As professionals who work in the area of aesthetic surgery know, the popularity of aesthetic medical treatments has exploded over the past two decades. There are likely several reasons for this growth, ranging from advances in medical and surgical techniques to greater acceptance by the general public of the use of medical treatments to address body image dissatisfaction and enhance appearance to the consistent coverage of the field of aesthetic surgery by the mass media.1

Stories on the most recent advances in aesthetic procedures have always been popular topics for women’s health and beauty magazines as well as daytime talk shows. The last decade, however, has seen aesthetic surgery as the focus of a number of “reality-based” television shows. Some of these shows have focused on the experiences of patients; others have focused on the lives and lifestyles of the physicians who perform aesthetic procedures.

Unfortunately, the majority of these programs have focused on the extremes of aesthetic medicine. Many patients depicted on these shows present for a consultation requesting an extensive number of procedures of the face and/or body, which was the main premise of the shows Extreme Makeover and The Swan. Other programs have shown patients who present for a single procedure only to be persuaded to undergo a number of additional procedures (and with no discussion of the added costs involved or manner in which the patient will pay for these treatments). Still other programs have focused on patients who explicitly request extreme changes to their appearance, whether to resemble a popular celebrity, have comically large breasts, or shove the hands of time back several decades.

Most professionals who work in the field of aesthetic surgery know that there is little “reality” in these shows: the day-to-day comings and goings of the patients and providers depicted on these shows are dramatically different than the typical afternoon of new consultations for most reputable professionals. As a result, it would be easy to dismiss these shows as “guilty pleasures” for most viewers. Yet studies have suggested that individuals who report being consumers of these shows, as well as of other mass media depictions of aesthetic surgery, report more favorable attitudes to cosmetic procedures and a greater likelihood of undergoing procedures in the future.2-4 Thus, these shows impact the general public’s view of the specialty.

As a result, some patients likely arrive at their initial appointment with an aesthetic surgeon in the real world with a poor understanding of the goals and objectives of the consultation.5 One patient may have unrealistic expectations about the potential impact of a change in appearance—which may be far more subtle than depicted on a television program—on her social relationships. Another may tell the surgeon how she would specifically like a procedure to be performed, as if watching a video of a procedure has provided her with the insight and expertise that comes with years of surgical training and practice. A third patient may turn to the aesthetic surgeon and state, “you are the beauty expert; fix me,” with little appreciation of the idea that the motivations for a given procedure should come from her rather than the surgeon.

All of these examples can negatively impact the early development of the patient-provider relationship. In the fields of psychiatry and psychology, developing rapport with a patient during the initial consultation is central to the creation of a healthy therapeutic relationship. Open and honest communication between patient and provider is an
important element of health care, regardless of the medical specialty. Given the psychological aspects of aesthetic medical treatment, rapport between the surgeon (as well as other staff members) and the patient likely plays an important role in patient satisfaction. Healthy communication may be even more important for the patient who experiences a complication or is dissatisfied with the aesthetic outcome. Ongoing, productive communication may reassure the patient that she has not been abandoned by the medical team, defuse feelings of anger, and reduce the likelihood of a malpractice claim.6

Development and maintenance of healthy communication in the patient-provider relationship may be particularly important when dealing with a patient who previously underwent a procedure with another provider that has left her dissatisfied at best or disfigured at worst. This patient may feel particularly vulnerable and, in some cases, guilty that her “vanity” led her to seek an initial procedure that has left her even more dissatisfied with her appearance. Over the years, I have seen several patients in my psychotherapy practice who believe that they are being punished for their vanity with an unsatisfactory result. These feelings may be experienced either by a patient who had a procedure from another surgeon in town or a patient who had a procedure as a “medical tourist” in another country. Some of these patients may require additional time and attention from the aesthetic surgery team and, in some cases, may benefit from a referral for psychotherapy to help them cope with the emotional distress associated with that initial procedure.

There is little evidence to suggest that the popularity of aesthetic medicine is at its peak. More likely, growing numbers of patients will continue to seek the currently available as well as yet-to-be developed procedures. Given many of the economic stressors in most Western health care systems, the number of medical providers who offer aesthetic procedures will likely increase as well. While it is easy to conclude that such growth can only be good for the field of aesthetic surgery, it also suggests that there will likely be more patients who will gravitate to the extremes and more providers willing to meet them on the fringe of the field. In this scenario, it will be even more important to appropriately educate and inform patients that what they see on television is far removed from the reality of mainstream aesthetic surgery.

Disclosures

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REFERENCES