

Ethics in Aesthetics

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INTRODUCTION

The field of aesthetic medicine is usually considered as “unconventional” and not part of therapeutic medicine.¹ Hence, it is not part of the formal Family Medicine training courses at any level here in Singapore.

However, it is noticeable that the majority of aesthetic doctors (registered medical practitioners) in Singapore are from the so-called general practitioner (GP) group. They seldom receive formal training in ethics during post-graduate aesthetic courses (including certificates of competence or COC courses) which tend to focus on “how-to-do” procedures. No one, even earnest teachers, likes to be seen as preaching from one’s high horse as everyone likes to be left alone and be treated as adults to do their “own thing”. No one likes to play Guardians of the Galaxy. However, education is always welcomed over punitive action. Caution is the better part of valour.

In my ten years as medico-legal consultant for the Medical Protection Society, I have come across cases of legal disputes and medical council complaints which highlights a possible lack of understanding of and adherence to ethical principles which apply to aesthetic medicine as much as they do to therapeutic medicine. It comes down to a lack of training at the nascent stage of a practitioner’s formation.

While College does not condone nor forbid the practice of aesthetic medicine, it has been called, from time to time, to give guidance in the interest of serving the public (see GUIDELINES ON AESTHETIC PRACTICES FOR DOCTORS, Oct 2008).² Hence, it is not unusual of the College to give guidance as this has had its precedence.

Below are 3 case studies which were presented to the trainees of the Graduate Diploma of Family Medicine Sept 2021’s Skills Course module on Professionalism, Ethics, and Law in Practice of Family Medicine which is compulsory for taking the exams.

(All case scenarios are fictitious and are created solely for class discussion and medical education. They do not reflect any real-life persons or clinics or drug companies. The answers have been gathered from interviewing several

senior aesthetic doctors of more than 17 years in the field.)

CASE I

Scenario

A middle-aged housewife comes to your clinic seeking an aesthetic consultation. She feels she is not good looking enough and asks you to help make her face look younger and prettier. After giving birth to 4 children, she feels she has aged a lot especially when she looks at herself on the computer screen during Zoom meetings. You noticed she looks tired, withdrawn and sad. She also looks unkempt, very sleep-deprived and irritable. You take out a mirror and ask her what particular part of the face she wishes to “fix”.

Question

How would you approach this case? What is your assessment of her mental state?

Answer

Besides doing an assessment of her face (photo-ageing, saggy-ness, wrinkles, areas of loss of volume), I would do a quick psychosocial review. Do a quick social history assessment: “Don’t mind if I ask whether you are married. (If yes) How are things between you and your husband?” In this case, this lady just found out her husband has an affair with a young lady outside. She blames herself for not maintaining her looks. She wants to save her marriage and she believes that by making herself look younger and more presentable, she can win her husband back.

Question

What are the types of psychological cases you would want to be careful with when beautifying a case such as this lady?

Answer

It is good to look for signs of depression, anxiety or even possible body dysmorphic disorder (ask for history of repeated aesthetic procedures).

Comments

Patients who are “unhappy” tend to think the problem is on the “outside” and want to fix the external problems rather than fix what is inside (psycho-social problems). The ethical principle of putting the patient’s best interest first means we

need to do what is best for the patient even if the better option lies in postponing the aesthetic procedure and, instead, make a referral for psychotherapy or to be assessed by a psychiatrist. The pressure to make money (due to high rental costs in the CBD area, costly equipment hire-purchase, bank loans) is great especially when first starting a practice. Even more so when other investors (doctors or non-doctors) are involved.

Take-home message

Patient's best interest comes first. Making money, while important, comes second.

CASE 2

Scenario

You attended a local aesthetic conference and saw many booths selling dermal fillers. A pharma rep comes to you and sells you fillers of which there is a wide range with different viscosities. You are unable to purchase all, so you buy one type which the rep recommends at a good price with 'bonusing' - which means you buy in bulk. A few days later in your clinic, a petite female patient sees you for filling her finely wrinkled face. She is, in particular, upset with her thin lips and wants to fill it first. However, you do not have the type of filler which will meet her needs.

Question

What shall you tell the patient? Which ethical principle is involved?

Answer

The ethical principle is that of veracity or truth-telling: that you do not have the filler which meets her needs.

Question

What is the next course of action if you cannot offer her the right type of filler?

Answer

The next course of action is to postpone the filler procedure until you have ordered the type she needs or, if she does not want to wait, refer to a colleague who has the appropriate type of product which the patient needs.

Take-home message:

Choose the right product or drug regardless of profit or not. Be honest with yourself. Be honest with your patients.

CASE 3

Scenario

In another country, many years ago, a patient consulted an aesthetic GP, Dr X, and requested an augmentation of the breast with fillers which was done. (NB. this is not permitted for GPs in Singapore). The next day, one of the breasts became red and swollen. Dr X diagnosed her to have an infection and started antibiotic A. A few days later, pus was discharging from the breast. Dr X decided to switch to antibiotic B. When that did not work, Dr X changed it to antibiotic C. Patient lost confidence and went to a hospital where she had to be admitted for intravenous antibiotics and I&D. She later made a complaint to the local medical council.

Question

What is the best course of action when there are complications such as post-procedure infection?

Answer

Course of action:

- Biomedical answer: Do a swab C/S to ascertain the pathogen and its antibiotic sensitivity. Else, there can be therapeutic failure. Dr X did not do a swab C/S.
- General answer: You can manage a complication if you have seen it before and know how to manage it. If not, consult a specialist or a senior colleague.

Question

Did Dr X have a support network of other types of specialists to refer to when complications happen and develop to the point beyond his level of skills to manage?

Answer

Possibly not. Having a network of fellow doctors to call for help is vital in private practice.

- Even if it is a competitor on the same turf, such as a plastic surgeon.
- Even if it means losing the business to a "competitor", we have to put the patient's best interest first.

Question

What do you understand of the concept of "Collegiality" especially in the context of private practice where you function as an independent solo practitioner?

(continued on Page 20)

(continued from Page 19: Ethics in Aesthetics)

... I have come across cases of legal disputes and medical council complaints which highlights a possible lack of understanding of and adherence to ethical principles which apply to aesthetic medicine as much as they do to therapeutic medicine.

Answer

Instead of thinking in the spirit of collegiality, in reality, the common tendency is to think of other practitioners as competitors rather than as allies or as resource persons.

Comments

This is especially so in the area of aesthetic medicine which is increasingly getting more and more crowded. Also, aesthetic equipment and products are very expensive and start-up capital investment (plus rental and overseas training costs) can easily run into more than a million dollars per set-up. There is a pressure to recoup the cost as soon as possible, which means doing as many procedures as possible per month.

Question

What are some possible reasons for “failure to refer”?

Answer

There is also the fear of exposing oneself to ridicule when admitting one’s “mistakes” or mishaps. The tendency to hide and not let others know is natural but unprofessional when it means the patient will suffer greater harm due to a failure to refer when the case has reached a stage of being beyond one’s limits of competence.

Take-home message

Know your limits.

Bottom line

Take care of your patients and your patients will take care of you.

CONCLUSION

This article is not meant to single out aesthetic practitioners. These case studies can be equally applied to other clinical scenarios in various disciplines of conventional medicine.

At the Singapore Medical Association’s Centre for Medical Ethics & Professionalism (CMEP), Symposium at the 10th World Congress of Bioethics: “Medical Therapeutics and Aesthetics - Professionally Synergistic or Incompatible?” held in Singapore, July 2010, Prof Bernard Lo made two concluding points. Firstly, he felt that some criticisms of aesthetic medicine also applied to therapeutic medicine. Secondly, standards of professionalism should be followed by all practitioners of medicine.³

At the same conference, Dr Thirumoorthy finished by leaving some questions for the audience to ponder: One of these is: “Will professional guidance and leadership pull aesthetic medicine to the traditional professional ethics and science?” Or will Aesthetic Medicine veer away from the gravitational pull of traditional ethical considerations, challenge these boundaries and fly out of orbit altogether?

References

1. T Thirumoorthy. Aesthetic Medicine and Professional Governance. What the Profession can Learn. SMA News December 2012.
2. GUIDELINES ON AESTHETIC PRACTICES FOR DOCTORS (Updated Oct 2008) jointly issued by Singapore Medical Council, College of Family Physicians Singapore and Academy of Medicine Singapore. This is based on Goh CL et al. Report of Aesthetic Medicine Workgroup – Recommendations on the Regulation and Training of Aesthetic Medicine in Singapore, 2007. The 2016 guidelines (see below) have been emailed by the Singapore Medical Council to all registered medical practitioners in Singapore.
3. Loy Mong Shi. Symposium at 10th World Congress of Bioethics: “Medical Therapeutics and Aesthetics – Professionally Synergistic or Incompatible?” SMA News September 2010.

(Please refer, for the latest regulatory information, to the latest SMC guidelines which can be found at this time of writing at: https://www.healthprofessionals.gov.sg/docs/librariesprovider2/guidelines/2016-edition---guidelines-on-aesthetic-practices-for-doctors.pdf?sfvrsn=2afea6dc_4)