

Aesthetic doctors and aesthetic medicine: friends or enemies?

Doctores estéticos y medicina estética: ¿amigos o enemigos?

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Aesthetic medicine, a subspecialty of dermatology deals with mainly the beauty concerns and appearance of an individual. In due course of time, it has evolved as an important subspecialty of dermatology globally. In congruence with this, the number of dermatologists choosing aesthetic medicine in career prospect is also increasing. This is very well depicted with the full house aesthetic dermatology sessions in international conferences and an overwhelming participation by aesthetic aspirants in diploma training courses. This shift in paradigm from general dermatology to aesthetic medicine can largely be attributed to high income, glamour and perceived social notion of being celebrated publicly. But what has been concerning, is that not only dermatologists, but dental practitioners, general physicians (GPs), cosmeticians and even beauticians are exceeding their professional boundaries and encroaching upon the art and science of aesthetic medicine, which demands a high level of skill acquisition, training and knowledge of the science. This exceeding of professional boundaries through aesthetic interventions by those less qualified can be deterring and counterintuitive to the skin health of an individual with hazardous complications thereof. To add on to the tumult, this deters social reputation of doctors which demands a high moral and ethical character. This haphazard encroachment of professional boundaries beyond one's professional limits and expertise will also deter the personal and professional esteem and high moral values that upholds medical fraternity outright.

An enhanced beauty and a will to be adored by all has been the desire of humans in due course of time through evolution. Aesthetic medicine deals with this psychosocial aspect of human's that incorporates procedures or



surgeries that are performed to alter structure, color, texture or appearance of one's body. Aesthetic medicine is often portrayed as a challenging field of medicine, where it can be difficult to meet the undue expectations of patients with the associated counterintuitive complications, separated only by a thin fine line. More often, aesthetic clients reaching out for a

perfect and ideal face and body become victims of the tempting and inadvertent claims that lack scientific basis.

As a general rule of thumb, clinical medicine including aesthetics, deals with the basic principle that the more the number of cases a clinician sees, the more one becomes expert at it with proper acquisition of the needed skills. This rule also applies to general dermatologists who don't see more of the aesthetic patients and tend to refer to those skilled in aesthetic practice. So, if even general dermatologists can be ambivalent to see aesthetic patients, it's likely that the less qualified professionals and beauticians lead to a suboptimal practice with subordinated results. Furthermore, aesthetic medicine is inadequately incorporated in dermatology training curriculum worldwide and many dermatologists who aspire aesthetic prospect in practice have to pursue paid trainings which are often devoid of skill acquisition training and strict regulatory guidelines.

Aesthetic medicine is not only limited to enhancing beauty, texture or appearance, but also therapeutic incases of pigmentary disorders, acne vulgaris with scar over face and hair loss in young individuals which can have physical, emotional and psychological consequences. Psychological implications are more spelled out due to perceived social stigma in areas with low social health care standards. This discerningly visible and clinically apparent

entities can affect quality of life (QoL) and mental health of patients.

This widespread trend shifts with evolution of aesthetic industries and clinics has become rampant globally. With the boon and boom of social media and inadvertent claims made to lure clients to pursue aesthetic services, one's skin health and psyche can be at stake. Furthermore, any superseding complications, at times inevitable and irreversible, are then finally referred to aesthetic doctors, as these less qualified individuals are not skilled enough to manage the complications and know only the mechanical aspect. Common procedures done by other professionals include botox/fillers being performed by beauticians, hair transplant performed by technicians, chemical peeling being performed by beauticians, ear lobe repair being done with glue in jewelry shops and to make it further worse, skin surgeries and LASERS being performed in beauty salons. Such a scenario is more spelled out in low and middle-income countries where the social health standards are low and regulations and acts that abide one are deficient. In lieu of temporary monetary benefits that the practitioners look for, although shortsightedly, they keep the patients' health at stake which is completely unacceptable.

Furthermore, this will be derogatory to the skilled aesthetic doctor who has invested a great deal of time, money and passion intricately for skill acquisition in aesthetic medicine. More often than not, the services that are provided by the less qualified personnels are suboptimal, illogical and lacks scientific evidence. There are global instances of complications that have superseded these malpractices in aesthetic science, brought on to the legal grounds and litigations that have impacted individuals career prospects. In regions of the world where strict professional guidelines, acts and standards are deficient these malpractices become more spelled out. In Nepal, the Nepal Medical Council has started strict vigilance with legal warnings for beauty salons and cosmetic centers do-

ing the aesthetic medicine and surgery practice which is commendable.

For those of us trained in medicine we all abide to the oath, that any procedure that keeps one's health at stake has to be ethically and scientifically guided by the art and science of aesthetic medicine and hence these procedures should only be done by experts. With the global preponderance and ubiquitously available aesthetic services and inadvertent claims made on social medias, more patients are tempted to pursue these practice from those less qualified. With these false claims patients will be tempted deceptively to pursue aesthetic treatment from unqualified personnels that can put an individuals health at stake, which is concerning.

Aesthetic medicine practice should strictly be guided and restricted to trained aesthetic dermatologist with board certification. Any inadvertent claims made on social media by unqualified technicians should be litigated and brought on to the legal grounds. Proper formulation of acts/guidelines and regulatory standards should be implemented within national and international health policies thereby guiding the standard of care. National and international authorities concerned, should all work conjointly, hand in hand, to mitigate the false claims and malpractice occurring in those encroaching beyond professional expertise and stature.

Globally, we seek to request the authority concerned to implement and monitor with strict acts, regulations and standards to mitigate the false claims and live up to the standard of care in practice that we all abide by with the Hippocratic oath in medicine and ethical values and morals engrained within all other professions. Amidst all, be it for a friend or an enemy, the one who is the victim, to the futile results of all these mishaps is the patient who entrusts his or her skin to the service provider. Hence on high moral grounds, one has to be truthful to the patient seeking care and also be self-reflective to oneself for the deeds.