Aesthetic Medicine: Questions To Ask Yourself

By Dr Lawrence C L Ng

Disclaimer: ***This article reflects the personal views of the author and not that of any organisation he is associated with.***

INTRODUCTION

The role of a medical practitioner in providing aesthetic services in a healthcare establishment is a relatively new development that has attracted many doctors of different specialties in Singapore.

This has many implications for the doctor himself, professional bodies such as the Singapore Medical Association, academic bodies and, of course, regulatory bodies such as the local Ministry of Health.

For members of the public who use such services, they have an interest in knowing who is trained and who is not, in order to protect their safety. Are they patients or are they clients?

Aesthetics has been disdained by many medical practitioners and the profession as non-conventional medicine. Those who do such work have been seen as part of the periphery, if not already stepping one foot out, of medicine in its purest and noblest form. This creates a taboo in the minds of those who do not do such work and the negative mindset makes it difficult to reach an objective view and to conduct a detached analysis of this area of work and its workers.

"Is it a part of Medicine or is it apart from Medicine?" Those who do not derive profit would answer this question very differently from those who provide such services and derive a not-unsubstantial profit. Envy and disdain creates a potent mix of confusion and suspicion, which clouds the entire discussion, often leading it nowhere at hospital coffee tables. Recognition from medical colleagues is a long way off for those who do such work. Indeed, some aesthetic doctors, while financially well off, may suffer from an inferiority complex and the stigma of a pariah in the hierarchy of medical professionals.

DEFINITION OF AESTHETIC MEDICINE (AM)

The place of aesthetic practice in the art and science of Medicine raises thorny questions. The definition of aesthetic medicine is difficult and many diverse ones have been proposed. We need to come to agree on a common working definition in Singapore.

One definition used by a prominent medical defence organisation is:

"Treatments or procedures which, in the opinion of the Council, have as their primary purpose the alteration of the non-pathological external appearance of the patient."

Hence, reconstructive surgery or minimally invasive procedures for breasts disfigured by cancer and cancer surgery, botulinum toxin injections for neurological conditions, correction of facial deformities from physical assaults, traffic and industrial accidents would not fall into this category. In most of these cases, the psychological trauma and burden from physical disfigurement is pathological. (Also see article by A/Prof Goh Lee Gan on page 10.)

NEW MONEY

AM is seen as a potential source of significant income for the medical practitioner as well as for the nation. In her article *"Who says Singapore isn't hip?"* (*The Sunday Times* May 8, 2005. Page L14), Sumiko Tan wrote:

"Plastic surgery is so big and neighbouring countries are already marketing themselves as nip-and-tuck tourist destinations. But Singapore has the advantage of a reputation for top-notch medical care. Why don't all parties concerned – doctors, medical and tourism authorities and the media – come together to brand the country, as say, Botox Central of South East Asia? Or a Lasik hub?"

PRACTICAL QUESTIONS FOR THOSE CONTEMPLATING AM

Some doctors have asked themselves and their peers regarding what to do if they want to start an aesthetic practice. Below is a list of suggested questions to think through before embarking on any newly learned procedure.

Science:

- Is this procedure scientifically sound?

Medico-legal:

- Have I carefully considered my legal and ethical responsibilities?
- Do I know my legal liabilities due to the special nature of cosmetic practices?
- Have I paid the correct subscription category to the medical defence organisation in order to avoid not being covered when sued?

Financial:

- Can I recover the costs of equipment in order to survive? Can I avoid financial distress, cash flow problems and monthly total costs – monthly turnover. NPV, IRR, payback period?
- Will I put undue pressure on the prospective client?
- Can I recover the losses (from opportunity costs of time spent undergoing training and dollar costs of training courses)?

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"*Alamak!*" (colloquial for "Oh my gosh") Question:

- Some procedures have a steep learning curve. By the time you learn it, it may go out of fashion – end of product cycle.

Self-Examination:

- Am I trained to handle complications when they occur?
- Do I want to handle patients' unrealistic expectations?
- Can I handle the negative publicity when things fall apart? Aesthetic cases attract limelight. Even large government-linked institutions are not spared the scrutiny of the media.

ADVERTISING ISSUES – PHMC ACT (ADVERTISING)

Medical practitioners are allowed to advertise their practice and services under the following conditions:

"Such information, where permitted, shall have the following standards:

a. Factual
b. Accurate
c. Verifiable
d. No extravagant claims
e. Not misleading
f. Not sensational
g. Not persuasive
h. Not laudatory
i. Not comparative
j. Not disparaging"

Recent press advertisements *(Mind Your Body, supplement to The Straits Times)* provide a section for advertisements for doctors to announce the location and types of services available at their aesthetic practices. In the eyes of the public, aesthetic practices are a separate area of medical services and they want to know where to look for such services. However, the general rule here is *caveat emptor* ("buyers beware") since currently, there is no regulation or standardisation of training.

CONCLUSIONS

It has been said that "good fences make good neighbours". "Turf" issues are best left to the profession to sort out. At present in Singapore, except for procedures, no one can say to another: you cannot do this or that. In the United Kingdom, the problem of overlap is resolved by a Cosmetic Surgery Interspecialty Committee. (Please see article by A/Prof Goh Lee Gan on page 10.).

There are certain questions that have no clear answers at present. Where no answers are available, each and every stakeholder participation, and obtaining feedback from interested persons and organisations, are essential in forming a consensus in order to answer some of these unanswered questions. It is important to seek answers in the local context of each country.

Continuous training and self-regulation is still a long way off for the aesthetic community in the medical profession in Singapore.

The doctor who undertakes aesthetic work faces barriers of entry in terms of difficulty in obtaining good training, peer recognition and politics of envy. He or she would do well to focus on the welfare of the patient and apply the tenets of traditional medicine to aesthetic medicine such as those covered under Dr Thirumorthy's article.

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