



# Aesthetic/Cosmetic Surgery and Ethical Challenges

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**Abstract** Is aesthetic surgery a business guided by market structures aimed primarily at material gain and profit or a surgical intervention intended to benefit patients and an integral part of the health-care system? Is it a frivolous subspecialty or does it provide a real and much needed service to a wide range of patients? At present, cosmetic surgery is passing through an identity crisis as well as an acute ethical dilemma. A closer look from an ethical viewpoint makes clear that the doctor who offers aesthetic interventions faces many serious ethical problems which have to do with the identity of the surgeon as a healer. Aesthetic surgery that works only according to market categories runs the risk of losing the view for the real need of patients and will be nothing else than a part of a beauty industry which has the only aim to sell something, not to help people. Such an aesthetic surgery is losing sight of real values and makes profit from the ideology of a society that serves only vanity, youthfulness, and personal success. Unfortunately, some colleagues brag that they chose the plastic surgery specialty just to become rich aesthetic surgeons, using marketing tactics to promote their practice. This is, at present, the image we project. As rightly proposed, going back a little to Hippocrates, to the basics of

being a physician, is urgently warranted! Being a physician is all that a “cosmetic” surgeon should be. In the long run, how one skillfully and ethically practices the art of plastic surgery will always speak louder than any words.

**Keywords** Aesthetic surgery · Cosmetic surgery · Marketing · Medical ethics

## Introduction

One of the basic characteristics of humans, dating from our earliest knowledge of history to the present time, is their desire and ability to change, alter, and, in most cases, improve almost everything in their surroundings as well as themselves [1]. Practices designed to enhance appearance go back at least to the time of the Pharaohs and have always been determined by the culture of the period [2]. “Plastic surgery” is a general term that describes surgery performed to correct a problem caused by trauma, disease, or other surgery, or to create a more pleasing appearance for whatever reason. “Cosmetic surgery” operations and other procedures can be defined as interventions that revise or change the appearance, color, texture, structure, or position of bodily features, which may be considered otherwise to be within the broad range of normal. Another definition of “cosmetic plastic surgery” is specialized surgery that focuses on improved appearance for its own sake. It includes procedures such as breast augmentation, face-lifts, ear correction, facial implants, and fat reduction [3]. Despite the fact that cosmetic surgery stands, for many theorists and social critics, as the ultimate symbol of invasion of the human body for the sake of physical beauty [4], some of the earliest operations known to medical history were plastic surgery in nature, not only for

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reconstructive purposes but for beautification as well [1]. Interpreted as somehow qualitatively different from other efforts at altering the body, cosmetic plastic surgery is considered by some to be so extreme, so dangerous, that it leaves no space for interpretation as anything but subjugation [4].

Physical beauty, defined as the widespread equation of beauty with goodness together with other virtues, is symbolic and is a highly valued and powerful attribute of the self [5]. Formerly, the beauty culture was essentially confined to women, but in recent years increasing numbers of men have sought to enhance their appearance [2]. Traditionally, cosmetic surgery has been pioneered and practiced by plastic surgeons [6]. Unfortunately, with the legitimization of aesthetic surgery in the minds of the medical community [7], this lucrative field has attracted surgeons from other specialties and even from nonsurgical specialties. In some less regulated areas, cosmetic surgery is even performed by nonphysicians who are clearly unqualified to provide such services [6]. Today, even individuals with dental degrees are performing cosmetic surgery of the face and body [8]. Nowadays, cosmetic surgery is becoming increasingly popular throughout the world [6] and has evolved from a genuine medical practice to a mere commodity [9] that works within the context of a culture of appearance that is highly restrictive and which is less a culture of beauty than it is a system of control based on the physical representations of gender, age, and ethnicity [4]. Not only has the body come to stand as a primary symbol of identity, but it is more and more regarded as a symbol whose capacity for withstanding alteration and modification is understood to be unlimited. The body, instead of being a dysfunctional object requiring medical intervention, unfortunately is becoming a commodity not unlike “a car, a refrigerator, a house, which can be continuously upgraded and modified in accordance with new interests and greater resources” [4].

It is difficult to pick up a newspaper or magazine today or turn on the television without being reminded that ours is a culture of youth and beauty [2]. Once regarded as a frivolous pursuit of the privileged few in the upper echelons of society, cosmetic surgery has taken off in a big way all over the world [6]. While it has been dealt powerful blows from the score of feminist writers who generally criticize body alterations, its popularity as a socially acceptable means to body modification has created a booming and rapidly expanding cosmetic surgery industry [4, 10] and has moved beyond the stage of being an exclusive privilege of the rich and famous [11]. Several factors have worked in tandem to promote this evolution: improved socioeconomic conditions, shifting cultural norms, and globalization with exposure to Western cultures through media and frequent travel, among other things [6].

In our “consuming” society, body image is becoming increasingly important, and its new models are being magnified by media confronting the plastic surgeon and whoever is providing body image improvement procedures with ethical questions [12]. At present, cosmetic surgery is passing through an identity crisis as well as an acute ethical dilemma. A closer look from an ethical viewpoint makes clear that the doctor who offers aesthetic interventions faces many serious ethical problems having to do with the identity of the surgeon as a healer [13]. Is aesthetic surgery a business guided by market structures aimed primarily at material gain and profit or a surgical intervention intended to benefit patients and an integral part of the health-care system? Is it a frivolous subspecialty or does it provide a real and much needed service to a wide range of patients? In fact, important parts of organized society in most countries, including the majority of the lay public as well as the majority of physicians from other specialties, appraise aesthetic surgeons as primarily providing some frivolous and unnecessary service, prompted by the prospect of earning an outrageous amount of money, not acting as “real” doctors who should seek the best option for their patients, and not controlled by established organizations [14, 15]. Unfortunately, the media’s focus on aesthetic surgery and the “flashy” behavior of some aesthetic plastic surgeons encourages this negative opinion [15].

Modern medicine, in several of its aspects, has mostly abandoned its central purpose of healing patients and has developed into a mere instrumental discipline that sees its central aim as fulfilling wishes instead of relieving suffering or treating illness. Aesthetic surgery is one of the many examples of such an unfortunate transformation [13]. Aesthetic surgery that works only according to market categories runs the risk of losing the view of the real need of patients [9, 16] and will be nothing but a part of a beauty industry that has the aim to only sell something, not to help people. Aesthetic surgery is losing sight of real values and profits from the ideology of vanity, youthfulness, and personal success [9]. The inherent morbidity of the procedures, the vulnerability of the patients, and the special privileges granted to physicians by society all demand a degree of moral conduct on the part of cosmetic surgeons that surpasses a standard business contract [17, 18]. Moreover, each cosmetic medical or surgical procedure has liability issues particular to the procedure, but there are many issues that are common to a number of different procedures. These include failure to maintain adequate patient rapport, failure to give proper informed consent, failure to obtain information on significant past medical history, performing a procedure not requested, breaching the standard of care in the performance of the surgery or procedure, failure to diagnose and treat a complication in a timely fashion, and expert witness misrepresentations [19].

## Cosmetic Procedures: Indications and Demands

Despite the prevalence of cosmetic surgery, little is known about who is most interested in it and why or how this interest is related to gender, age, relationship status, body mass index, or body image satisfaction [10]. It has been postulated that motivating factors driving men and women for change are not only their desire for a more comfortable and efficient way of life but also to satisfy their innate aesthetic sense [1]. Thousands of years ago, appreciation of the beauty of art and nature led the cavemen to decorate their tools beyond what would be considered necessary to obtain a usable tool [1]. From the surgeon's standpoint, there are basically two reasons for performing aesthetic surgery [1]: The first is to satisfy the desires of the patient who requests cosmetic surgery, and the second, and much more profound and complicated, is to address some patients' psychological needs [1]. It is obvious, therefore, that in considering the basis for aesthetic surgery, one must consider the patient's reasons, desires, and requests [1]. Nevertheless, the major determinant for having a happy patient postoperatively and for uniformly successful cosmetic procedures remains proper patient selection [20].

The request for cosmetic surgery is, in general emotionally or psychosocially motivated [21]. The desire to be attractive is a very basic desire and the importance of beauty to the patient personally may be his/her only reason for requesting cosmetic surgery [1]. Consistent with the idea that women are under greater pressure than men to attain current ideals of beauty and thinness, more women than men usually express an interest in cosmetic procedures [10]. This interest is an appearance orientation or an appearance investment and is a measure of how much individuals pay attention to their appearance. It is suggested that a strong investment in one's appearance may motivate individuals to consider body modification techniques, including cosmetic surgery [10, 22, 23]. Because one's physical attractiveness affects the way a person is perceived and treated by others [10], for a number of patients another factor that plays a large part in requesting cosmetic surgery is pure economics [1]. The average working person seeking a job may feel that he/she was not chosen because another applicant with equal abilities but with a better personal appearance had been chosen instead [1]. Moreover, in our modern society, the competition from younger people is being increasingly felt by older men and women [1], driving them to request rejuvenation procedures. Irrespectively, a large percentage of patients who request cosmetic surgery have a basic psychological drive that motivates their desires [1]. Some patients may even have real psychological problems [1]. It is important, therefore, for the surgeon to identify the signs of body dysmorphic syndrome, dysmorphism, or heightened

narcissism not remediable with surgery [24]. Patients manifesting these disorders will not have realistic or achievable surgical goals, and regardless of surgical outcome are unlikely to be happy [21, 24].

"Self-monitoring" is the ability of individuals within a given social environment to regulate their behavior. People greatly differ in this regard [25]. So-called low self-monitors' behavior depends more on their inner attitudes, emotions, and dispositions, whereas high self-monitors are persons who regulate their behavior in accordance with situational cues [25, 26] and are more willing and able to control the physical appearance they project to others [27]. Furthermore, high self-monitors emphasize physical attractiveness more than low self-monitors, both in themselves and in others [25]. Thus, self-monitoring is most probably positively correlated with body image orientation, and it is therefore expected that high self-monitoring predicts the motivation to undergo cosmetic surgery [25]. It has been shown also that not only individual variables such as body image but social factors such as acceptance of cosmetic surgery in the individual's environment play an important role in motivation to undergo cosmetic surgery [25]. In the final analysis, the effect of self-monitoring on the motivation to undergo cosmetic surgery seems to be influenced by two factors, social acceptance of surgery and body image. Effects of self-monitoring on cosmetic surgery tend to diminish whenever social acceptance and body image variables are controlled [25].

For both plastic surgeons and nonmedical members, there is a feeling that there is no real control over indications for aesthetic surgery besides what is dictated by the physician's own conscience [14]. Cosmetic procedures, unabashedly and unapologetically, are embellishments. They are life-enhancing, not life-saving [17]. An acceptable indication for any aesthetic procedure must be that the procedure will improve the patient's quality of life. This is rather vague and may sound utopian, but physicians should strive for it anyway [14]. In fact, it is impossible for a surgeon to say categorically that this type of surgery should or should not be performed. For each individual case the surgeon should ask two questions: Can he accomplish what the patient desires? and Will it make the patient happier? [1]. Acting ethically means above all acting in the interest of the patient. Therefore, one must ask whether offering aesthetic interventions is really acting in the interest of the patient [13]. Criticisms of aesthetic surgical alteration multiply nearly as rapidly as the procedures themselves. One of the main criticisms derives from the dangers involved in many of the procedures. Cosmetic surgery is undeniably painful and risky and each operation has the potential for complications [4]. Clearly, the recipient of cosmetic surgery may very well emerge from the operation

in worse shape than when she or he went into the operating room [4]. Some criticisms of cosmetic surgery focus on the implications of such procedures for contemporary conceptualization of the body and identity [4]. If medicine makes wish fulfillment one of its main tasks, aesthetic surgery is in danger of becoming a mere consumer's contract instead of a medical act [14].

### **Cosmetic Medicine, Cosmetic Dermatology, Dermatologic Surgery, and Office-based Cosmetic Surgery**

Currently there are no agreed upon definitions or terminology that would encompass the whole spectrum of medically based cosmetic procedures and interventions. In fact, with cosmetic surgery trending toward less invasive procedures and away from formal surgery in both private and academic settings [3, 28], the existing definitions may be rather too narrow and surgically oriented. Indeed, according to some statistics, 65% of all cosmetic procedures are now nonsurgical [3]. Growing patient interest in cosmetic interventions has led to an exponential rise in cash flowing into the market for fillers, lasers, and the cover girl of cosmetic dermatology, Botox® (Allergan, Irvine, CA) [17]. Cosmetic dermatology provides new aesthetic options for patients and expanded practice opportunities for physicians. Perhaps because of its recent inception, discussions of the ethical quandaries in the field are relatively new. Certainly, these dilemmas remain unresolved [17]. Because it is largely, if not exclusively, a fee-for-service business, cosmetic dermatology has become medicine's golden goose. And where there's money, ethical questions follow [17].

Cosmetic surgery or any medical or surgical manipulation performed by physicians with no formal training is an increasingly debated critical issue [29]. Even though cosmetic dermatology, which has evolved over the last few years, is as much a specialized field of medicine as any other [30] and is gaining in notoriety, the lucrative and burgeoning area of cosmetic surgery has enticed some family physicians, among others, into the field, while also luring a few charlatans and hacks [29]. The popularity of cosmetic procedures has led to a growing number of nonphysicians providing medical care [31]. There are four factors in today's medical/health environment that play a crucial role in the nonphysician practice of cosmetic surgery: (1) increased use and acceptance of nonphysician clinicians (NPCs) in the health-care arena, (2) the variability of uniform 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 [31, 32]. This multifactor

phenomenon has also created a new *de facto* breed of nonphysicians: nonphysician operators or NPOs [31]. Unlike NPCs who are commonly allied health professionals, NPOs are predominantly cosmetologists, aestheticians, and electrologists who typically have not received appropriate medical education and formal training in cutaneous medicine, cosmetic surgery procedures, clinical aspects of related techniques and technology, or follow-up wound care [31]. Unfortunately, the role of the NPC has become invaluable to the delivery of health care, largely because NPCs have been promoted by managed care as a cost-effective way of providing medical services [31, 33].

The failure to distinguish between medicine and beauty further complicates the issue of who should perform a cosmetic surgery procedure, who is an appropriate candidate for a particular procedure, and who is evaluating and informing the consumer of the possible side effects of treatment [31]. Stories promoting the latest cosmetic procedures as quick-fix beauty solutions appear regularly in the lay press, obscuring the lines between science and glamour [31]. The beauty and medical industries themselves also contribute to the ambiguity in the consumer marketplace with advertisements promoting new cosmetic procedures and devices as magic bullets, free of side effects and recovery downtime [31]. The lack of distinction between medicine and beauty is also evident in the proliferation of nonmedical facilities that offer cosmetic surgery services. 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 [31]. The most common arrangement is for a salon or spa to employ a physician to serve as a medical director for a fee. The physician provides a cover for the salon or spa to purchase medical devices and drugs for performing clinical procedures. These medical directors are typically not on site and maintain independent private practices elsewhere. Even more alarming are solicitations in spa and salon trade publications that offer "rent-a-medical-director" services. Physicians who agree to participate in such business arrangements may not be fully aware of the liability that they incur or the rules that sometimes exist regarding supervision of nonphysicians [31]. These facilities aggressively market their cosmetic surgery services to unsuspecting consumers who are lured by promises of high medical technology at low prices [31]. Unfortunately, the prevalence of the nonphysician practice of medicine without adequate training or supervision, particularly in the field of cosmetic dermatologic surgery, leads to a public safety hazard and patient complications [31]. Physicians cannot allow entrepreneurial interests to supplant good medicine. Professional and ethical obligations require physicians to take action against inadequately trained nonphysician personnel who could jeopardize the

safety and health of patients or compromise the quality of medical care they receive [31].

Increased demand for cosmetic surgery has resulted in increasing numbers of office-based procedures [34, 35]. Indeed, the physician's office provides patients with increased privacy, personalized care, convenience, and significant cost reduction [34, 36]. Improvements in surgical techniques, safer anesthesia, and stronger analgesics also have led to the increased popularity of outpatient surgery [34, 35, 37]. Although it has many advantages, hazards of office-based surgery arise from the fact that in an office setting the physician's certification, equipment, surgical procedures, and emergency backup are not subject to the same regulations and inspections that they would be in a hospital setting [34, 36–38]. Does office-based cosmetic surgery present a threat to public health? [39]. Published studies so far support the basic safety of office-based surgery, except liposuction under general anesthesia, a procedure favored by plastic surgeons that seems to be responsible for a disproportionate number of deaths and serious adverse events [39]. At any rate, patient safety must be every physician's highest priority, as reflected in the Hippocratic oath: *primum non nocere* ("First, do no harm"). In the office setting, this priority requires both administrative and clinical emphasis. The physician who gives the healing touch of quality care must always have patient safety as the foremost priority [40]. Unfortunately, banning office-based surgery will not eliminate surgical deaths due to unsafe surgical techniques or poor surgical judgment. Better science and better evidence are much more likely to improve patient safety in all settings [39].

### Economics of Aesthetic Surgery

Aesthetic surgery represents an important profit center in the health-care industry [41]. Consumers pay for aesthetic surgery directly; thus, the cosmetic surgery market follows the standard laws of economics [41–43] and is susceptible to the same economic pressures as any for-profit service industry [44]. The cosmetic surgery market has changed dramatically in the past 15 years [42], exposing plastic surgeons who perform aesthetic surgery to new challenges [45]. The increase in the number of plastic surgeons in a particular area is seen everywhere [42]. The wide use of advertising, the growing number of nonplastic surgeons, and lower reimbursements for reconstructive procedures have all led to stiff competition and pricing pressures within the market [42, 45]. There is no integrity in the marketplace [29]. Plastic surgeons are not the only suppliers of the service anymore [41]. Although the exact number of nonplastic surgeons performing cosmetic surgery is not known, anecdotally it seems that more join the

ranks of cosmetic surgeons each day [42, 46]. Economic theory predicts that increasing the number of surgeons a particular area results in lower fees for services [42]. To understand this trend and its effects on plastic surgeons, it is necessary to appreciate the basic economics of this type of surgery, plastic surgery's practice environment, and the broader business principles of service industries [42]. Industry analysis of cosmetic surgery reveals that plastic surgeons face several strongly negative market forces [42]. They face great rivalry from existing providers of cosmetic surgery, including fellow plastic surgeons and members of other specialties offering the same type of cosmetic surgery [42]. "Buyers" (patients) have increasing bargaining power over plastic surgeons because they are becoming more price-sensitive and willing to shop around for surgeons on the basis of price. Moreover, substitutes to surgery such as alternative procedures (laser blepharoplasties or weekend face-lifts) are getting more abundant and to some extent are provided by members of other specialties [42].

In this environment, as plastic surgeons seek to position their practices within the current business climate of cosmetic surgery, business strategy dictates three generic strategies for success in a mature and competitive market: discounting, differentiation, and focus [42]. Success comes from increasing volume and efficiency and thus preserving profits [42]. Pricing strategies obviously are important in aesthetic surgery. Some prices will lead to few patients and low revenue, others will lead to many patients and low revenue, and still others will lead to moderate numbers of patients and the highest possible revenue [47]. Most for-profit health maintenance organizations will want to maximize overall revenues, even if price per procedure must be lowered to accomplish this goal [47]. Differentiation creates an industry-wide perception of uniqueness; this requires broadly positioning plastic surgeons as holders of a distinct brand identity separate from other "cosmetic surgeons" [42] or "cosmetic physicians." Focusing on a particular buyer group to develop a market niche helps to position oneself as a renowned surgeon for a specific procedure. This can also take the form of establishing a special style practice that caters to patients who would not participate in mass-marketed aesthetic surgery and who demand luxury and a prestigious surgeon that positions himself as an "exclusive" plastic surgeon [41, 42]. The wealthy-niche strategy, however, fails to work for all plastic surgeons or even a large number of them. The alternative is for plastic surgeons to focus their response on the supply end of the aesthetic surgery market [41].

During periods of economic downturn, plastic surgeons whose practices focus on cosmetic surgery face the same challenges as other service businesses. Like firms in other industries, however, they can take both defensive and

proactive steps to maintain their profits and prepare for the inevitable upturn [44]. Unfortunately, discount cosmetic surgery has become increasingly widespread for reasons that are structural to its market. The phenomenon is not likely to be short-lived [42]. Moreover, aesthetic surgery is becoming a ripe target for managed care organizations. These organizations have the potential to make inroads at both the supplier and the consumer end of the market; however, managed care is a business [41]. In recent years, consolidation has changed almost every aspect of the health-care industry [45]. If it pursues aesthetic surgery in earnest, managed care will use business techniques in an attempt to dominate the market. The only way to prevent managed care from achieving success is to respond with similar business strategies and tactics [41] which will undoubtedly further promote the drift of aesthetic surgery from medicine to a business enterprise. This trend, however, is not peculiar to aesthetic surgery. Increased competition for patients in almost every medical and surgical field has led to the commercialization of medicine with the attendant introduction of compromised medical ethics and compromised quality, growth of patient risk, poor patient selection, and office surgery centers without regulation or peer review [7].

Physicians engaged in aesthetic medicine also face inherent conflicts of interest. Selling cosmetic services or products is a lucrative venture, especially with a market of repeat customers. Certainly, all physicians face a variant of this problem; their livelihood depends on performing the very interventions they recommend. However, economic self-interest is less obvious when a surgeon insists that a sick patient have gallbladder surgery, even if he/she stands to profit from the procedure, than when a physician sells a patient an expensive cream of dubious value or endorses a product of questionable efficacy [17] or suggests a non-medically indicated procedure. A related problem arises when physicians partner with cosmeceutical firms whose products are available exclusively through selected doctors' offices [17] in order to give the product more cachet and heightened appeal [17, 48]. By selling the product, physicians help sustain an imperfect market and are complicit in dubious claims. Certainly, if consumers want to buy harmless but unproven creams, they should have the opportunity to do so. However, physicians should ensure that patients have the chance to make an informed decision [17]. Moreover, the dozens of antiaging and general skin-care products made by physicians round out the ethical issues in products and marketing [17]. There is nothing inherently wrong with creating a product. It is an especially worthy cause if a physician offers a uniquely effective remedy. However, the concerns about marketing and efficacy that have already been articulated apply even more so. In this case, physicians trade on their position and influence

[17]. It becomes ethically suspect, breaching obligations of beneficence and honesty, when a physician trades on the status of doctor to sell a clinically unproven product. Using the power of a medical degree as a marketing tool may be shrewd, but it is unethical if the product cannot withstand scientific scrutiny [17].

### Marketing, Advertisement, and Media

The obligation of marketing products honestly has an obvious corollary: market yourself honestly [17]. Unfortunately, over the last decade, marketing of cosmetic plastic surgery has become extremely creative [8, 49]. Until recently, advertising was viewed as unprofessional and physicians were prohibited from advertising, and medical marketing was viewed as an ethical issue [50]. Physicians, health plans, hospitals, pharmaceutical companies, and medical device manufacturers, however, have all come to recognize the benefits of marketing their products and services directly to the end user [51].

Provision of information by physicians to their patients is at the center of the process of valid consent [52]; this, however, must be distinguished from advertising, an issue of controversy for several years [53]. Direct-to-consumer advertising has been a controversial subject not only among physicians but among the major stakeholders in the health-care industry as well [51]. Nevertheless, the central issue regarding the benefits of direct-to-consumer advertising is patient empowerment in and ownership of their own health-care decision-making [51]. Although tolerance of advertising is appropriate for the marketplace, we can still ask whether it is appropriate for the professions, and specifically for medicine [50]. Nevertheless, the main issue remains how does a qualified plastic surgeon market ethically and stay competitive in cosmetic surgery? The question then is how do we ensure ethical marketing? [8]. Aesthetic surgery is a growing business that unfortunately relies heavily on advertising to survive [53]. Competition for patients and market share will continue to encourage medical marketing [50]. Even though the ban on physician advertising persists in some parts of the world [50], in other parts the question is no longer: "Should we advertise?" but rather: "When should we advertise and what are we telling the public about ourselves?" [49]. If medical advertising is not unethical are there moral boundaries that should not be crossed? [50].

It has been suggested that failure to advertise aggressively in a highly competitive environment is tantamount to relinquishing all hope of future growth [54]. Despite the negative attention, aesthetic plastic surgeons increasingly seek out public relations counsel and marketers to boost their reputations and generate business to build and

maintain their practice [53, 55]. Print advertising in telephone books, newspapers, and magazines is among the most popular way to promote one's practice [53, 56]. Plastic surgery advertising, however, says as much about the surgeon as it does about his or her product [49]. Advertisement "appeals primarily to the layperson's fears, anxieties, or emotional vulnerabilities [53]; however, it is often biased and omits, minimizes, and obscures the risks associated with a particular drug, device, or surgical procedure [51, 57]. On the whole, aggressive advertising by cosmetic surgeons attempts to convince prospective patients that procedures are simple and risk-free [29]. Now that physicians of almost every specialty list themselves under "plastic surgery" in the telephone book, competition to reach the public has engendered tremendous creativity. Some offerings are better than others; some have drifted so far as to offer hotel room entertainment that even beats the local pay-TV selections [49].

It can be argued that medical advertising provides significant benefits by educating the public and furnishing people with valuable information about the availability of services [50]. Unfortunately, advertisements often put physicians in the position of selling nonmedically indicated invasive procedures to potentially vulnerable individuals [53]. Cosmetic surgeons have increasingly come under fire for using advertisements that may be deceptive or intended for the solicitation of vulnerable consumers [53]. The vulnerable patient has no alternative but to trust that his physician is competent and skilled and will not abuse his superior position to promote his interests at the patient's expense [53]. Furthermore, advertisements frequently use photographs suggesting that surgery provides an easy option to achieve an unrealistic outcome [29, 53]. Not infrequently, computer-generated images of perfection portraying ideal human beauty, bodies, or looks are used. This certainly is subject to question ethically based on unrealistic aesthetic considerations [58]. Invariably, physicians who pay for this type of advertising are not educating the public about the intricacies and scope of medical care; instead they are promoting themselves and their products [53]. Despite guidelines in most countries to protect patients from misleading advertising, certain print advertisements not only are objectionable but are also in violation of an established code of ethics [53]. Physicians and medical institutions that engage in advertising must be scrupulously attentive to the seductive lure of upping the stakes and must be constantly alert to the ways that advertising may inadvertently harm patients and undermine the trustworthiness of the medical profession [50].

Nowadays, there is an alarming candor in advertising that has moved over to television from print advertising. Subtlety is definitely passé [49]. No one even talks anymore about "shock value," probably because it is no longer

obvious what standard could be used to determine whether an advertisement has reached the unacceptable threshold [49]. Documentaries about surgical procedures are now common; many are shockingly graphic, showing actual operative details [49]. Nevertheless, it has been suggested that the broad media coverage of cosmetic surgery through television shows and advertisements has increased the popularity of cosmetic surgery [25, 59]. The latest explosion of plastic surgery "reality TV" shows (ABC's *Extreme Makeover*, Fox's *The Swan*), which use a documentary-style format to depict patients before, during, and after various surgical procedures, have also added tremendously to this popularity. The degree of influence that these shows have on patients is substantial [60] and television/media seem to play a major role in the decision process of patients who are considering cosmetic surgery [60]. There seems to be a significant association between the intensity of viewing plastic surgery reality television shows and how patients perceive their own knowledge about plastic surgery, the similarity of these shows to real life, and the influence that these shows exert on a patient's decision to seek consultation [60]. Patients seeking plastic surgery have reported that the positive outcomes seen on television did influence and motivate them to pursue a plastic surgery procedure [60, 61] and that these shows did influence both their expectations and choices [60]. With these programs, however, come a host of potential concerns, ranging from the misrepresentation of surgical risks to increased and perhaps unhealthy competition among surgeons to produce the best outcomes [60]. The risk that these shows create unhealthy, unrealistic expectations in patients is real and raises serious concerns [60, 62].

### Informed Consent and Regulation

The fundamental principle of an individual's autonomy and right to self-determination is realized by the requirement of consent (except in exceptional circumstances) prior to medical treatment [52]. Consent is defined as the "voluntary and continuing permission of the patient to receive a particular treatment based on an adequate knowledge of the purpose, nature and likely risks of the treatment including the likelihood of its success and any alternatives to it" [52]. It is a process rather than a single event that can be withdrawn at any stage and should be given voluntarily by an appropriately informed patient who is capable of making a choice [52]. Permission given under any unfair or undue pressure is not consent [52]. In contrast, informed consent is "that consent which is obtained after the patient has been adequately instructed about the ratio of risk and benefit involved in the procedure as compared to alternative procedures or no treatment at all" [52, 63]. Subtle differences

exist between the definitions of consent and informed consent. These are particularly pertinent to the practice of plastic surgery [52].

The process of informed consent lies at the center of modern surgical practice [52, 64]. It plays a very decisive part in aesthetic plastic surgery. Because often there is no medical indication for plastic surgery, the patient must be informed about all the facts of an operation, especially about the possible risks [65]. While there is a consensus that patients should be provided with data to inform their decision of whether to undergo surgery, the extent of that data is less clear [52]. Each individual should be provided with the information that he or she requires or expects prior to the surgical procedure in order to make an informed decision. Many guidelines have been issued regarding information disclosure; however, guidance varies depending on the country and jurisdiction in which the surgery is to occur [52]. Moreover, there are differing opinions about what constitutes appropriate information and how it can be achieved [52]. Furthermore, the difference between the definitions of consent and informed consent has caused numerous misunderstandings in both medical and legal circles [52]. From a medicolegal perspective, the most important information for the patient is that which would cause him to change his decision about surgery [52]. Regardless, it has been suggested that factors influencing consent to treatment are not purely clinical and that medical professionals are therefore not uniquely qualified to judge what a patient would want to know [52].

Regardless of the issue of informed consent, a clear understanding of the goal of any medical practice is indispensable [66]. How a practice, subservient to a public good, should be regulated in order to guarantee fair access without encouraging improper claims [66] is still not resolved. Unregulated cosmetic and aesthetic surgery is a worldwide concern as both the number of doctors entering the lucrative field and the number of patients demanding cosmetic procedures have grown exponentially. Unfortunately, cosmetic surgery has always been a trivialized area of medicine, not thought of as real surgery, and remains largely unregulated [29]. In fact, many within the medical establishment have long considered cosmetic procedures to be unworthy of regulation [29]. The main regulatory concern appears to be the practice of minimally invasive aesthetic surgery by general practitioners [29]. The practice of aesthetic medicine has been marginally regulated as well, even in developed countries [67]. Although poor or even the lack of regulation is generally accepted or tolerated by local communities, plastic surgeons have a responsibility to safeguard the public against unrealistic claims made by some practitioners [6]. Ensuring that only qualified plastic surgeons can perform invasive surgical procedures is a very important issue for public safety and public trust [29]. Professional

voluntary self-regulation would probably not be effective in view of the peculiar nature of aesthetic medicine and surgery vis-à-vis conventional medicine [67]. Thus, there is a need for health regulatory bodies across the world to brace themselves for potentially more health and social risks posed by aesthetic medicine. Statutory governance is needed to maintain safe practice standards and to manage the supply and demand of aesthetic services. Furthermore, in less developed countries there is a need for better public education and empowerment to enable patients to make better-informed decisions and assume greater responsibility for the aesthetic services that they seek [67].

Cosmetic plastic surgery is one of the medical specialties exposed to a substantially high risk of malpractice claims. Most malpractice claims are not consequences of technical faults but of inadequate patient selection criteria and lack of adequate communication between patient and surgeon [11]. In today's litigious society, maintenance of high standards in daily practice with continuous training and appropriate documentation of every procedure are sufficient for the defense of the plastic surgeon in case of litigation. The patient's written informed consent remains an integral part of the communication between physician and patient, and facilitates professional protection [11].

## Summary

The public does not distinguish between qualified and nonqualified surgeons [14]. Unfortunately, qualified surgeons have suffered from the bad reputation of unqualified surgeons [14]. The public also confuses cosmetic surgery with plastic surgery; the term cosmetic surgery is used a lot despite the fact it is not a term that has much integrity for licensing and accreditation bodies [29]. Still, aesthetic surgery has grown very quickly in recent decades to become a global phenomenon fueled by the media, a fact that has been recognized in both developed countries and emerging economies [14]. Every practicing surgeon at present realizes that he or she is practicing in an era of unprecedented liability and expectation [24, 68]. Nevertheless, the concept of medicine is meant to help people who are suffering and who are in need of help is still what really defines medicine. When it abandons this goal to merely fulfilling wishes, medicine becomes a mere enterprise [13]. Such a transformation is not illegal, but it leads to losing the notion of medicine as a moral institution based on trust [13]. Aesthetic surgery, in particular, has evolved in the past years from a genuine medical practice to a mere commodity [16]. Unfortunately, expansion of aesthetic programs as related by the media cannot be controlled [14]. From an ethical point of view one must ask whether this evolution has created more problems than it has solved [16].

Should there be any control over aesthetic surgery to avoid an excessive number of procedures or to prevent indications for procedures that are not clearly justified? Who should carry out this control? What criteria should be used to differentiate good practice from malpractice? Of course, these considerations should be extended to all doctors who perform aesthetic procedures, not just to plastic surgeons, who must be not only technically qualified but also highly educated with respect to ethical concerns for the patient [14]. Cosmetic surgery is at a crossroad and it is up to us to choose which way to go [14].

By positioning itself as part of a beauty industry focused on market requirements, aesthetic surgery is running the risk of losing the view of the real needs of patients [9, 16]. The real value of a person cannot be reduced to appearance, and medicine as an art should feel the obligation to resist these modern ideologies and should help people have a more realistic attitude about themselves. If aesthetic surgery fails to think about these implications, it will lose its identity as medicine, which would be a great loss [16]. Long ago, it was recognized that it was egregious for the king to sell titles and for the church to sell indulgences. Some things should not be sold; some things should only be earned [50]. Irrespective of all the negative driving forces, we can “medicalize” our approach to aesthetic surgery. This means we can behave, act, and talk as physicians treating patients [15]. In short, we must continue to be what we want to become [14]. Beyond and beneath plastic surgery media, marketing, and advertisement are the core values of experience, curiosity, and humanism that have defined physicians for centuries. It is those traits that patients ultimately remember, and that will endure only as we kindle them [49].

We must not behave as service providers trying to sell our skills as if they were products [15]. We must explain that there often are no clear boundaries between the aesthetic and reconstructive aspects of our specialty. Sophisticated reconstructive techniques can be used for purely aesthetic purposes, and, conversely, aesthetic techniques can be used to further improve a reconstructive procedure [15]. Surgeons do better work in aesthetic surgery if they have all the available reconstructive techniques at their disposal. The opposite is also true. Surgeons do better reconstructions if they can use aesthetic skills and techniques [15]. In fact, most so-called “cosmetic surgery” procedures are actually extensions of complex reconstructive surgery that plastic surgeons train for years to perfect [29].

For the public at large, we are what we say about ourselves; in our communities, we are defined ultimately by our relationships with our patients, one at a time. No one else can establish our identity or maintain our distinguished past [49]. Unfortunately, some colleagues brag that they chose the plastic surgery specialty just to become rich

aesthetic surgeons. Currently, this is the image we project. This must be changed by rendering our specialty ethical and by demonstrating a deep-rooted attachment to moral values [15]. However, by adhering to these principles, how can one compete with other specialties in the arena of cosmetic surgery and with other plastic surgeons who have aggressive marketing campaigns? The answer is that the evolution of plastic surgery in our practice is much like life. It is not a sprint, but a marathon! We must learn to pace our personal and professional growth [8]. We must be honest and ethical in representing ourselves, not only to our patients but also to our profession [8]. Marchac [15] has rightly proposed going back to Hippocrates, to the basics of being a physician! Being a physician is all that we should be. Safety is a major issue for all patients in plastic surgery [8]. In the long run, how we skillfully and ethically practice the art of plastic surgery will always speak louder than any words. The key element is to work out a long-term strategy of marketing our practice internally and externally [8].

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