evidence and only employ procedures that are reliable and give good outcomes. Where there are uncertainties, potential problems or significant side effects, one must tread carefully. The procedures must be carefully evaluated, the risk clearly communicated, and the procedure and outcome carefully monitored and consistent with good observational studies. In this way, we will be able to do our work right and do it well.

## CHANGING VALUES

Another related dimension of aesthetic medicine is the apparent change in the value system of our patients.

For example, some patients may be more willing to spend on an aesthetic procedure which makes them feel or look good, than to pay for a well-documented and



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effective screening test for cancer. It goes beyond just a case of short term gratification over long term benefits, or one of expectation as to who should be the payer of "basic and essential" medical care. I think we could possibly be witnessing an evolution of the value system.

A paradoxical situation may occur where the doctor who is involved in saving lives, is paid less compared to one who makes lives look beautiful. This apparent change in the value system of our patients is challenging the very core of the medical profession's own value system. The discordance of value system between the patient and what the profession is trying to preserve is what we as members of the medical profession, have to face collectively and resolve individually. I trust that for most of us, the gratification in our practice of medicine goes beyond that expressed by monetary gains.

The medical profession all over the world has been conscious of these changes in the last quarter of a century and has tried in various ways to cope with it. With the invasion of a business culture or corporate mentality with ideas of market and profit into the healthcare system, professionalism is a skill that we simply cannot do without. Medicine, with its high ethical standards, is nonetheless both a profession and a business.

If the balance between business and professional values tips dangerously toward the business side, the profession may tip over and all trust and respect will disappear. Doctors may become fancy technicians, and patients mere numbers.

#### **REGULATING AESTHETIC MEDICINE**

Professionalism in our practice can be described as delivering care of the highest quality with integrity, honesty and compassion, consistent with the ethical obligations of a physician. The profession has gained trust because its members have acquired a specific expertise and are responsible and caring. Society trusts and believes that the medical profession will actively participate in self-regulation. This trust is so central to our profession's dealings with our patients that if breached, the very foundation that the patient-doctor relationship is built upon will collapse.

In the same way that our patients trust us, why should we not trust our fellow colleagues to deliver the best possible care to their patients?

I have been asked many times why MOH is not intervening to set guidelines and regulate the professionals in aesthetic medicine. My personal philosophy is that in the practice of medicine, the profession must regulate itself.

Bureaucracy, legislation and enforcement should be kept to a minimum in most professional matters. The profession should self-regulate, set the professional standards and training required, accredit the practitioners, and monitor the outcome. We should aim to promote science and discard the sham, and be ready to blow the whistle on unethical practices.

It is not a time to draw boundaries and protect turf. We should adopt the same approach that our country did when

we embraced budget airlines. I think if SIA had resisted the challenge, the aviation industry may not have changed the way it did. Today, air travel is no longer restricted to the better-off. However, safety remains the key factor that no industry player can breach. If any budget airline compromises the safety factor and an accident occurs, the trust in the industry will be lost and the industry will crumble.

Similarly, I urge that we too embrace change. I am confident that we will be able to arrive at a win-win situation with our colleagues within the profession and with our patients. At the same time, all that we have stood for: high ideals, high professionalism and ethical standards must never be compromised. If collectively we allow this to be breached, it is akin to an accident in the airline industry.

I understand that the profession may not be well versed in self-regulation. I will partner you in this journey and do what is necessary to put our act together. But the profession itself must play the lead role. Only when the risk of major problems become significant or self-regulation is not possible will the Ministry move in to regulate.

In response to calls to allow non-mainstream medical practices, including some aesthetic practices, to co-locate with medical clinics, MOH will be conducting professional and public consultations on a proposed framework. A proposed risk-based licensing system will also be put up for consultation. The central principles behind these proposals are that we should be open and forward-looking, building on the strong values of medical profession. These strong values should be our strength, the binding force that will propel us forward and make our medical profession exemplary.

#### **IN THE PATIENT'S BEST INTEREST**

As you deliberate and formulate your policy on the practice of aesthetic medicine, I will urge you to maintain your focus on the patient's welfare. Do not let the profit motive drive your agenda. The profession, be they family physicians, dermatologists, plastic surgeons or endocrinologists, should meet to discuss and formulate guidelines to protect the patient.

2005 marks the 100<sup>th</sup> year of the founding of the Faculty of Medicine and medical education in Singapore. As a profession, we will have to adapt to changing times. I urge all my colleagues here to ponder with an open mind the changes that are occurring in our society and our profession.

It is important for us to adapt to the changes but at the same time, preserve the good tradition of the medical profession, by upholding the highest standard of professionalism and passing on the good tradition to the future generations of doctors.

I wish you a successful and meaningful convention. Thank you and have a good day. ■

