

RISING TO THE TOP

As core cosmetic physicians we are often flabbergasted at the low level of care and terrible results that have become standard across cities and towns. Although we could say that people get what they pay for, bad aesthetic outcomes hurt us all. We've all had patients come into the office saying they've been gun shy because they don't want to look odd or because some friend had a terrible complication. What can we do?

First off, it is important that we not join in the game of commoditizing aesthetics. Rather than constantly advertising discounts or specials, get the word out about the difference that comes from seeing a physician who has completed the residencies and fellowships we have and goes to the advanced meetings that we do. Don't buy into the Groupon or Gilt coupon programs that attract one-time price shoppers. Standing apart lets the public know that the procedures we do as physicians are not equivalent to getting a facial, so a "deal" can be deadly.

Second, if you have physician extenders providing services in your office, be clear about the difference between seeing one of your staff under your supervision versus seeing them in another office. You have ensured their training, you have delegated the treatment, and you will handle any questions or complications that could arise. The fact that you are the responsible party is very meaningful. We've all had patients seek our care to handle complications from spas or doc-in-the-box aesthetic practices because that practice couldn't or wouldn't provide the appropriate care. Our patients need to know that no matter who they see

under our roof, they are our patients.

Finally, don't rest on your laurels. Just having passed the boards of a cosmetic specialty doesn't make you a great aesthetic physician. We all know colleagues who advertise themselves as experts but haven't been to a real meeting in years. For example, most injectors in the US learn from industry—that means their understanding is limited to FDA on-label indications and methods. Take the time to go to meetings where you can really delve into aesthetics broadly or in your niche without limitations. Whether you are a new graduate, newly finding your niche in aesthetics, or have been in the field for years, speak with colleagues about the meetings for your needs and whether you should look for particular speakers and demonstrators. If you are starting a new procedure or have learned a new technique, take a few days to be an observer in someone else's office. Physicians from other countries do this all the time, but in the US we are afraid to miss even a day of patient income.

And if you do all these already, don't be shy—pressure peers in your specialty to do the same.

The cream rises to the top. We not only need to be the top, but to make sure that the top is the expectation, not the exception in aesthetic medicine. ■



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