

COSMETIC Clinic



The Importance of Core Specialists

BY KENNETH BEER, M.D.



Recently, while scanning the Cosmetic Bootcamp registration list, I noticed that several people who had registered did not fulfill the criteria for admission to the meeting. This could hardly have been an oversight, given that the criteria for admission were simple and spelled out in a straightforward manner on the Web site. Those qualified to attend the meeting — which was started to promote a high-level educational forum for physicians with the skills and training to excel at cosmetic surgery and medicine — were required to have completed or currently be in a residency or fellowship program for dermatology, plastic surgery, otorhinolaryngology or ophthalmology.

DEMAND FOR TRAINING IN COSMETIC TECHNIQUES

Although I was bothered by the fact that several specialists tried to enroll despite the guidelines posted, I was more troubled by what ensued next. One of the physicians called me during patient hours and demanded to be admitted to the meeting. How, she demanded, would she learn to advance her cosmetic skills without being granted access to the leading meeting for aesthetic specialists? By what mechanism could she learn the latest techniques? She made a point of telling me, in her best “I am just as smart as you” tone of voice that the laser companies were in fact already utilizing her skills to train other non-specialists, despite her having no relevant formal education recognized by the Accreditation Council for Graduate Medical Education.

After a few moments, I explained that there is already a mechanism for physicians who change their mind about their specialty. It is called a residency. I then encouraged her to enroll in a dermatology, ENT or ophthalmology residency. Her response was cold, to say the least. How dare I suggest that she follow the long-established prescribed training for the specialty she now chose practice!

WHY BAR NON-CORE SPECIALISTS?

This made me consider the prevalence of non-core specialists — that is, those who are not dermatologists, plastic surgeons, ENTs or ophthalmologists — now practicing aesthetic medicine, as well as the deafening lack of response by many regulatory bodies, the media and by the medical and legal communities.

There are several reasons why specialists are up in arms about this intrusion. Aside from the fact that they played by the rules to get where they are — a philosophic consideration that has no real world relevance — there are issues regarding patient safety and financial gain.

CORE VERSUS NON-CORE SPECIALIST ACCOUNTABILITY

Many who advertise themselves as aesthetic surgeons, cosmetic surgeons or even dermatologists, are in actuality instead boarded in pathology, emergency medicine, internal medicine or family



practice. And while they may be competent in their own areas of specialization, it stands to reason that physicians who would cut corners to get into the practice of aesthetic medicine might be more likely to cut corners in performing aesthetic procedures than those of us who have invested years in training specifically for this specialty.

UNETHICAL PRACTICE

As for the financial aspect of this issue, I do care that others in my community are willing to inject for half of my own fee for such procedures. Moreover, I believe that legitimate core specialists are less likely (as a group) to dilute product or substitute counterfeit than those who have cut corners. One prominent case in point: the counterfeit Botox scare in Florida. When the dust settled, it turned out that the product injected was not Botox and that the injections were not made by a medical doctor who was board certified in a “core” specialty. In another instance that I documented, a local “aesthetic” physician who was injecting hyaluronic acids at a discount was telling people they were getting Restylane but was in fact injecting the less expensive Hylaform and Captique. This practitioner was trained in family practice and pathology, but had no core-specialty training. And his misrepresentation of the product, led patients to lose confidence in the effectiveness of the Restylane.

To be certain, there were plenty of core physicians who also participated in ordering counterfeit Botox (the list of these is public knowledge), and none of

the physicians I know could be put up for sainthood. But, most of the doctors that I lecture with, write with and work with, have enough integrity to do what is right for their patients. Most simply believe that this is the right thing to do, but others do so because they don't want to squander their investment — that is, the time and effort involved in qualifying for and completing a residency.

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My point here is that I personally believe those who make a habit of skirting the rules are more likely to do so in other aspects of their lives — especially their practices.

PATIENT SAFETY CONSIDERATIONS

What happens to patients who receive cosmetic treatments from self-proclaimed “aesthetic physician”?

They frequently have acceptable results when the treatments are straightforward and involve easily treated areas where knowledge of the anatomy is not needed and a cookbook approach is adequate. But sometimes they get burned — even literally when they are treated

with lasers or chemicals by someone with no formal training. And although each of us encounters complications, some of which are serious, our training not only makes such occurrences less likely, it prepares us to manage them appropriately when they do occur.

POTENTIAL CRISIS OF PATIENT CONFIDENCE

There is now a segment of the population that has been harmed by cosmetic procedures performed by non-core physicians to the extent that they may well have sworn off Botox, fillers, and lasers entirely. For the corporations that have sown these fields by deputizing non-core physicians like my disgruntled colleague to use their products and train others to use their products, the harvest will be bitter.

As for the core specialists, we can only hope that by highlighting these differences to patients and the media, we can help to restore the integrity of our specialties. Perhaps as we begin to work together we can protect our specialties and our patients. ■

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Disclosure: Dr. Beer is an owner of Theraplex LLC, and consults, speaks or performs clinical trials for Mediciis, as well as 3M, Sanofi Aventis, Bioform Medical and Stiefel. He is also a Director of the Cosmetic Boot Camp meeting.