

## Opinion

### Praise for Cosmetic Surgery

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#### ABSTRACT

Over the years, cosmetic surgery has had its detractors especially in relation to dermatologists practicing medical and surgical cosmetic procedures. The reluctance to accept a well-known and respected specialty of medicine to practice those aspects of medicine in which physicians are trained and/or experienced goes against all principles of medical ethics and practice. All specialties learn new procedures while in practice and do not only do that which they have been taught in medical school or residency. There are contributions to the practice of cosmetic surgery and medicine from many specialties including dermatology.

#### INTRODUCTION

**F**OR MANY YEARS there has been an increasing tendency to discredit cosmetic medicine and surgery. This came mainly from clinicians who do not practice, do not want to practice, and who are strongly opposed to those who wish to practice cosmetic surgery and medicine. These detractors often deliberately close their eyes to the progress as well as to the constantly occurring changes in medical knowledge.

The detractors mention that cosmetic surgery is not medicine or surgery, that its practice by the physician constitutes a fraud, that those who practice it do so only for economic and commercial reasons, and that such procedures should be practiced only by cosmetologists (not physicians) and in beauty parlors. These claims have involved dermatologic surgery by those obstinately grasping the obsolete premise that dermatology is exclusively a branch of internal medicine and so dermatologists should pre-

scribe only topical medications. Nothing is farther from reality. These gross misstatements should invite serious and reasoned reflection.

#### CONCEPT

The term "cosmetic" derives from the Greek word "cosmés," whose meaning is to order, to decor, or to embellish. It has the same root as "cosmos," which means "to order."<sup>1,2</sup> The term "plastic" is from the Greek "plastós," which means to "mold" or to "reform." That sounds very well for molding a nose, but it should not be adequate when speaking about hair transplants, sclerotherapy, or laser surgery.<sup>1</sup>

#### DEVELOPMENT OF COSMETIC MEDICINE AND SURGERY

Medical specialties with orientation in medicine and surgery (such as dermatology, oph-

thalmology, and otolaryngology) have two basic branches. These are reconstructive and cosmetic. Reconstruction is the repair of the defects and deficits caused principally by cancer. Cosmetic is oriented toward embellishing or simply enhancing the appearance of those who should be considered normal according to our cultural patterns, but who are looking "to improve" their appearance. The preservation of the function should constitute the common bond between them.<sup>4</sup>

The history of cosmetic surgery is as old as mankind. The ancient papyri describe how Egyptian women, concerned about their appearance, used facial abrasive procedures.<sup>1</sup> The Hindu physician Sushruta, 700 BC, described the functional and cosmetic repair of the nose amputated as punishment for infidelity.<sup>2,4</sup> The Middle Ages was veiled with ignorance and repression, and medical advances, particularly in the surgical field, occurred in the monasteries; by reason of Christian charity, the monks performed many medical procedures and hospital-related care.<sup>2,4</sup> In 1163, during the Council of Tours, Pope Gregory III prohibited the monks from the practice of surgery: "*Ecclesia abhorret a sanguine* [The Church condemns the blood]."<sup>6</sup>

Medieval schools could not teach surgery and prohibited its practice to their graduates. The appearance of barber surgeons, itinerants, transhumants as the minstrels of that epoch, had its origins in those dispositions.<sup>6</sup> Surgeons were divided between those with a formal medical education ("gentlemen with long coats") and barber-surgeons ("gentlemen with short coats"). The first could only be advisors to the second. The tradition of using long coats by the senior physicians and short coats by the young physicians with less learning has persisted until our present days in many medical institutions.<sup>6</sup> But even during those dark ages, there were some surgeons who made improvements. Henri de Mondeville (1260–1320), from the school of Montpellier, emphasized that the surgeon should take into account the cosmetic results when planning an incision. He taught his students to perform horizontal incisions on the forehead and to remove the sutures from the face in 4 to 5 days.<sup>7</sup> Guy de Chauliac (1300–1368), the most erudite surgeon of the 14<sup>th</sup> century, was daring enough (those were the days of the "saint" inquisition) to take surgery from the hands of itinerant quacks and gave it academic legitimacy.<sup>7</sup> Ambroise Paré (1510–1590), the great Renaissance surgeon, be-



**FIG. 1.** Both are the same patient, before (left) and after (right) cosmetic surgery. Who can say this is not improvement in quality of life?

TABLE 1. WHAT A DERMATOLOGIC COSMETIC SURGEON MUST BE

- 
- A physician with a high sense of ethics
  - A good clinician
  - A skilled dermatopathologist
  - A dedicated surgeon
- 

sides many other advances, was one of the first great surgeons who emphasized that humane behavior toward patients is an integral part of the medical profession. Paré was also very careful with the cosmetic results of his surgeries.<sup>7-10</sup>

Great surgeons and extraordinary advances in the development of surgery occurred in the following centuries. But these were also darkened by constant attacks against it. The history of Semmelweis is particularly clarifying in this respect. An obstetrician at the maternity hospital in Vienna, Semmelweis noted a lesser incidence of deaths by puerperal fever when surgeons washed their hands before attending their patients. Although facts confirmed his theory, Semmelweis was severely attacked and he was prohibited to treat his patients.<sup>8,9</sup> Innovators seem to attract resentment, hatred, and rejection.

In the twentieth century, there were surgeons who gave us or developed chemical peels (Liton, Baker), hair transplants (Orentreich), laser surgery (Goldman), cosmetic reconstruction post-Mohs surgery (Stegman), liposuction (Illouz, Fisher, Fournier, Klein), rhinoplasty (Newman), simplification in rhytidectomy (Saylan), and microdermabrasion (Hopping).<sup>2,4</sup>

The real, effective, and incomparable renaissance of cosmetic surgery as a part of the medical sciences began in the twentieth century. As a specialty, plastic surgery had its formal recognition up to the second half of the 1940s.<sup>2,4,5</sup> Its primordia in Germany, Austria, and Italy, in connection with the treatment of burns, were masterly described by Hebra and Kaposi, a surgical concept initially unified by dermatology.<sup>2</sup> During its beginning, plastic surgery was fundamentally oriented to reconstruction since, in the government hospitals where the residents were trained in this specialty, patients were seen as a consequence of trauma, burns (the reconstructive area), or congenital defects, and not for cosmetic purposes. In the preface of his

book *Surgical Rejuvenation of the Face*, T. Baker<sup>3</sup> complains about the scarce training in cosmetic surgery received by the residents in plastic surgery and advocated for a change, stating that "our formal training programs were as deficient in aesthetic surgery as most programs. . . . The mention of aesthetic surgery to our teachers was often met with supercilious disdain. As a result of this gap in our formal training, we were forced to educate ourselves during the early years of our practice. The public then, as well as now, expected a plastic surgeon to be expert in aesthetic surgery first and foremost. We would have welcomed a 'how-to-do-it' book on aesthetic surgery."<sup>3</sup>

Dermatologic surgery began to develop in the middle of the decade of the 1960s.<sup>1</sup> However, as it occurred with plastic surgery, pioneers in this field were seen as iconoclasts and newcomers, similar to dilettantes and surrealists. It was limited to the practice of direct skin closures, the removal of small nevi, or making small flaps. Mohs' removals called for the development of complicated surgical corrections. More complex procedures were formulated as a result of newer and unsuspected technologies.<sup>1,2,4</sup>

### COSMETIC ENHANCEMENT, SELF-ESTEEM, AND NARCISSISM

The World Health Organization (WHO) defines health "not only as the absence of sickness, but like a state of full well-being: physical, mental and social."<sup>11</sup> Here is where the concept allows us to look at the individual as a person whose psyche and self-esteem deserve all our respect. Paul Valéry said, "Health is the silence of the organs,"<sup>12</sup> and should not be lost or diminished in self-esteem.

When we are going to operate on a patient for aesthetic purposes, it is self-esteem, which

TABLE 2. QUALITIES THAT THE COSMETIC SURGEON MUST POSSESS

- 
- A profound and cultivated sense of aesthetics
  - The sensibility of an sculptor
  - The scrupulousness of a goldsmith
  - The refinement of a poet
-

is suffering and solicits our services. It is not only the look that you will show to others, but we are also interested in how to help you feel more beautiful. We tell patients that we are going to enhance their body, but that they will also feel the results in their self-esteem. Certainly this is a source of health and quality of life (Fig. 1).

Narcissus was a handsome youth of Greek mythology. The nymph Echo wished that he would fall in love with himself after he spurned her love. When Narcissus chanced to see his own reflection in a still pool, that is just what he did, but he drowned while gazing at his own image. After his death, the gods changed his body into the beautiful flower that has been called a narcissus ever since.<sup>13</sup>

Pathologic vanity has had distinguished representatives in its history. It was the principle and the end of Sir Walter Elliot's character, for whom "the blessing of beauty was only inferior to a high title of nobility."<sup>14</sup>

But where is the line between excessive vanity or pathologic narcissism and normal self-esteem? Within certain limits there is a need for vanity in all of us, which contributes toward guiding and conducting our lives and looking for better horizons. Self-respect, self-esteem, and the innermost knowledge of the form of our body are all considered necessary elements in our daily life. It is known, however, that when narcissism becomes exaggerated, growing beyond the limits of self-respect, there begins the pathologic vanity.

## ETHICS AND MEDICAL COSMETIC

The astute cosmetic surgeon who possesses a strict sense of ethics must distinguish between a patient whose self-esteem could be improved or one with a pathologic problem. The cosmetic surgeon should never accept operating on a patient with a psychiatric disorder (Table 1).

There are physicians of many different specialties, such as dermatologists, otolaryngologists, ophthalmologists, plastic surgeons, and general surgeons, whose primary interest is to enhance the appearance of their patients (cosmetic), who have the highest qualifications in this subspecialty, and maintain continuing

education in this specific field. Cosmetic surgery and medicine should be practiced by physicians with the most refined spirit of service toward their patients and possessing authentic credentials of competence in this field (Table 2).

## WHY THE OPPOSITION AGAINST COSMETIC MEDICINE?

There are some possible reasons for opposition to cosmetic medical practice. These might include:

- Natural resistance to change
- Comparison of the secular differences between clinicians and surgeons, with negativism toward surgery, which reached its zenith in the Middle Ages and has persisted ever since
- The incorrect opinion that cosmetic medicine is performed only for economic reasons and that the physicians could take advantage of their patients.

The physician is bestowed with a high spirit of service and social responsibility. As in other branches of medicine, if the patient lacks financial resources, he/she could be operated on without charge. In several government Latin American hospitals, operations are performed with no cost to the patient.

## CONCLUSIONS

Cosmetic medicine and surgery deserve all our respect and consideration as an important branch of medicine. When we practice it, we improve the self-esteem and quality of life of our patients.

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