

Fine line

The delicate practice of knowing how and when to decline a patient's request for cosmetic surgery comes with experience

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For some patients, cosmetic surgery can become an addictive habit. Different patients have varying reasons as to why they desire multiple aesthetic procedures, and it is the task of the physician to discern when — or not — to perform elective cosmetic surgery.



Dr. McMenemy

Elective cosmetic procedures have become a mainstay in modern medicine. Because many patients can get “hooked” on cosmetic procedures, physicians often walk a very fine line when deciding if and when to turn potential cosmetic patients away.

Deciding when to perform elective cosmetic procedures can be morally and ethically challenging, as different patients desire cosmetic procedures for varying reasons. The right reasons for elective cosmetic surgery can be open to interpretation and oftentimes are fueled by societal pressures and the zeitgeist of different cultures.

“Sometimes it’s a tough call because there is a component of cosmetic surgery that is basically scratching the itch. To some degree, what we are really doing is psycho-surgery,” says Patrick McMenemy, M.D., immediate past-president of the American Academy of Cosmetic Surgery who is based in Sacramento, Calif.

WHAT LIES BENEATH Many cosmetic surgery patients appear completely adjusted and happy. What lies beneath the surface, however, may be another story.

According to Dr. McMenemy, people who are genuinely happy are generally not interested in elective cosmetic procedures. Those who seek out a cosmetic physician typically have some psychological motivation that moves them to do something about their appearance.

“As medical professionals, we are morally and ethically obligated to help our patients in a rational and thoughtful way to do what would truly be best for them without being paternalistic,” Dr. McMenemy says.

Deciding when cosmetic surgery is appropriate for a patient can be difficult, as each patient has his or her own personal views of aesthetics, regardless of what the driving forces behind their opinions might be. Similarly, physicians have their own personal views of aesthetics, and these views can be influenced by societal views and the culture in which they live, as well.

“One shouldn’t dictate to a patient what size breasts are good for them or how thick their lips should be, as each patient lives in their own world, which is governed at least in part by their own rules and aesthetic vision,” Dr. McMenemy says.

Most surgeons would agree it's not their job to decide how people should look, because not all cultures have the same perspectives on what is normal or beautiful. Nevertheless, knowing when to turn away a patient who may desire cosmetic surgery for the wrong reasons is crucial.

THE BOTTOM LINE All cosmetic physicians — particularly younger doctors — are focused on getting patients and expanding their practice. As professional and ethical as physicians strive to be, a cosmetic practice is a business, and younger surgeons may fall into the trap of accepting cosmetic patients for the wrong reasons. In a perfect world, no surgeon would ever accept any case “just for the money.” In tough economic times, though, some surgeons may relax their principles and compromise their true moral and ethical judgment.

“People are who they are, and there are those surgeons who will take on cosmetic patients primarily with a financial gain in mind. Unfortunately, it is human nature to get more, make more, with total disregard for others — in this case, the cosmetic patient,” Dr. McMenamain says. “Physicians should be above this evil, and, thankfully, I believe that most of them would make the proper, appropriate and correct judgment on that patient who is requesting a cosmetic procedure.” According to Bruce B. Chisholm, M.D., F.A.A.C.S., a plastic surgeon in Rancho Mirage, Calif., the vast majority of surgeons will not operate on patients just for economic profit. Their reasons can be driven by strong ethical guidelines as well as the already positive reimbursement received from the “on-the-level” cosmetic procedures performed.

“The financial reimbursement for surgery is a positive byproduct of the services rendered. Being that many of our procedures in plastic and cosmetic surgery are not inexpensive by most standards, we are often satisfied with the reimbursement we receive for the amount of work and procedures performed,” Dr. Chisholm says.

Adds Joe Niamtu III, D.M.D., a board-certified oral and maxillofacial surgeon with a practice limited to cosmetic facial surgery in Richmond, Va., “If someone walks into a car dealership and wants a car and has the cash, no one would ever consider saying no. But patients are not commodities, and both the lives of the doctor and patient can be affected by accepting the wrong patient.”



Dr. Niamtu

According to Dr. Niamtu, any surgeon who has been in practice for a decade or longer has knowingly (or unknowingly) accepted a surgical case that in retrospect they should not have. This is how physicians can learn to choose which cases to take

and possibly learn to choose cases for the right reasons.

“I really think it takes years, and unfortunately, getting burned a few times for the average doc to realize who is a good or bad patient in terms of maturity and mental stability. I have accepted patients that I thought were extremely stable, only to find the opposite to be true, and have, likewise, hesitantly accepted some patients that had questionable stability and they turned out to be model patients,” Dr. Niamtu says.

Adds Dr. Chisholm, “I believe it is difficult to tell when a patient is getting cosmetic procedures done for the wrong reasons at the beginning of a practice, when the physician is just starting out, and a critical judgment here has everything to do with experience.”

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Joe Niamtu III, D.M.D.
Richmond, Va.

REALITY CHECK Cosmetic expectations can be borne from another doctor, TV, a magazine or a friend of the patient, but it can take years of experience to help patients understand realistic expectations and cosmetic goals. According to Dr. Chisholm, the ability to be able to speak to a patient preoperatively in a cordial and candid conversation is instrumental in ultimately making the right decision for both patient and physician. Choosing a patient who requests a procedure for the wrong reasons can make the professional and personal life of the surgeon miserable, as these patients can be litigious, and, in some cases, even violent.

“My advice to novice surgeons is to pretend that the board of medicine is sitting in the room when you evaluate the patient. You should follow your surgical instincts, and if something does not feel right, just say no,” Dr. Niamtu says.

Admittedly, saying no sounds easy, but in reality it can be quite difficult. All physicians want to help their patients — after all, the desire to help is what

defines their profession and business. But those patients who do not seem to understand realistic cosmetic goals as outlined by the cosmetic surgeon should be let go, regardless of their desire to proceed.

According to Dr. McMenamain, the ethical responsibility that every physician has is to truly act in the patient's best interest, with an acute understanding of aesthetic outcome possibilities, tissue implications and the psychological profile of the patient.

“If I believe I can perform a procedure that has a chance of meeting the needs of the patient in terms of potentially making them happy or happier and improving their psychological quality of life, then it is a consideration to go ahead with the procedure,” Dr. McMenamain says.

Physicians should try to understand the patient's motivation for the cosmetic procedure. Then, from an ethical and professional level, they should make a conscientious value judgment with respect to the requested cosmetic procedure.

“Good surgeons frequently say ‘no’ to cosmetic patients. The best means I have found in doing this is to simply tell the patient that I have considered their request and looked at everything carefully and simply say, ‘I don't think I can make you happy,’ without going into the details of my decision, as that may lead to arguments,” Dr. Niamtu says.

RED FLAGS Nevertheless, some cosmetic patients find it difficult to take no for an answer, and those cosmetic patients who persist after being denied cosmetic surgery can be viewed as red-flag patients. Those are the cosmetic patients who, after receiving a thorough explanation of what can be realistically achieved cosmetically, insist on turning the conversation back to what they would rather see as an outcome can be considered problem patients.

“Their insistence is either a sign that they did not understand, or do not want to accept that anything falling short of their own personal expectations is unacceptable. Transparent communication is paramount here, and a good dose of firmness on the side of the surgeon is warranted,” Dr. Chisholm says.

Surgeons should be wary of such cosmetic patients and should refer them to another physician who may be more appropriate for them. This can avoid postoperative problems should the patient be discontent with the cosmetic outcomes achieved.

“If you establish a good rapport and trust with the patient, you can easily and diplomatically let them know that they are going too far should they want to continue with procedure after procedure,” Dr. Chisholm says. ◀