No Certificate of Added Qualification Needed

*aesthetic [Gk] 2: of beauty 3: sensitive to art and beauty*

cosmetic [Gk kosmetikos, skilled in arranging] 2: for improving the appearance by the removal or correction of blemishes or deformities, esp. of the face*

plastic [Gk plastikos] 1: forming, developing*


"Is this a question?"
From an Oxford University entrance examination

"If it is, this could be an answer."
One candidate's reply

—From Death Is Now My Neighbor, Colin Dexter, 1996

All of us have been asked at one time or another why our specialty has the word “plastic” in its name. In answer, depending on the circumstance, I have been known to launch into what I think is an erudite and fascinating monologue, explaining the derivation of “plastic” followed by a historical review encompassing the Brancas, Tagliacozzi, and les gueules cassées. It is clear to me that the enthusiasm is one sided. Yawns prevail if I am eloquent for more than 15 seconds. I am sometimes tempted simply to answer, “Because we use plastic,” and let it go at that.

On other occasions I have been asked to define what a “plastic surgeon” is, or more specifically, an “aesthetic plastic surgeon.” To answer such a question I suppose I could talk about training and board certification and membership in the Aesthetic Society, but such an answer would hardly capture the essence of our profession.

All of us have had experiences during our early training that had an impact on our professional lives and helped form a concept of what we aspire to become. For example, one of the attending surgeons under whom I studied was Australian. He obtained his general surgery training in England, repeated the process in New York, and then became one of Converse’s first residents. After completing his plastic surgery residency, he remained at the Institute for Reconstructive Plastic Surgery as an attending surgeon. He performed a great deal of head and neck surgery at New York University Medical Center, including the extensive reconstructions that are frequently required by the patients who undergo such surgery. He gave tirelessly of his time and expertise to help residents with clinic cases and generously permitted residents to operate with him on his private cases as well. Over the years his aesthetic practice continued quietly, without
fanfare, advertising, or public relations, until eventually he had one of the premier aesthetic practices in New York City. His formula for success was simple: consistently good results.

This surgeon and I have maintained our friendship for almost a quarter of a century. He is now nearly 70 years old and remains in practice, and for good reason—his hands are rock steady, his judgment is unassailable, and he doesn’t wear glasses! He continues to produce excellent results.

Because he is not content simply to maintain the status quo, my friend continues to attend meetings and workshops. He currently uses the endoscope for forehead lifts and the laser for wrinkles. He tells me that he probably won’t use ultrasound-assisted lipectomy, but he is knowledgeable on the subject and can readily discuss its pros and cons. He continues to help residents and to impart to them his interest and enthusiasm for aesthetic surgery.

These comments are not intended as a tribute to one individual; it just so happens that I have chosen this particular aesthetic plastic surgeon to illustrate my point. To my mind, he embodies the ideals to which an aesthetic plastic surgeon should aspire. I also know others, though not as well, whose careers are just as worthy of emulation.

Having written this, I find that I am no closer to a reasonable definition of an “aesthetic plastic surgeon.” If I had been restricted to a 15-second sound bite, then I would have failed to make my point. Perhaps I have failed anyway, because the best I can do in answer to the question, “What is an aesthetic plastic surgeon” is to reply, “I know one when I see one.”

With this issue of Aesthetic Surgery Journal I am relinquishing the post of Scientific Forum Senior Editor. Jim Carraway, MD, has graciously agreed to accept this demanding position. I am pleased to continue my association with the journal in the new position of Editor in Chief.

Robert W. Bernard, MD

Aesthetic Surgery Journal invites you to comment on articles published in the Scientific Forum. Submit your Letters to the Editor to James H. Carraway, MD, Senior Editor, ASJ Scientific Forum, c/o ASAPS Communications Office, 444 East Algonquin Road, Suite 110, Arlington Heights, IL 60005.