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This Month's Focus:
Aesthetic Medicine

SMA NEWS

Ethical Issues in Aesthetic Medicine

By Dr T Thirumoorthy

There is no universally accepted definition for aesthetic medicine. It can range from simple cosmetic procedures like superficial chemical peels, to body enhancement surgery, to claims of reversal of the ageing process.

On the other hand, cosmetic surgery is defined by the American Medical Association as surgery performed to reshape normal structures of the body to improve the patient's appearance and self-esteem.

DEFINING THE BODY OF KNOWLEDGE

The first ethical issue is whether aesthetic medicine is part of conventional (scientific and regulated) medicine fulfilling the Goals of Medicine. Medicine is defined (Oxford English Dictionary) as the "science or practice of the diagnosis and treatment of illness and injury and the preservation of health." Would it be appropriate then to classify aesthetic medicine as unconventional, complementary or alternative medicine?

The features of conventional medicine can be enumerated as

1. Goals of Medicine – for the relief of suffering caused by illness
2. Scientific and evidence based
3. Internal regulation as regards to training, skills and proof of competence
4. Ethics and professionalism based
5. External regulation of professionals, clinics, equipment and products

Based on the development of aesthetic medicine in the local scene, it does not qualify to be conventional medicine.

CONFLICT OF INTEREST

The loose delineation of this field of medical practice leads to confusion, as the patient and providers may have different expectations of outcome and risk.

The client (patient) seeks to achieve beauty as displayed in the popular press and movies, so he/she will become a symbol of attraction and admiration. The public seeks the help of doctors in aesthetic matters in the belief that the doctors are trained, and possess skills and knowledge in aesthetics; and most of all, they trust their doctors.

On the other hand, doctors looking for ways to improve the business side of their medical practice, surgeons wanting to enter this glamorous and well-paying area of surgery, and young doctors wanting a less demanding job with higher returns than hospital work, have been attracted to the field of aesthetic medicine.

This unregulated development of aesthetic medicine is spurred on by industry, and has spawned an array of ethical controversies.

The areas of conflict of interest can be enumerated as such:

1. Underestimation of risk by patient as this is a purely cosmetic procedure
2. Understatement of risk by practitioner
3. Over-servicing – high cost of equipment and potential for high monetary gain
4. Over-emphasis on benefits especially at public talks
5. Industry's interest in loaning equipment
6. Neglect of effective conventional medicine which has low monetary returns

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In aesthetic medicine where the clinic space and furnishings, aesthetic products and medical equipment are often obtained at a high financial premium, the doctor is under pressure to reach a certain target to pay for overheads. It is well known that in these situations of financial conflict of interest, over-servicing is a common pitfall. If it leads to a bad outcome, it is a poor defence in medical litigation because over-servicing is considered a professional misconduct.

This mismatch of expectations of the client and provider in aesthetic medicine leads to conflict and complaints, and even court proceedings.

LOSS OF TRUST IN THE PROFESSION

The lack of delineation of a clear body of knowledge, skills, training and certification has led to doctors squabbling over turf. Plastic surgeons, dermatologists, general practitioners and even some gynaecologists, psychiatrists, and physicians have joined in the fray. The patient's trust is eroded as he/she is unable to discern the competence of the doctor.

Furthermore, many doctors are giving themselves titles like aesthetic physician, laser surgeon, cosmetic dermatologist and cosmetic physician, which are not recognised titles determined by the Specialist Accreditation Board of the Ministry of Health.

Fighting for turf often leads to disparaging remarks which surely kills collegiality and are also a well known trigger factor for medical litigation. Giving ourselves unrecognised titles impinges on the ethical principle of veracity or truth-telling, a major pillar in developing the public's trust in the profession. Trust is the main reason for the public to consult doctors on aesthetic issues.

INFORMED CONSENT

The concept of informed consent, which is central to the principle of patient autonomy, is being challenged in aesthetic medicine.

The components of informed consent are

- Capacity (ability to give consent)
- Voluntariness (absence of coercion)
- Information (no misrepresentation)

The ethical and legal standards require the doctor to discuss and explain the disease condition of the patient, details of the proposed treatment procedure, benefits and outcome, risk and alternatives including no treatment. However, in aesthetic medicine, there is no disease.

In aesthetic medicine, the patient must not only have the mental capacity (to understand, retain, believe and weigh the facts to make a decision) but also the physical and emotional capacity to go through the aesthetic procedure. It is estimated that 6 to 15% of patients seeking cosmetic surgery suffer from body dysmorphic disorder, anxiety and depression. However, these persons get worse in self-image and self-esteem after the surgery.

Voluntariness may be further affected by the mental state of the client, high pressure sales technique, commitment to treatment on the same day of consultation, commitment to a package of treatment, upfront payment (full or deposit – non-refundable) for the package.

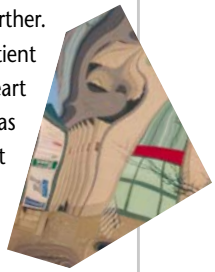
Information may often be given by the nurse or patient advisor, where risk may be downplayed and outcome overstated. Patients with low self-esteem tend not to challenge authority or ask questions when in doubt.

Outcomes of aesthetic procedures vary in Asian skin as compared to Caucasian skin which the protocols, procedures and products were developed for. Even within the same racial skin colour, the tolerance to cosmetic products and procedures varies. Pigmentry disorders in Asian skin are a poorly researched and understood subject as to the pathogenesis and response to treatment. Hence, skills in patient selection for cosmetic procedures become an important issue in the standard of care.

In situations of poor outcome, the law courts would set a high standard of care and informed consent as these involve non-therapeutic procedures.

THE CLIENT IS NOT THE KING

Although patient autonomy needs to be upheld, the medical practitioner cannot work on the business maxim: "The Client is King." In medical practice, the patient may request for a particular form of treatment, but if the doctor in his professional opinion considers it inappropriate, harmful or illegal, should advise the patient and refrain from proceeding further. The doctor must act in the best interest of the patient at all times. Mutual trust and respect is at the heart of the doctor-patient relationship. "I did exactly as was requested by the patient and she agreed at her own risk" is no defence in medical negligence.



High and unrealistic expectations are a feature of patients seeking cosmetic procedures, which means high risk for a dissatisfied patient. Managing expectations is an important component of informed consent in aesthetic medicine.

MEDICAL ADVERTISING – INFORMATION TO PUBLIC

Indirect advertisements through media interviews, magazine write-ups and talks at ladies' luncheons do not meet the professional ethic, if they are compared to other surgical procedures (like appendectomy).

Playing on the insecurities associated with superficial consequences of ageing and using logic like "Ageing is ugly; ugliness is a disease and cosmetic surgery is the cure" does not fare well with the intelligent and discerning. Creating the impression that chemical peels and IPL are useful to maintain a youthful complexion are misleading. No cosmetic procedure can prevent ageing. There is also no scientific evidence to show that dietary supplements prevent ageing.

SOCIAL JUSTICE

It is important to bear in mind that aesthetic medicine and cosmetic surgery, other than managing scars and removing the visible features of cutaneous ageing, do not cure a disease nor necessarily improve function in a significant way. This begs the question: Who needs medicine - the well or sick?

In many countries, the training of doctors and healthcare professionals is subsidised from public funds. Over-emphasis on aesthetic medicine leads to over-consumption of medical services and draining of resources from the sick. Resources are drawn away from major public health problems like emerging infections

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(bird flu, AIDS, cancers, renal diseases, and diabetes mellitus). It is analogous to Nero playing the fiddle while Rome continued to burn. Already in dermatology, the over-emphasis on cosmetic dermatology has led to detriment to academic (research) and medical dermatology.

With rising public demand fuelled by the media and industry, medical services have become a consumer's item. This opens the bottomless pit of demands for more and newer products and services. Concepts of beauty continue to change like the seasons. A social value judgement on uncontrolled consumption has to be made to stop this social and economic carnage.

Medicalisation of cosmetic procedures and normal ageing like balding and wrinkles pose a major threat to the medical insurance industry. Conflicts between patients, doctors and insurers on what is medical and claimable are already showing up. The social cost of aesthetic and cosmetic surgery is real and must be prudently managed by the medical profession. The present situation is by no means satisfactory.

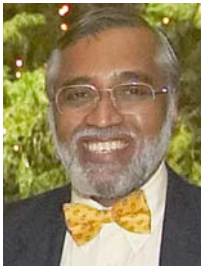
WHAT ARE THE SOLUTIONS

Aesthetic medicine has to be brought into conventional medicine mainly for the protection of the patient's safety, but also to prevent and resolve the several areas of conflict discussed.

A suggested plan of action includes:

1. An inter-speciality task force of all interested professionals needs to be formed.
2. The task force should clearly define the field and what is to be excluded.
3. The task force must define the knowledge, skills, training, and test of competence, certification and continued maintenance of competence.
4. Practitioners must be committed to scientific study and publications in peer-reviewed journals.
5. The practice of aesthetic medicine must be ethics-based and conforms to the SMC Ethical Code and other guidelines like the Good Medical Practice of the GMC UK.
6. Clear guidelines on safety and regulation of premises, equipment, products and procedures are essential.
7. Practitioners must be committed and carry out public education, so that the public is empowered to make intelligent and informed decisions, be able to assess the competence of practitioners, and know how to deal with problems when things go wrong.

Only by professionalising the entire field and subjecting it to regulated development will both the interests of the public and the profession be served. ■



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