“WAS THERE REALLY A TIME WHEN KIDS COULD DIE FROM STREP THROAT?”

This was a question posed to me from my 12-year-old daughter while we were at the International Museum of Surgical Sciences, viewing an exhibit on the discovery of antibiotics. She seemed astonished to learn that there was a time when antibiotics didn’t exist. Even as a physician, I, too, had to take a moment to appreciate the impact antibiotics have had on medicine and humanity. I then thought to myself, “25 years from now will my daughter’s children be asking her if there was a time when people died from cancer?”

My grandmother, who was born in 1897, could have never imagined radio, telephones, automobiles, airplanes, and answering machines (which she could never figure out). I always thought if someone were to tell her that one day she could pick up a hand piece, speak into it, and have a real-time conversation with another person halfway around the world, she would have never understood, let alone accept the possibility of getting into a 500-ton metal object and flying through the air over an ocean and in less than 12 hours be visiting family members who live 5,000 miles away. My mom in her lifetime has witnessed the advent of air conditioning, TV, and remote controls. I have already seen the invention and advancement of cell phones, computers, and the Internet. And with technology doubling every 18 months, what will the future hold for us, our children, and our profession?

Recently, I have had the opportunity to consider our future. I have been invited to participate in a think tank sponsored by a division of Nestle that is contemplating and committing to establishing the future of innovating and educating both doctors and consumers on dermatologic and aesthetic skin health. The Project is called SHIELD, which stands for Skin Health Investigation Education Longevity Development. They have earmarked funds to open multiple SHIELD centers across the continents. The first one is set to open soon in New York. These futuristic think pods are certain to be an idealized cross between an Apple Store and an outer space laboratory. Like nodes they will be linked electronically and virtually so that, in real-time, free flowing ideas and resources can incubate. The SHIELD pods will be open to anyone with a brilliant idea on skin health who lacks access to universities or research centers, or for those who want to bypass the hierarchies and hurdles that may exist in such institutions. Groups of individuals from all aspects of life and all fields of arts, humanities and science will have a chance to meet and interact with each other and brainstorm the future. Great ideas whether conceived in isolation or within the multidiscipline groups will be eligible for funding or triage to the most appropriate outlet. For the creative innovator with the next big idea and no place to go with it, the SHIELD centers will serve as an inviting community to cultivate and grow an idea. The premise is bold and exciting and up until now, nothing like it has existed. To just think what medical education and our field will look 60 years from now is awe inspiring.

WHAT WILL PLASTIC SURGERY AND AESTHETIC MEDICINE LOOK LIKE IN 2075?

Ten predictions for how our specialties may age over the next 60 years.

BY STEVEN DAYAN, MD, FACS

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To this extent, last week, I read an article on the recent uncovering of post cards from French artists who in 1900 painted pictures of what they predicted the future would look like in the year 2000. Most were measurably off from today’s reality but a few were rather close, which led me to wonder what the future may have in store for our specialty. In the spirit of free thinking, I offer up 10 predictions for what Plastic and Aesthetic Surgery will look like in the year 2075.

1. Non-surgical treatments will continue to grow, exponentially outpacing surgical options.
2. Facelifts as we know them today will rarely be performed in 2075. In fact, across all the surgical fields, the actual cutting open of skin with a scalpel will become a rare last resort measure only called for in emergencies or unusual situations. And rarely will surgery be indicated for cosmetic reasons.
3. Rhinoplasty will still remain the most difficult of all cosmetic procedures and the last cosmetic surgical procedure to be done in large numbers. However, true rhinoplasty as we perform it today will be significantly decreased in numbers. For the primary rhinoplasty, 3D printers will be able to create a nasal skeletal structure composed of an absorbable material that can be inserted just under the skin and act as a scaffolding. And along with a filler the two will be used to finely shape the nose into a predetermined ideal structure in just minutes.
4. Surgical training, proficiency, and certification will be based on simulators as residencies will have to adapt to the decrease in surgical case loads.
5. Topical translucent products embedded with sunscreen will be topically spread on the skin much like a cosmetic foundation. The product will polymerize and become imperceptible to the eye or touch yet completely smooth out the wrinkles and homogenize the skin texture and tone. It will come in different colors and shades. Dyschromias will be camouflaged and tanning will become obsolete. Expect it to also lift and tighten the skin and be removable at the end of the day.
6. Health and wellness strategies such as nutraceuticals, hormone replacements, genetic medicine, yoga, and more will become part of our practices. Likely the days of solo private practice in Plastic Surgery will come to an end and we will work in multidisciplinary groups offering services and products that can meet the lifestyle request of a modern generation.
7. Aesthetics will be used to treat mood disorders from depression to anxiety and it will be a reimbursable procedure.
8. Aesthetic academic societies that at one time were adversarial will recognize their mutually aligned interest and work together closely. They also likely will become more distant from their parent organization. (Keep in mind that no one 75 years ago would have imagined that Germany and Japan would be two of the most trusted and reliable US allies!)
9. Academic meetings will be available to us both virtually and in person. We will have the option to attend via our avatars. Podiums, screens, and PowerPoint presentations will be replaced by large circular meeting rooms where everyone participates freely and democratically. Each will be logged in with their personal hand-held device to view, interact, and communicate with anyone else in the room at the same time.
10. Plastic Surgery, Facial Plastic, Oculoplastic, and Aesthetic dermatology, will remain the most—highly coveted and desirable fields in medicine. Facial aesthetics specialization in particular with the anatomy and nuances of the head and neck are so intricate, important to self-awareness and recognition, it will be the last field of medicine to not be commoditized. The best of each medical school class will be drawn to the field due to its autonomy and the ability for a physician to be appreciated for his or her individual expertise. Remote devices, products, and surgical robotics will not be able to fully replace the hand eye coordination, artistic sense, and more importantly decision making processes necessary to working on what is perhaps the most identifying part of the human body.

Perhaps like many of the French painters I’ll be off the mark… but maybe some of them will be right on. Either way it is fun to consider. These are just a few of my predictions, what would be yours?


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