The Cosmetics Question:

Don’t Leave Your Decision to Chance

Experienced cosmetic dermatologists share advice on deciding whether or not to offer cosmetic services and how to actively plan for success.

By Ted Pigeon, Associate Editor
It’s sometimes easy to forget that dermatology received official recognition as a specialty in the US just 74 years ago. Within this context, cosmetic dermatology is without doubt a nascent field. Yet already it is making a significant impact on the practice of dermatology and the public perception of the specialty. Cosmetic services, devices, and products now offer physicians and patients a wide variety of treatments for a laundry list of indications. Emerging studies continue to detail the seemingly endless uses for Botox and filler agents, while new types of lasers are being offered to dermatologists. As technological advances continue and possibilities grow, dermatologists that offer cosmetics or are currently pondering the possibility face difficult questions as they aim to develop a cosmetics philosophy and make the informed practice decisions that suit their patients as well as their own interests in dermatology practice.

**Difficult Questions**

One of the major issues facing dermatologists today, especially those just setting out to integrate cosmetic procedures into their practices, is to what extent a physician is obligated to offer cosmetics—if at all. A few general trains of thought exist. The first holds that cosmetic dermatology is not a worthwhile pursuit, either because of insufficient physician/patient interest or ideological concerns. The second suggests the dermatologist should offer a select number of procedures that he or she chooses or wishes to specialize in, e.g. Botox or chemical peels. The alternative to this approach would be to offer as broad a spectrum as one can, thereby giving patients the widest possibilities in selecting procedures.

Of course, each ideology has advantages and disadvantages (not to mention degrees of variability between them), but according to Joel Schlessinger, MD, founding member of the American Society for Cosmetic Dermatology & Aesthetic Surgery and in private practice in Omaha, NE, it is important for dermatologists to consider all possibilities before making decisions, not only about which approach to advocate, including whether or not to enter cosmetics at all. “The question of whether to offer cosmetics is a personal decision that each dermatologist has to make,” says Dr. Schlessinger, who emphasizes that the patients he sees in his practice aren’t all that different from the general dermatology patients seen every day, except that they have slightly higher expectations as a group. Additionally, many dermatology practices don’t offer a setting that is particularly conducive to a cosmetic practice, he reminds, which highlights the number of changes a physician often must make in order to properly promote and administer cosmetic treatments and procedures.

Expansion of the field of cosmetics makes it increasingly difficult for dermatologists to offer as broad a canvas of procedures as many would like. According to Sue Ellen Cox, MD, Clinical Associate Professor of Dermatology at the University of North Carolina and medical director of Aesthetic Solutions in Chapel Hill, NC, it all comes down to the individual dermatologist and what he or she can handle. “When somebody is first getting into cosmetics, they are probably going to offer the procedures that often get the best results,” she says. “They may not want to put a big expenditure out there if their practice may never turn into a cosmetics practice. They are not going to start with the lasers, but instead Botox and fillers.” From there, Dr. Cox advises, the practice can then build its cosmetics stature to wherever the dermatologist is willing to take it. “It depends on the practitioner and how much time he or she wants to devote to it,” she says.

Dr. Cox acknowledges that the dermatologist who maintains a general dermatology practice and is interested in cosmetics may find it difficult to offer a wide selection of cosmetic procedures. Nevertheless, she says, offering various procedures can be very beneficial. “You have a bigger palette to draw from so that you don’t have just one thing to offer patients,” she notes. According to Dr. Cox, variety allows treatment of different conditions in any number of ways; not everybody benefits from the same individual procedure. Therefore, having access to many different options increases flexibility in your approach to treating patients and getting the best results.

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The potential downside to this approach is that dermatologists may not be able to devote themselves as much as they would like to individual procedures, which can lead to a ‘dabbling’ approach to cosmetics. “Dabbling’ is something that is best left to a non-cosmetic oriented individual,” says Dr. Schlessinger. He adds that offering cosmetics is a mind-set that should be pervasive throughout the entire practice, from the front desk to the physicians themselves. “Although it is very easy to offer a few services—and a reasonable way to start out—it is best to commit to the delivery of a full-scale product, whether it is sclerotherapy, Botox, or a laser procedure.”

No matter the extent to which a dermatologist invests his or her practice in cosmetics, both Dr. Schlessinger and Dr. Cox stress the need for commitment and to avoid dabbling. “What most dermatologists don’t realize is the effort it takes to be successful in this endeavor,” says Dr. Schlessinger. “We see many ‘fly by night’ operations that are opening in our area, run by ghost doctors and PAs that haven’t been successful comparatively. That doesn’t mean that these ventures won’t eventually be successful, but they can’t be as successful if they are just a part time effort with a passive owner.”

New Technologies

Certainly some dermatologists will choose not to offer cosmetic services, a decision that experts agree is reasonable and, for some practices, wise. But the next challenge ahead of the dermatologist who elects to incorporate cosmetics is determining how to give their patients the best results and consistent quality while keeping up to date with new and effective procedures and devices. This is not easy, according to Dr. Cox, because so much is out there, and it is difficult to determine what will really add to your practice and what will not. “In terms of my approach with new technology, I’m always a little bit skeptical,” she says. “The press will often get information out about things before any actual studies have been done.” Dr. Cox warns that dermatologists can’t embrace every kind of new technology because much of it is not reliable and sometimes, there is simply no reliable data. “Recently, at my practice, we had a laser company come with a new laser machine, calling it the ‘next great step,’ and when I asked for their studies, they had company white papers but no controlled studies. Many of these procedures and devices may sound great, but some of them have no peer-reviewed journal articles or studies verifying their claims.”

Precisely because hype can exceed reality, Dr. Cox recommends dermatologist reign-in their interest in every new device or technology that comes along. “For example, when Thermage came out, there was a big media push and a lot of hype, but much of the hype preceded the results in that they weren’t initially sure which parameters to use.” Dr. Cox points out that there were patients who were getting indentations, as well as depression from melting fat. “It wasn’t until a couple years later that anyone realized that they should be using lower fluences and multiple passes. Fifty percent of people get minimal results, and if you’re paying a couple thousand dollars for something that’s not going to give noticeable results, that actually does not build your practice.”

It is the dermatologist’s job to know what works best for patients, because they trust you to take this seriously, Dr. Cox says. By avoiding much of the unstudied, over-hyped devices and procedures, you will earn patients’ trust, which will build your reputation as a cosmetic dermatologist, she adds. That reputation is something you cannot afford to damage, she notes. “I think the bottom line with new technologies is that you certainly want to be on the cutting edge and serve your patients, but you really want to look carefully at the new technologies and not jump on a bandwagon that’s fed by the media. You do have to take a more academic view and do the homework involved.”

Patient Demand

The question of patient demand leads back to the question of what dermatologists are obligated to offer their patients: as much as possible or a select offering of areas of the dermatologists expertise? This becomes a more relevant concern when considering the economic need and demand for specific procedures. “This is impossible to gauge until you have thrown your hat in the ring,” says Dr. Schlessinger. “Obviously, there are certain things that can foretell doom, such as setting up a cosmetic practice in a significantly depressed economical area or an area with age demographics that are out of sync with cosmetic procedures (too old or too young).”

In terms of individual procedures, it is obviously important to know where the demand is, what your patients want,
and what the new hot topics are in cosmetic medicine. To do this, Dr. Cox recommends that you attend scientific, educational conferences, such as those offered by the American Society of Dermatologic Surgery (ASDS) and American Academy of Dermatology (AAD) meetings.

Dr. Schlessinger notes, “I have always been one to do less rather than more research on the patients’ desires initially because they don’t always know what they want. On the other hand, it is extremely important to have good judgment if you use this method.”

Dr. Cox suggests that you try to understand your patients and look to the experiences of others. “I’m usually not the first person to buy the new toy on the block. I’d rather give my patients what works, what’s tried and true, because my reputation depends on it,” Dr. Cox says. She adds that you have to present new technologies to the right patient population, another reason knowing your patients may be helpful.

A Growing Split

Aside from questions of how to integrate cosmetics into your own dermatology practice, other cosmetics controversies warrant consideration. For example, within the specialty of dermatology, some view cosmetics as if it lacks medical value. Dr. Cox points out that many of these detractors are older dermatologists. Dr. Schlessinger agrees. “There is definitely a split, and it is growing rather than shrinking,” he says. He also acknowledges that younger dermatologists may be doing too much in cosmetics, which may be contributing to the older dermatologists’ reservations. “A balance has to be struck between doing all or none in a practice,” he notes.

Mainstream news media coverage, which often dictates the general public’s knowledge of cosmetics, doesn’t help these matters, says Dr. Cox. Whereas exposure would be presumably good for the specialty, what the media presents is hardly representative of cosmetic dermatology, she notes. The false image of cosmetics not only misguides the public, but also further fuels the growing split within the specialty.

Cosmetic dermatologists must not only educate their non-cosmetic peers, they must build and protect the image of the specialty in the public. “I think there is a negative outlook towards practitioners that aren’t dermatologists but still perform the procedures that we do,” Dr. Cox says. Those who provide services without proper qualifications give a bad name to dermatologists who approach these matters seriously. “For example, if somebody receives laser hair removal at a spa and dies of lidocaine toxicity, many patients will become very nervous when they come to our practice for laser hair removal because they think that the same thing is going to happen to them.” But, she notes, such things usually don’t happen to trained physicians.

Many heavily advertised establishments, such as day spas that aren’t managed by a board-certified dermatologist, offer Botox injections among other procedures. Dr. Cox claims that these establishments do a disservice to the people who visit them as well to dermatologists. The real danger, Dr. Cox says, is that people form their perceptions of cosmetic procedures based on their visits to spas and what is seen on national morning shows and advertisements. “I sometimes see patients who tell me they don’t want Botox, because it didn’t work for them when they received it at the spa, when in fact many of these spas don’t know how to administer Botox properly and often dilute it,” Dr. Cox says.

As for the split within the dermatology community, Dr. Cox says this is likely due to how one decides to approach cosmetics and whether or not an individual truly strives to help their patients and broaden the scope of knowledge within the derma-

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**When to Get Involved**

Should widespread availability or lack of certain procedures dictate what procedures a dermatologist should offer his or her patients?

Local availability (demand and/or competition) is extremely important in choosing what cosmetic services to offer, according to Dr. Schlessinger. But it can be looked at from many standpoints. “For example, the benefit of widespread availability is that patients know what the procedure is and the dermatologist introducing that procedure to their practice doesn’t have to spend as much money and time promoting it,” he says.

“On the other hand, many patients are already ‘taken’ by other practitioners if it is widespread. It is impossible to always be first to do something and it is an absolute that if you introduce everything first, you will be burned eventually by something that doesn’t pan out. So, all things considered, there is no right or wrong time to enter the fray!”
The Cosmetics Question

The Many Faces of Botox

Recently, a study has received wide coverage in the mainstream media that, though marred by limitations, may highlight a medical basis for cosmetic dermatology and put a more positive face on the field. The study found that Botox may cure severe depression,¹ which some in the dermatology community have speculated for some time. Drs. Schlessinger and Cox sound off on this study and the potential use of Botox for other medical conditions.

Dr. Schlessinger: “This particular study is very rough. It isn’t a controlled study and has many flaws, but is very interesting to see. Botox has many uses we are just now learning about and I expect this study to be followed up on in a more rigorous manner in the future.”

Dr. Cox: “I find this study very interesting. We did an article² on patient perception of Botox and satisfaction, how people feel better about themselves. I think it makes sense that someone who is depressed that looks in the mirror and looks better may improve depression. But as interesting as this study is, there is much about Botox that we don’t yet understand and are learning about, such as how it treats migraines and tension headaches. There may be many factors that likely go into the results of this study. The treatment possibilities with Botox are fascinating. We are just now seeing the tip of the iceberg.”

A Changing Outlook

Regardless of individual attitudes regarding cosmetic dermatology, Dr. Cox stresses that much tension within the dermatology community may be relieved if all who practiced cosmetics preserved and defended their serious, scientific approach. Whether it’s knowing what technologies or devices to use or what procedures to offer, the actions of dermatologists impact the reputation of cosmetic dermatology.

So far, Dr. Schlessinger is encouraged by what he has seen in recent years and remains positive for the future of cosmetics. “There is a significant shift in how these procedures are now being delivered and that has made them more acceptable in the public and professional opinion,” he says. Furthermore, Dr. Cox adds, “As dermatologists, we really have to embrace these procedures because we’re the ones that have developed them.”

Ultimately the dermatologists who skillfully perform procedures have made cosmetics so acceptable and medically viable. If dermatologists continue that trend, cosmetics will continue to grow and may soon win over its detractors. “It is the knowledge behind the cosmetics that makes patients seek our care as dermatologists rather than going to a plastic surgeon or a day spa for treatment,” says Dr. Schlessinger. “This will always come down to quality. Quality is measured by the passion for delivery of healthcare in an effective and patient friendly manner.”

Both Dr. Schlessinger and Dr. Cox remind colleagues that finding balance is important, and dermatologists must weigh what is best for their patients and the reputation of their field when exploring the possibilities that cosmetics can offer. Says Dr. Schlessinger, “The best part of dermatology is the ability to devote one’s energy to areas that interest and stimulate your curiosity. If Cosmetics fits this description, it is a great idea to start performing various procedures and see if it suits you.”

References: