

MOVING THE NEEDLE ON ETHICS

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Beginning in July 2023 and ending in November 2023, Allergan Aesthetics and Chloé Gronow conducted a series of in-depth interviews with 11 leading practitioners and experts in the aesthetics industry across 10 countries. The healthcare professionals quoted throughout the articles were paid to participate in this research project. Details of all interviewees may be found on pages 5-6.

The opinions, views, and insights expressed in these articles solely belong to the individual experts and contributors. They do not reflect the perspectives of Allergan Aesthetics. The information provided within the articles are for informational purposes only and should not be construed as professional advice or recommendations.



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Foreword

Welcome to the Moving the Needle on Ethics book; a compilation of thought-provoking articles written by leading medical practitioners around the world on the multifaceted topic of ethics in aesthetics.

The increasing familiarity and interest in aesthetics treatments is creating a large and diverse audience of engaged consumers. With this larger platform, comes a responsibility to lead the way on best practices and emerging insights within the practice of aesthetic medicine to better understand the mindset and motivations of the patients we serve. Around the world, conversations focused on ethical aesthetics trends and behavior are occurring and these conversations are more crucial now than ever.

Rightly, patients have high expectations of the industry, with a recent survey reporting that 91% (of 500 respondents) believe that people performing aesthetic medicine procedures should be guided by ethical standards.¹ The industry must deliver on this expectation.

“Our research demonstrates that patients’ expectations are high when it comes to ethical behaviour. They expect every practitioner to be putting their safety first, three quarters (75%) stated that the most important ethical principle that should be followed by a practitioner is the good of the patient.”
– Dr Agnieszka Zwolińska, contributor to Allergan Aesthetics opinion survey on aesthetic medicine (N=500).¹

Allergan Aesthetics embarked on a journey, beginning with detailed insight gathering and global social listening to understand the evolving aesthetics landscape in relation to ethics, exploring various topics such as the social media, building practitioner-patient relationships and informed decision making.² The results confirmed a greater spotlight on Aesthetics-Ethics as a key priority, as complex themes and social and cultural shifts increasingly influencing aesthetic behaviours and expectations.²

Taken together, the need for greater industry-wide collaboration is apparent.

So, as part of Allergan Aesthetics’ commitment to this journey, we initiated collaborative discussions with global industry experts on the topic of Aesthetics-Ethics, supporting open dialogue with practitioners across the world. Our goal is clear; to collectively drive positive and responsible change, ensuring patient care and satisfaction are prioritized and the needs of the evolving industry are met.²

This book captures diverse aspects of these conversations, serving as a mirror to the ongoing global dialogue. Thanks to our expert contributors for shining a light on the array of topics surrounding ethics. Their voices and perspectives, guided by decades of expertise, come alive on these pages, exploring the nuances of ethical decision-making in clinical practice, and confirming the pressing need for a cross-industry collaboration to foster a collective understanding and raise industry standards to support today, and future, aesthetics consumers.

Our hope is that these articles encourage further contemplation and conversation amongst the industry, to ensure the growing needs of patients seeking information, communication and treatment are met.

“Our research demonstrates that patients’ expectations are high when it comes to ethical behavior. They expect every practitioner to be putting their safety first, three quarters (75%) stated that the most important ethical principle that should be followed by a practitioner is the good of the patient.”¹

Dr Agnieszka Zwolińska, contributor to Allergan Aesthetics opinion survey on aesthetic medicine (N=500).

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Defining Your Ethical Compass:

The Psychology of Ethics



Canada

Dr Jonquille Chantrey highlights the importance of moral values and principles and how to maintain them in aesthetic practice

It is expected that all medical professionals know the difference between right and wrong. Across the world, there are laws governing medical practice and regulatory bodies aiming to ensure that clinicians are responsible for their actions. These laws largely reflect good ethics, which should drive behavior in all areas of medicine.

Yet, particularly in the aesthetics specialty, morality and ethics can vary. A variety of definitions of morality and ethics exist in the literature. The morals of an individual may exist as a personal entity of what one believes is right or wrong. This can be derived from our own experiences, conscience, integrity, honesty and self-awareness which then creates an internal reference for decision making and behaviours. Ethics may be influenced by external sources within different social settings and regulatory frameworks, creating common codes of conduct. Whilst philosophical contrasts may be described, ultimately they are a reference for human conduct—individually and collectively.

Whilst we can each set the points of our own ethical compass, comprising different values and principles that we strive to uphold in all areas of our work, it's surgeon and aesthetic practitioner Dr Jonquille Chantrey's belief that

the needle of the compass—which guides us to make ethical decisions—should always be in the direction of the highest physical and psychological safety of the patient.

Key elements of safe practice

“The phrase ‘do no harm’ from the Hippocratic Oath—one of the earliest expressions of medical ethics—should be ingrained in all our minds as medical professionals,” says Dr Chantrey. This means that, to support patients' physical and psychosocial wellbeing, we must:

- Be suitably qualified and trained to safely carry out all procedures we offer
- Define our scope of practice and where our limits and boundaries lie—setting up referral pathways with peers is important
- Practice from appropriate, safe and hygienic premises
- Learn how to identify psychological concerns and be confident saying no to patients when appropriate and explain the clear clinical reasons for the patient's best interest
- Have clear complication prevention and management protocols in place
- Invest in only clinically approved products and devices

- Train other staff members to adhere to all safety principles and codes of conduct
- Constantly remain up to date with scientific evidence applicable to our practice
- Ensure we regularly review our standards of practice, reflect on our learnings and make pertinent changes

She believes that if each of these factors are in place, then defining our ethical compass should be made easier.

Establishing your moral values and principles

According to Dr Chantrey, our understanding of good ethics and recognition of what should become part of our compass generally develops over time. “Our conditioning, culture, education, patient interactions, and life experiences will all influence what values and principles we hold in high regard. It’s crucial to regularly reflect and critique our beliefs in order to develop them to the highest standard,” she explains.

If you’re struggling to determine what’s most important to you, Dr Chantrey encourages you to think about your purpose; what was your number one reason for building a career in aesthetics? Then think about your patients; what outcomes are you trying to achieve for them? She notes, “Combining a clear purpose with a heightened self-awareness will help to align with your conscience for providing safe patient care, allowing you to determine the key set of values and principles that will form your ethical compass.”

Sharing your approach with team, patients and peers

Once you’ve established your ethical compass, Dr Chantrey urges you not to keep it to yourself. “First and foremost, you must share it with your team,” she says, advising that the values and principles that you have set must form part of

each of their job descriptions, regardless of their role; this could relate to clinical practice, how inquiries are managed, what aftercare advice is given or how complaints are handled.

“You cannot guarantee that every staff member will uphold your values and principles, but you can take responsibility for your team’s education and set clear key performance indicators to monitor adherence,” she says.

Next, Dr Chantrey encourages clinicians to add your values to your website, highlight them on social media and outline them in each of your consultations. “Doing so will highlight your ethical approach to prospective patients, a step in the journey of building trust,” she says.

Finally, she emphasizes, “Discussing your ethical compass and exchanging principles with your peers can elucidate ideas that might be essential to your personal practice. The more we share our experiences and challenges, the more we learn, which ultimately benefits our patients.”

Managing ethical dilemmas

Dr Chantrey acknowledges that all clinicians will at some point experience ethical dilemmas, which is why you need to have established your ethical compass early in your career. “We can turn to it in times of uncertainty and let it guide us towards the most appropriate, safe, and moral decision,” she says.

A dilemma may occur when a patient disagrees with your approach. Dr Chantrey has found that in her own experience, there's generally a strong binding force between your ethical compass and what's right and wrong. "That said, before rushing in with our opinions, no matter how clinically sound, we should absolutely give patients the time to express their point of view," she advises.

"Remember that actively listening and demonstrating empathy is important, but so is maintaining clinical boundaries and putting patient safety first. For example, if a patient has contraindications to a certain treatment, then an empathic 'hard no' is essential. Spend time explaining why this is the case, making clear that their safety and wellbeing is the first priority."

In other instances, lines may be somewhat blurred. A common one is the age of a patient, highlights Dr Chantrey. "Some practitioners may often have an idea in mind of how old or young an informed adult should be to undergo aesthetic treatment, but demand from the full spectrum of the adult generation is increasing and varies across societies. Therefore, assessing all patients based on their individual circumstances is the most appropriate way to make an ethical decision on whether to treat or not to treat."

Ultimately, in most challenging situations, Dr Chantrey finds that patients will understand and accept your decisions if you listen actively and demonstrate authentic compassion and empathy. She affirms, "Having ethical principles that you adhere to demonstrates that you hold yourself to high standards, understand the comprehensive risks, and care about putting patient safety first."

An evolving compass

One question Dr Chantrey is commonly asked is whether your ethical compass can alter over time. "Morals and ethics should not be unstable or at potential risk. I believe that your fundamental ethical compass ought not weaken or diminish, but it can expand and evolve," she comments.

Dr Chantrey explains that a good example of circumstances in which a compass may expand is your approach to inclusivity in aesthetics. She highlights, "Clinical research on how to appropriately treat different ethnicities whilst respecting cultural differences is growing rapidly. We're also developing better understanding of gender fluidity and how this influences aesthetic desires. Establishing ethical principles regarding how we offer inclusive consultations and treatments to all adult patients should be a natural expansion to our compasses."

Likewise, as new scientific evidence emerges, Dr Chantrey notes that older safety principles can become outdated. Adapting these so they are in line with new practices is a natural and appropriate evolution for an ethical compass.

Upholding the values and principles within your ethical compass

Actions speak louder than words, says Dr Chantrey, elucidating, "There can be a total incongruence between what some may say in public and what they do behind closed doors, which may be uncovered with time. This is where personal professional integrity is critical in order to have positive impact on society at large. We must always take clear action to establish the values and principles we have built. This unwavering consistency confirms the validity of whether we are truly prioritizing patient safety."

To conclude, she emphasizes, "It is our individual responsibility to keep our ethical compasses compassionate, steadfast, and strong. Remaining timeless, with each value and principle having significance and importance. In robust ethical leadership we can enhance our compasses, but they can never be destroyed."

The responsibility of treatment decisions remains with the treating practitioner. Treatment requirements should always be based on clinician assessment of individual patient needs.

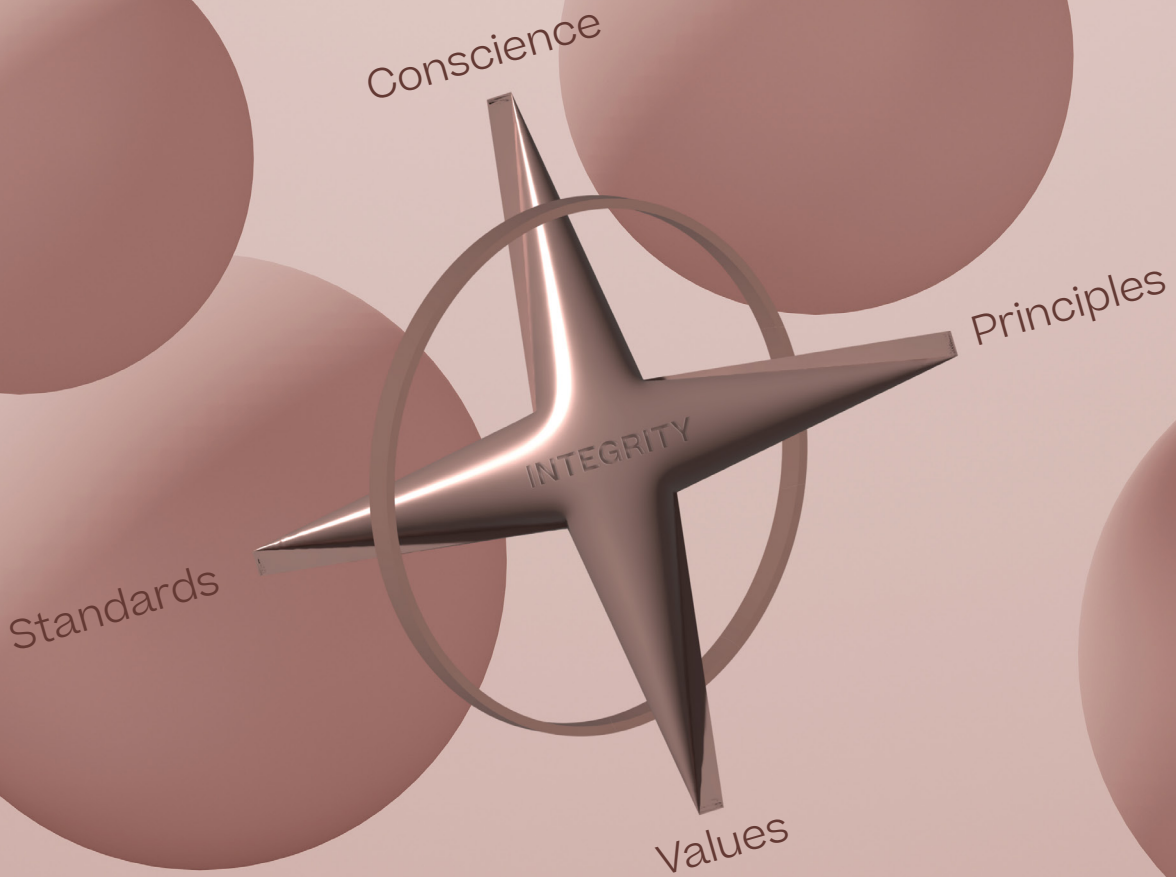
This article reflects the opinion of an individual practitioner Dr Jonquille Chantrey.

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“The responsibility of treatment decisions remains with the treating practitioner. Treatment requirements should always be based on clinician assessment of individual patient needs”



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Ethics Beyond Regulations



Australia

Dr Cara McDonald reflects on Australia's incoming regulatory framework and proposes what clinicians around the world can consider to enhance their own ethical practice

Around the world, countries approach aesthetic regulation differently. There's no global guide to who should and shouldn't practice, what training is needed, the appropriate facilities for carrying out treatments or how clinicians should market their services.

Dermatologist Dr Cara McDonald explains, "Many consider Australian regulation as fairly strict. Only doctors, dentists, and nurses who are suitably qualified are allowed to perform facial aesthetic injectable treatments, and there are stringent rules on what we can say about products and services on websites and social media platforms."

She highlights that while these rules have their benefits, there are plenty of other issues that contribute to unethical practice. So much so, that the Australian government has introduced plans to improve patient safety. Following its review into cosmetic surgery practice, the Australian Health Practitioner Regulation Agency (AHPRA) says, "The regulator's focus is now widening to introduce stronger safeguards

for the booming nonsurgical cosmetic procedures sector, including new guidelines for registered practitioners performing and advertising aesthetic treatments".¹ In addition, the organization confirmed that, "The planned overhauls are likely to place a stronger emphasis on informed consent and preprocedure consultation, including a patient suitability assessment".¹

Brought in this year, Dr McDonald emphasizes that the plans are a positive step in the right direction and provides learning opportunities for clinicians across the world. "The Australian regulations aim to ensure patients are carefully assessed and educated before committing to aesthetic procedures. They are really aiming to reduce the chance of patients being misled or lured into having procedures without a comprehensive assessment and consideration of other options. Globally, we should aim to put patient care back at the forefront of aesthetic medicine—above results and above financial gain."



“The most successful injectors take care of the relationships they build with each of their patients.”

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Training and experience

To perform a nonsurgical facial injectable procedure in Australia, you must be a qualified doctor, dentist or nurse.² While this ensures those who offer treatments are medical professionals and accountable to their professional bodies, there is no minimum level of training required.³ While AHPRA currently has no plans to introduce standard training regulations, it states that practitioners should only perform a procedure if they have the “experience” to do so and can “deal with all routine aspects of care and any likely complications”.³ It also states that practitioners must participate in continuing professional development (CPD) relevant to their scope of practice and make their experience clear to patients.³ Many markets around the world are also taking or considering a similar approach.

From Dr McDonald’s perspective, to become an ethical aesthetic practitioner, all new medical, nursing, and dentistry graduates should gain practical experience consulting with and caring for patients before moving into aesthetics. “The skills you learn on the job are unrivalled and will stand you in good stead for communicating effectively with all types of people,” she says.

After committing to a dedicated period of aesthetics training, Dr McDonald then recommends shadowing an experienced practitioner to learn from them. She highlights, “Mentors can help teach excellent communication skills,

while enabling new practitioners to discover how to adapt and personalize techniques to individual patients.”

For those who already have experience, Dr McDonald suggests opening this opportunity to junior peers. The experiences gained from mentorship can help both the mentor and mentee to enhance and develop their ethical standards. “Asking questions and delivering feedback will help you reflect on your work and offer a fresh perspective on your principles, values, and how you approach treatments,” she says.

Prescribing

According to AHPRA, guidance that was included in the cosmetic surgery review on prescribing is also likely to be included in the nonsurgical regulations. The guidance states, “The prescribing medical practitioner remains responsible for the management of the patient” and those prescribers, “must have formal alternative arrangements in place” if they’re not available postprocedure, which includes having a nominated suitably qualified practitioner, arranged and documented in advance.³

Whether your country already has similar direction in place or is working toward this, Dr McDonald believes that to uphold integrity in patient care, clinicians should all be educating patients on the importance of seeing a prescriber trained in Medical Aesthetics, who will oversee their treatment and knows what to do in the event of a complication.

She says, “A face-to-face consultation and assessment by an experienced aesthetic practitioner, who can

prescribe the most effective treatment for individual concerns, is the best way to achieve successful results in the most ethical way possible. Most importantly, we need to explain to patients that if their treating practitioner is not a prescriber or their prescriber is not involved and available during the treatment, then they will not be able to quickly prescribe relevant corrective treatments in an emergency.”

Facilities

Like in several countries across the world and across most of Australia, there are currently no rules on where doctors, dentists, and nurses should carry out aesthetic treatments. Only in Tasmania (an island state of Australia) are there rules that state practitioners must perform injectable procedures in a medical facility that’s accredited by the Tasmanian government.⁴

Again, AHPRA states that the cosmetic surgery review guidance will be considered for inclusion in its nonsurgical review, with guidelines released earlier this year. There it says, “Medical practitioners who provide or prescribe cosmetic injectables or any nonsurgical cosmetic procedures that include injecting, piercing the skin or incisions, are encouraged to provide procedures in a facility that is accredited by an Australian Commission on Safety and Quality in Health Care (ACSQHC) approved agency to the ACSQHC’s National Safety and Quality Primary and Community Healthcare Standards”.³ It adds, nonsurgical cosmetic procedures must be performed in, “A facility that is appropriate for the level of risk involved in the procedure and the risk profile of the patient. Facilities must be appropriately staffed and equipped to manage possible complications and emergencies”.³

As ethical practitioners, Dr McDonald suggests you should always choose facilities that are hygienic and safe for patients. She says, “I think this is important to emphasize in our marketing and explain to the public why this is so important. Once people understand the risks, they will naturally choose to have their

treatment in an appropriate facility, and hopefully practitioners will begin to recognize the need to base themselves in a suitable location.”

Advertising

Australia currently follows AHPRA’s broader Guidelines for Advertising a Regulated Health Service, which has penalties of up to \$120,000 for breaches in certain parts of Australia.⁵ Among other points, this states that clinicians cannot use patient testimonials, that care should be taken when using before-and-after images and that gifts, discounts or other inducements to attract patients must not be offered unless the advertisement also states the terms and conditions of the offer.⁵

AHPRA also recommends that until it introduces its guidelines on advertising nonsurgical cosmetic procedures, nonsurgical aesthetic clinicians should follow the cosmetic surgery guidelines, which states: “Advertising should not glamourise cosmetic procedures, minimise the complexity of a procedure, overstate results or imply patients can achieve outcomes that are not realistic”.⁶

Following the release of the guidelines earlier this year, it’s expected that the ban on the use of testimonials will be affirmed, there will be more of a focus on the proper (or appropriate) use of before-and-after images, claims about expertise and qualifications, and clear rules on the use of influencers to promote your clinic and services.¹

Depending on the classification of the drug or product, clinicians are unable to mention any brand names on their websites, social media, or other forms of advertising.⁷ To add to the complexity, the Therapeutic Goods Administration that regulates prescription-only medicines states that: “It is not acceptable to use acronyms, nicknames, abbreviations, or hashtags of the medicine’s name (or some part thereof), which may be taken by a consumer to be a ‘reference’ to a specific medicine or substance”.⁷



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Dr McDonald explains that while this is ethically correct, it does mean there's a lack of understanding around what are well tolerated and clinically effective products. As an example, she says that patients may choose a filler that has minimal research behind it simply because it's likely to be cheaper, noting, "Unethical practitioners may buy the cheapest products to potentially make a profit from patients who have little concept of the safety, quality, and longevity of products."

While limitations exist in terms of what and how information can be communicated on social media in countries across the world, Dr McDonald emphasizes that it can still be

leveraged as a powerful tool to build trust, credibility, and reliability. "You should always be aiming to educate and support patients. You can create videos and posts that explain the answers to your most commonly asked questions, which will demonstrate your knowledge and considerations for each patient," she suggests.

Maintaining an ethical approach

While emphasizing that AHPRA's focus on aesthetics is welcomed and any attempt to regulate aesthetic practice across the globe is positive, Dr McDonald postulates that unethical behavior will always occur. To counteract this, she says it's essential to uphold the

values and principles within your own ethical compass and better educate patients as to the service and care they should expect.

Dr McDonald adds that it's also essential for clinicians to have a thorough understanding of regulation in your own country to ensure this links with their values and principles. "You should seek clarity on your country's regulations and aim to practice aesthetic medicine as you would any other field of medicine, whereby you aim to first do no harm, and secondly always do what is in the patient's best interest," she says, highlighting that as well as following the governing medical body within your country, it's beneficial to be part of industry associations and societies that will help members navigate regulations. Dr McDonald emphasizes, "It is the responsibility of all practitioners to ensure they are following the latest guidelines released by the governing medical body, so ignorance is no excuse."

Finally, Dr McDonald highlights that the key to maintaining an ethical approach is to put the patient at the center of everything you do. "If we're busy trying to prove that we're the best at something or aiming to convince someone that we're better than a local competitor, then this moves the patient from the center of our focus," she says, concluding, "The most successful injectors take care of the relationships they build with each of their patients. If there's one way to get through to unethical practitioners, we should remind them that the best way to make money in the long term is to gain patients who stick with you for life. This can only be achieved if you treat them ethically, safely, and with the respect they deserve."

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The responsibility of treatment decisions remains with the treating practitioner. Treatment requirements should always be based on clinician assessment of individual patient needs.

This article reflects the opinion of an individual practitioner Dr Cara McDonald.

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Recognizing The Importance of Consumer Education



Saudi Arabia

Dr Hytham Jamjoom highlights the ethical responsibility of clinicians to help to educate the public on aesthetic treatments

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As aesthetic treatments continue to increase in popularity, so too does the misinformation surrounding them. As medical aesthetics practitioners, encounters with potential consumers who don't understand the difference between products and procedures are likely. Consumers may also not be fully aware of the process involved in medical aesthetic procedures or the potential alternative treatments that may suit them better.

This can be fueled by social media, where millions of people share their results and talk about their experiences, while nonmedical and unethical practitioners can advertise their services with little evidence-based education on what treatment entails.

On Instagram alone, there are more than 700,000 posts related to aesthetics, including 160,000 posts with the hashtag #injectables.*¹ This gives an indication of the scale of the conversation and sharing of information on these topics, but without reviewing every single post we don't know how much is accurate. There are also thousands of webpages dedicated to aesthetic treatments, while procedures are discussed in magazines, on television, and at events around the world.

While practitioners can't control what others share, Canadian board-certified consultant plastic and reconstructive surgeon Dr Hytham Jamjoom says clinicians should make efforts to produce their own ethical and educational content, with the aim of superseding the masses of misinformation currently accessible.

And for those who already do create their own content, Dr Jamjoom suggests aiming to expand its reach. He explains, "Sometimes we tend to focus on our own practices and the needs of our demographic of consumers specifically, but improving consumer education on a wider scale should always be a consideration. Reaching more people with varied and tailored content will enhance understanding of our specialty and

position practitioners as a trusted and ethical clinician who puts consumers' needs first"

Here Dr Jamjoom shares his tips for disseminating valuable aesthetic consumer education and empowering audiences to make informed decisions.

Enhance your social media presence

With an estimated 5.17 billion social media users globally—63% of the world's population—it could be possible to reach a high number of prospective consumers on platforms such as Facebook, Instagram, and TikTok.²

And whether they become consumers or not, Dr Jamjoom highlights that social media and digital communications can be an excellent place to share ethical and factual information on aesthetic treatments. He advises, "Rather than focusing on directly promoting your services, think about explaining how a treatment works, who it is suitable for, what the side effects are, how long it's expected to last and the latest studies supporting its use, what are dos and don'ts and before and afters. Make it clear that the information you share is just a guide and does not constitute professional medical advice and all consumers should undergo a consultation with a qualified clinician before undergoing any treatment."

Write blog posts and share educational videos

"Website blogs and video content are also a good way to reach a significant number of people quickly, with the ability to be shared more widely on social media and in email newsletters for further impact," says Dr Jamjoom, highlighting that there's no limit to how much information to share, which helps build a reputation as a trusted source while contributing to ongoing education.

Blog posts don't have to be long—guidance suggests that a minimum of 500–700 words

“The more we can collectively do to educate the public on safe aesthetic treatments, the better.”

are enough to hold engagement.³ Dr Jamjoom advises talking to the audience in their language and trying to avoid specific medical terminology, to make the posts as concise and digestible as possible. The use of subheadings, bold and italics will help break up each section, and using examples and before and afters is also beneficial.

He adds, “The ideal length of an educational video will depend on the content and where you plan to share it. For example, short-form videos are great for TikTok, whereas a longer, more detailed piece would perform better on YouTube.”

It’s important to reference facts with official sources through hyperlinks and make it clear when information being shared is your professional opinion rather than fact.

Run in-clinic events

“Smaller, more intimate events can really enhance education on a more personal level without pressurizing people into a more formal consultation that they may not be ready for. Practitioners can get to know people individually, while enabling them to access accurate information and ask questions in a more relaxed setting,” says Dr Jamjoom.

He suggests doing research beforehand to identify any gaps in knowledge, enabling the focus of the event on specific products or treatments. Be ready with simple in-clinic brochures and leaflets that contain all the necessary information consumers can take away. The use of QR codes can direct potential consumers to trusted sources of information.

As well as delivering factual aesthetic education to communities, Dr Jamjoom highlights that clinic events bring everyone working in the clinic together as a team and ensures everyone is actively promoting the clinic’s values and principles that are integral to ethical practice.

Engage your local media

“To influence ethical practice and behavior, we need to reach the wider public, so working alongside the media can be beneficial,” says Dr Jamjoom. While large television networks and national publications may be inaccessible to many without professional public relations support, there can be journalists working on local newspapers or news channels, or the editor of a regional magazine, who may want to receive information from a reputable source to provide information on medical aesthetic treatments.

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Dr Jamjoom emphasizes, “National regulation updates, new treatment trends and survey results could all be of interest, particularly when supported by statistics. Remember that with every piece of information you share, there should be an educational message that benefits the medical aesthetic specialty as a whole alongside it.”

Empowering consumers to make informed decisions

While the ease of global accessibility to consumer information on aesthetic treatments can be celebrated, Dr Jamjoom reiterates that it also brings about challenges that he believes medical professionals have an ethical duty to address. He says, “While it is ultimately up to individuals to make informed choices that will support their health and wellbeing, we

must remember that harm can come from misinformation, so we should do all we can to enhance the quality of medical aesthetic information available on a worldwide scale.”

The suggestions here offer some ideas as to what clinicians can do to help to address consumer education on an individual and local level, but Dr Jamjoom emphasizes that further ideas and examples of trusted resources and approaches that have worked well in other countries are very welcome. He affirms, “The more we can collectively do to educate the public on safe aesthetic treatments, the better.”

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The responsibility of treatment decisions remains with the treating practitioner. Treatment requirements should always be based on clinician assessment of individual patient needs.

This article reflects the opinion of an individual practitioner Dr Hytham Jamjoom.

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Footnotes

*Stats taken from Brandwatch research conducted by Havas SO, December 2023. Search term: “#Injectables”. Content sources: Instagram. Search criteria: January 2019–December 2023.

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Right Product, Right Patient, Right Time



Brazil

Dr Marcel Vinicius outlines how practitioners can ethically manage patient and treatment selection

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As the saying goes, “with great power, comes great responsibility”—this is something all aesthetic clinicians should remember, according to plastic surgeon Dr Marcel Vinicius.

He emphasizes that educating patients and helping them make informed decisions on the most suitable course of treatment for their individual needs is imperative to ethical practice.

Some may have found this more challenging in recent years, largely because of increased awareness of aesthetic procedures and high expectations from treatment.^{1,2}

Research has suggested that this is partly due to the influence of social media and, in particular, the use of beauty filters.³⁻⁵ These can be used to alter the sizes, colours, shading, and characteristics of a person’s features in photographs and videos in real time. People can whiten

teeth, even and brighten skin tone, reduce body size, make lips look fuller and eyes look bigger and reshape jaws and noses.³

In 2022 Allergan Aesthetics in Brazil conducted a survey of 650 people between the ages of 18–50. Results found that 94% of respondents agreed that the overuse of image filters on social media can cause a person to stop liking their “real” image, preferring their “virtual” image, while the same number said that the overuse of filters can lead to a decrease in self-esteem.³

Additionally, 63% of people surveyed know or have heard of someone who has already stopped leaving the house or going on a date because they do not want to be seen in real life without the image filters, while 70% believe that younger people are most susceptible to problems caused by excessive use of filters on social media.³



As well as impacting mental health, the use of filters has been reported to create unrealistic standards of beauty, distorted self-perceptions and reinforce biases related to age, race and gender.⁶ Dr Vinicius notes that, in his experience, people feel they need to conform to these “ideals” and seek aesthetic treatment to help them achieve a “filtered” look in real life.

“Of course, as aesthetic clinicians, we know that this is not achievable,” he says, highlighting, “There is no one-size-fits-all formula to treatment, nor should there be this approach ever. Our procedures are designed to help enhance and celebrate each patient’s unique features.”

As such, Dr Vinicius emphasizes that aesthetic clinicians have a duty of care to educate patients on how natural-looking results that are bespoke to their needs can be achieved, without having to conform to the unrealistic looks seen with filters.

“To do this successfully, we need to select the right product, for the right patient, at the right time. Here I share my advice on this approach,” he says.

Consulting the right patients

Dr Vinicius acknowledges that when clinicians are just starting out in aesthetics, it can be tempting to treat every patient. From both a medical and ethical standpoint, however, this may not be appropriate. “Not only may a patient have contraindications to certain treatments, but they may also have unrealistic expectations of what we can achieve or we may not have the advanced skills required to address their concerns,” he explains.

In these situations, Dr Vinicius argues that clinicians must feel comfortable and confident to say no, adding,

“In my experience, saying no can attract more patients in the long term as people recognize you as a trustworthy and safe practitioner.”

It’s not unusual for patients to tell clinicians how they want to “look”—whether that’s through a photograph of a filtered version of themselves, a picture of a celebrity or descriptions of what they want to change—but this is not enough, according to Dr Vinicius. “I recommend focusing on how they want to ‘feel’ after an aesthetic procedure as well. This will help us thoroughly understand the patient’s motivations for treatment to ensure they have realistic expectations and are not suffering from a mental health concern.”

To enable patients to open up about their emotional drivers, Dr Vinicius advises striving to establish rapport, so they feel comfortable enough to share their thoughts and experiences. “To do this, I’d suggest listening carefully as patients speak, without interruption, and reassuring them that you understand. Be direct and say, ‘I understand you—this is how I think I can help.’ It’s also worth reminding patients that everything they say will remain confidential,” he says.

Finding the right product

Once a practitioner can be confident that a patient is suitable for treatment with them, the next step is to choose the most suitable products for their individual needs.

Dr Vinicius highlights that with increased awareness of treatments, products and brands, comes demand from patients on what they think practitioners should be using and how. He says it’s not unusual for patients to request particular brands or dosage.

As such, a thorough understanding of the science behind each product offered to



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patients and the clinical studies supporting their safety and efficacy is essential. “This goes hand-in-hand with anatomical and facial aging knowledge, which will help ensure you select the right product for each individual concern and patient,” advises Dr Vinicius.

As the number of aesthetic products continues to expand globally,¹ choosing cheaper products to make a profit can be tempting. “That’s why I believe your motivations for working in this specialty must be bigger,” says Dr Vinicius, explaining, “Your focus should be on achieving patients’ desired goals—and this cannot confidently be achieved by cutting costs on products that may not be as well tolerated or proven effective for the desired treatment.”

He recommends that practitioners talk to patients about their choices to help them better understand their suggestions and gain confidence in their care and skills. “Try to avoid overly scientific language and instead tell them about how many clinical studies have been conducted, how many patients have been successfully treated with the products you use, and their complication rate around the world,” suggests Dr Vinicius. He adds that it’s also essential that practitioners are transparent about the different products they have available and to acknowledge if something they don’t offer may be more appropriate. “Advise patients on the pros and cons of each and decide on the best course of action together.”

It is Dr Vinicius’s belief that by carefully considering product choices in partnership, while educating patients on their own selections, practitioners will go a long way to achieving desired results and establishing themselves as ethical.

Treating at the right time

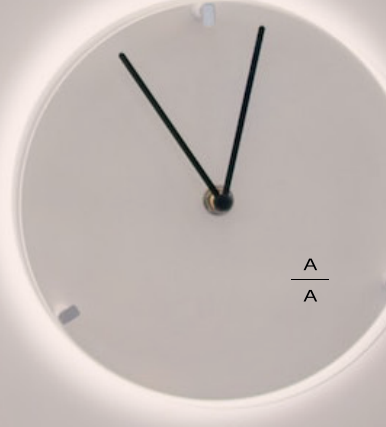
In a world where any information can be found almost instantaneously, aesthetic patients will often seek quick fixes to their concerns and demand particular treatments at precise times.^{2,7} While making patients happy is important, Dr Vinicius believes we must first ensure that their treatment timeline is scientific and well tolerated.

“Thanks to our clinical knowledge, we know that doing exactly as they request will not always provide the best results,” he says, advising, “Using simplified language to explain this to patients can help. Analogies such as, ‘We wouldn’t paint the car without fixing the engine’ can help in this circumstance—people can relate it to their own lives to help them understand your approach.”

Some patients may be in a rush to get lots of treatment in a short amount of time. While this is possible, Dr Vinicius emphasizes that they need to understand associated downtime and how this may be extended if they have multiple procedures. “They should also be aware that it can take longer to see results with certain treatments,” he says.

And it’s not just the order and spacing of treatments that clinicians must consider. Dr Vinicius highlights that, “We must also determine individual circumstances, and whether now is the right time in our patient’s life to have certain treatments.”

He continues, “We need to establish that they’re legally old enough, whether they really need this treatment or whether their degree of aging is too severe and surgery may be a better option. It could be worth establishing a relationship with a local surgeon who you can refer patients to if necessary.”



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“Determining whether this is the right time in a patient’s life for treatment is just as important as establishing an appropriate treatment timeline”

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Dr Vinicius advises that clinicians should also investigate life changes; for example, women who are peri/menopausal may see more rapid aging changes, while a divorce or personal trauma may encourage someone to rush into treatment. Again, Dr Vinicius highlights that this relates back to patient understanding and the emotional drivers that may be at play.

Determining whether this is the right time in a patient's life for treatment is just as important as establishing an appropriate treatment timeline. "In my experience, explaining why you're making these recommendations will enhance your reputation as an ethical and trustworthy practitioner," says Dr Vinicius.

Recognizing when to say no

Whether it is beauty filters fueling demand for unrealistic results, or influencers, models and celebrities setting trends that can't be achieved in all patients, clinicians will always face the task of managing expectations.

In Dr Vincius's opinion, to dismiss these challenges would be neglecting a duty of care and behaving unethically as a medical professional.

"Recognizing that we should not treat everyone all the time, and certainly not without evidence-based products is hugely important, as is being able to tailor treatments to individual needs and having the strength to say no when something is not appropriate," he concludes.

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This article reflects the opinion of an individual practitioner Dr Marcel Vinicius.

Material funded and produced by Allergan Aesthetics, an AbbVie Company.

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Communicating Effectively with Younger Patients



Switzerland

Dr Marva Safa shares her approach to building relationships while maintaining integrity

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A new generation of younger patients are emerging savvier than ever. They often know exactly what treatments they are seeking and how to get them.¹

Some clinicians may argue this makes their job easier. It may potentially improve consultation experiences and achieve desired outcomes.² If they disagree with their requests, they might send them on their way. Ethically, are either of these approaches appropriate?

Ten years ago, antiaging specialist Dr Marva Safa had an encounter with one patient that considerably changed her viewpoint. Here, she shares the story...

“A patient I had been treating for many years brought her 19-year-old daughter into the clinic, explaining she wanted her lips injected. I asked the daughter why and she said, ‘I want to look like Angelina Jolie’. I responded, “You’re far more beautiful than Angelina Jolie and you don’t need your lips done”.

This was the truth, in my opinion, and I explained that treating someone of her age did not align with my ethics. They both accepted my response and left the clinic. Six months later, however, they were back. The daughter had gotten her lips injected elsewhere. They were overfilled and lumpy, and she was understandably very unhappy with the result.

I resolved the issues by dissolving the filler, which both mother and daughter were appreciative of. Despite this, my patient said, ‘You know, in a way, this is your fault. I’ve only ever trusted you and, if you had treated my daughter initially, she wouldn’t have had this complication. You know that young people do what they want anyway’. This one comment changed my practice forever.”

Understanding generational psychology

Before this experience, Dr Safa’s professional interaction with patients from a younger



generation to her own was limited. Like many medical aesthetic professionals, her patients were mainly aged 40+ and from what are known as Generation X (Gen X; born 1965–1980) or the Baby Boomer generation (born 1946–1964).³

She realized, however, that demand from Millennials—young adults born between 1981 and 1996³—was only going to increase. Fast forward 10 years and Generation Z (Gen Z; born 1997–2012)³ are also requesting treatment from her.

To avoid further negative interactions like the one described, Dr Safa began thinking more about the psychology of younger people—particularly focusing on how they act, communicate, and make purchasing decisions. “Research and data show that different generations have unique approaches to life.” she says.

A literature review published in the European Journal of Research and Reflection in Educational Sciences in 2020 highlights, ‘Educators in all education levels and fields, counsellors, administrators, and leaders clearly recognize that the new generation’s psychology is different. They think, learn, and act differently because they live in a world occupied by digital information’. One of the key learning outcomes of this paper was that understanding where members of each generation are ‘coming from’ is key to working with them more effectively.⁴

And while it’s fair to say that most Millennials and Gen Z do generally consume and utilize information in a different way to that of Gen X and Baby Boomers,^{4,5} other research encourages dropping of these labels and recognizing that approaches and attitudes are more a result of maturity rather than the era in which someone is born.⁶ Dr Safa suggests, “This, in my view, is something important to consider if we’re to retain life-long patients.”

One such study published in 2022 measured the ‘Big Five personality traits’—a theory of personality

widely accepted by psychologists—of more than 4,700 participants every seven years from 1963 to 2012.⁷ These traits are conscientiousness, agreeableness, neuroticism, openness to experience, and extraversion.⁷

Psychology Today reported that the results found, “As people aged, they tended to report greater conscientiousness and agreeableness, and less negative emotionality and openness”, which could be attributed to “maturing” with age and is not dependent on what generation they are part of.⁶ The report continued, “We tend to become more responsible, perhaps a bit easier going, and less likely to be rocked emotionally by life’s ups and downs due to greater experience and perspective. At the same time, there is a kernel of truth to the stereotype that later in life we may be less open to different ways of thinking and living”.⁶

“I can recognize these trends in my patients and it’s likely you can with yours too,” highlights Dr Safa, explaining, “Younger patients can certainly be more confident exploring aesthetic treatments, but they may be less agreeable and quick to move on if you’re not satisfying their goals.”

So, if clinicians are to communicate, and potentially treat, younger adult patients ethically and effectively, what should they consider? Here’s Dr Safa’s approach.

Listen in.

Younger adult patients tend to go into the clinic armed with knowledge. “They’ve done their homework, are extremely savvy and have checked out your training and qualifications. The first consultation for them is like a test of authenticity,” says Dr Safa.

She explains that like every other generation, they want to sit down and be listened to, so clinicians need to give them this opportunity to talk. “As medical professionals, we can be arrogant in that we think we’re going to tell

“We need to give patients the space to talk and crucially, we need to ‘listen in’-and by this I mean really listen.”



them what to do—particularly if they are younger than us,” she says. In fact, research has shown that, on average, doctors start talking within 11 seconds of when a patient comes in.⁸ “This needs to change. We need to give all patients the space to talk and, crucially, we need to ‘listen in’—by this I mean really listen. From here, we’ll begin to connect with them.”

In Dr Safa’s experience, the younger generation latches on to empathy and appreciate feeling like they’ve been heard. Often, they feel rejected by their elders who may perceive them as the lazy, ‘quick fix’ generation. This can be fuelled by misconceptions that Millennials are ‘narcissistic’ and ‘overly entitled’^{9,10} but, in Dr Safa’s opinion, this is wrong.

“As the personality trait research indicates, younger adult patients may be less agreeable, but when it comes to aesthetics, this is often because they’ve done their research and they are clued up on their options, which is hugely different to older or different generations,” she says, advising, “As with any patient, regardless of age, it’s our job to ensure we present the pros and cons of all their options.”

Understand demand.

Unlike their elders who are reacting to the changes they now see; the younger generation is proactively trying to address the early signs of aging. “Yes, sometimes, they want to plump their lips or have injectable treatments that perhaps we think they don’t need, but generally their main goal is to enhance their skin quality and address their aesthetic concerns, which is something we can help with,” says Dr Safa.

She has found that this is largely influenced by how they see their parents aging, along with social media where flawless “filtered” skin and Korean Beauty (also known as K-Beauty) are big trends. K-Beauty is famed for its extensive skincare routines and the

“glass skin” trend—crystal clear, transparent skin with an ethereal sheen to it.¹¹

“While younger adults have learned what skincare can help them achieve this, many also acknowledge that professional intervention and, perhaps, injectable options can create the look they’re hoping for. They know we now have a myriad of treatments available that can work, and they aren’t afraid to explore options.”

To gain the clearest understanding of what they want to achieve from treatment, Dr Safa asks patients to talk about their goals, rather than sharing her assessment too early on. “Instead of saying, ‘You have dry skin so we need to hydrate it’, I’ll ask them what results they would like to see in an ideal world,” she explains.

“This gives me an indication of how realistic their goals are, which guides me to find the appropriate treatment option and best manage their expectations. It also allows me to educate them on why some treatments may not be suitable right now but could be something we can explore in the future. More often than not, they value my honesty and appreciate having a long-term plan in which I take their goals seriously.”

Build loyalty.

Dr Safa emphasizes the importance of genuinely caring for and supporting patients throughout their wellness journey, otherwise, they may choose to leave. They are not loyal to a “brand”, they are loyal to the experience. Research supports this, with one study identifying that Gen Z are most prone to switching brands out of any generation.¹² Another found that just 37% of Gen Z fell into the “loyalist” category, compared to 56% of Baby Boomers.¹³

That said, if practitioners demonstrate a strong ethos that aligns with their younger patients’ beliefs then they can count on their loyalty. Research further supports this, with 68% of Gen Z and Millennials saying their purchases reflect

their personality, values and beliefs. For Baby Boomers, this statistic drops to just 43%.¹³

“In my experience, younger patients become loyal when they have a positive experience with you, where they feel validated, catered for, and listened to. When communicating with patients, it’s important to focus on their needs instead of being transactional,” according to Dr Safa.

She continues, “Bear in mind they have grown up online, so this is the first place they’ll turn if they have something good or bad to say. As opposed to their parents, who may tell one or two friends about their experience with you, these patients may tell their whole online community. They can reach thousands of people with just one message, so consider this in all your communication.”

Be honest.

As with any patient, it’s essential that their goals are aligned with the technical capabilities

of the treating practitioner, advises Dr Safa. “If you try to do something that you think will address your patient’s concerns, but isn’t within your skillset or beliefs, then this is where you’ll run into problems. Don’t treat your patients to make money—remember this is medicine and these people are patients,” she says.

Dr Safa further advises, “Put forth your expertise and passion, while being transparent about what you can’t or won’t do.”

So where can the line be drawn when treating the younger generation or even just having a conversation with them? “In my view, regardless of whether you decide to treat or not, everyone has a right to be educated and advised about medical aesthetics,” suggests Dr Safa.

She elucidates, “Ultimately, listening carefully to what each patient has to say allows you to consider the most authentic and ethical approach—whether that includes treatment or not—for their individual needs.”

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This article reflects the opinion of an individual practitioner Dr Marva Safa.

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Demonstrating Integrity on Social Media



United States

Dr Kavita Mariwalla details her approach to staying ethical online

The use of social media has become the norm for most businesses across the world. With more than three billion people using social media globally every month,¹ and the average person spending approximately 143 minutes per day on social channels,² having an online presence can help reach new patients while building trust and authority in the medical aesthetics industry.¹

In Dr Mariwalla's opinion, social media can give aesthetic clinicians the opportunity to highlight the multiple benefits of treatments, share advice on how to find a qualified practitioner and provide prospective patients with information on standards and experiences they should expect when undergoing an aesthetic procedure.

While each country has different rules and regulations around the promotion of aesthetics on social media, there is generally freedom when it comes to creating content. This enables clinicians to connect to their audiences, for education while simultaneously building their reputation as experts within the field. Unfortunately, it also makes it easier for inaccurate information to be shared which can "go viral", potentially encouraging unethical practice, and potentially having a negative impact on the medical aesthetics industry as a whole.

Dr Kavita Mariwalla is a double board-certified dermatologist and Mohs surgeon based in

the US. With a following of more than 96K Instagram users, Dr Mariwalla works hard to ensure her content is educational and ethical. Here she shares her experience and advice.

Social media can be an empowering platform when used correctly

"I use social media as it allows me to give patients a realistic view of what to expect and what can be achieved with aesthetic treatments," Dr Mariwalla explains, adding that patients often report how her content helps ease their nerves and makes them feel safe.

She says that issues stem from some aesthetic clinicians seeing social media as nothing more than a marketing tool to gain more patients. Instead, Dr Mariwalla argues, medical professionals should be looking at it as an education and empowerment platform.

What social media should not be, adds Dr Mariwalla, is a place to diagnose conditions or provide medical advice. She highlights, "I always ask myself, if this person stopped me in the street, would I give this advice? No, this is inappropriate and unethical. I would ask them to come to my clinic to be consulted and assessed appropriately, so the same approach should apply on social media."



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Ensuring content is appropriate

Before posting any type of content, Dr Mariwalla highlights the need to recognize the audience—who may view and be influenced by information shared.

In her own practice, she notes that an increasing number of younger patients find her through social media even before visiting her website. This is supported by statistics that indicate 31% of people in Generation Z (born 1997–2012) prefer to find information through social media rather than search engines, with this number expected to grow as their careers progress and they have more disposable income.³

Being responsible for aesthetic-related content is therefore essential. Dr Mariwalla advises, “Do be aware of your reach, take care to identify that your content is for adults only and bear in mind how your content can be conceived by your audience.”

Sharing expert-led and evidence-based information

Firstly, Dr Mariwalla advises that it’s imperative you clearly identify your credentials on social media. “People want to know who’s giving this advice and what qualifies them to do so,” she says, adding, “Ethically, this is absolutely essential.”

Dr Mariwalla then emphasizes that you’ll never go wrong when sharing evidence-based information. She recommends, just like a consultation or written articles, people should be told about the research and source behind the information, the pros, the cons, and any risks associated.

And if there isn’t sufficient evidence to support a product or treatment, for example regarding off-label usage, Dr Mariwalla advises to avoid online discussion. “If there’s a lack of clinical evidence behind products being used in certain ways, then I’d recommend steering

clear of sharing such content and engaging in related conversations on social media.”

“Where you will go wrong, and run the chance of damaging your reputation, is when you start sharing controversial material. Most people know when they’re saying or doing something salacious,” says Dr Mariwalla, noting that while it may generate interest and visits to your profile, medical professionals must consider whether this is something they would share with potential patients offline.

She advises, “Always go back to your ethical compass and consider whether this type of discussion would fit with the values and principles you originally set out to uphold,” she says, adding, “Remember, your content reflects your profession, not just you.”

Navigating trends

New styles to deliver social media content are emerging every day, with some attracting huge audiences with high engagement. These include trends like “reaction videos” whereby a person will record themselves watching a popular video for the first time and share their raw reaction, and “behind-the-scenes” style posts for sharing the inner workings of businesses.

While some social media experts suggest that participating in such trends can be beneficial as it “humanizes the brand and helps establish a stronger connection with consumers”, the audience’s interests and values should be taken into account.⁴

Dr Mariwalla highlights the importance of considering whether it’s appropriate for a medical professional to take part and, if it is suitable, to remember to maintain authenticity. She advises clinicians to think about whether their posts will be viewed in their intended context or consider whether it could be interpreted in a way that could appear insincere or opportunistic.

It's also important to consider the aesthetic trends attracting patients' views and enticing them on social media. Dr Mariwalla says, "Some people might want to achieve a specific look they've seen on social media, but we must advise them that best results come from a personalized consultation that assesses their individual requirements, followed by treatment tailored to their individual features."

Establishing authentic partnerships

Influencer-led content has become a popular digital marketing strategy that many businesses use on their social media channels. Recent statistics indicate that seven out of ten consumers trust influencer recommendations just as much as the opinions of their real-world friends, while one in four consumers have purchased a brand or product based on an influencer recommendation.⁵

Dr Mariwalla believes that whether aesthetic clinicians work with influencers or become influencers, maintaining authenticity is essential. Research suggests that 94% of consumers cite authenticity as a key reason they follow certain influencers, while also highlighting that it isn't exclusively about unfiltered images or captions.⁵ Instead, consumers believe authenticity is defined as honesty and transparency regarding when an influencer is being paid or compensated for the things they promote, with 75% noting that it's about sharing both the positive and negative aspects of what they're promoting.⁵

When working with influencers, Dr Mariwalla emphasizes that it's important to consider, "Does the influencer have a real need for, or actually want the product or service you're offering as part of the campaign? And will what they say sound true and interesting to your audience?"

The future of social media

With the number of global social media users expected to increase to six billion by 2027,⁶ it's likely that the types of content produced on aesthetics specifically will

evolve. Artificial Intelligence (AI) is already beginning to play a huge role, with Forbes reporting that despite the extensive benefits it offers, "regulatory frameworks and ethical guidelines still have to catch up."⁷

In the aesthetics world, clinicians are already noticing concerns with AI due to its ability to effortlessly alter before-and-after images that can lead to unrealistic expectations. Dr Mariwalla says, "People sometimes can't distinguish between what's real and what's photoshopped or AI-generated content, so clinicians have a responsibility to help make these identifications." She explains, "We're seeing an alienation of the human face online, with photos on social media creating perception drift. I have people coming in perseverating over their pores, because they only see poreless skin online where people have used ring lights, filters, and makeup, in their images—and this isn't just regular people, this is also seen in inauthentic content from aesthetic clinics."

As digital capabilities expand further, the metaverse (an emerging immersive 3D virtual world, considered to be the "future internet") will bring new opportunities for clinicians to interact with patients in virtual "meta-clinics".^{8,9} Dr Mariwalla highlights that clinicians will again have an ethical duty to identify the difference between the real and digital worlds, with considerations for how they communicate with patients in both. She points to research that emphasizes that the metaverse will undoubtedly have an influence on our lives, stating, "It is important to think in advance (now) about potential social and ethical challenges, and design strategies to mitigate them... We can and should learn from the experiences with AI, a transformational technology with also a huge impact on society, whose use needs to be managed carefully."⁹

Evolving social media ethics

It may be easy to be swept away with the many "new norms" that come with social media development, so Dr Mariwalla urges clinicians to stop and do what she calls an "internal check". "Ultimately, this is what

ethics is—it's the internal voice that reflects an individual's own morality," she says. As social media grows, it will be necessary to review and ensure personal values and principles continue to be in line with emerging ethical standards and regulations online.

It's important to remember that this internal reflection shouldn't be limited to in-person

communication, concludes Dr Mariwalla, emphasizing, "We must also consider the evolving social and digital landscape and how we present ourselves and our industry online to those with whom we already have relationships as well as the huge numbers of unknown people we may reach."

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Successfully Consulting with Patients



Canada

Dr Shannon Humphrey discusses her approach to conducting ethical consultations

As healthcare professionals, we commit to following codes of conduct relevant to the countries where we practice. While wording may vary, the general principles of ensuring we uphold professionalism and integrity largely remain the same.

In Canada, where dermatologist Dr Shannon Humphrey is based, the Canadian Medical Association's Code of Ethics and Professionalism talks specifically about the patient-physician relationship. It states:

"The patient-physician relationship is at the heart of the practice of medicine. It is a relationship of trust that recognizes the inherent vulnerability of the patient even as the patient is an active participant in their own care.¹ The physician owes a duty of loyalty to protect and further the patient's best interests and goals of care by using the physician's expertise, knowledge, and prudent clinical judgment."¹

This guidance is something that Dr Humphrey hopes all clinicians agree with. "The relationships we build with our patients are crucial to their care and, it is my belief that we should all strive to put as much effort into doing so as possible. A patient's consultation is the perfect opportunity to outline our values and principles, setting

out how we will put their needs first guided by our ethical compass," she says.

According to Dr Humphrey, the starting point is to never book a consultation for a particular treatment—the consultation is always for the person. She explains, "Otherwise, the patient may get fixated on a certain treatment that may not be the best option for them. The purpose of the consultation is to get to know the patient, their concerns, and the best treatment approach for their individual features."

From here, Dr Humphrey suggests that the factors that make an ethical consultation are the ability to listen, manage expectations, and have transparent conversations about expected results, side effects and cost of treatment. "While every clinician will have their unique approach to consultations, implementing these key factors will demonstrate our integrity as medical professionals and ensure we achieve optimal results for our patients," she says.

Here she outlines how to integrate them ethically and successfully.

Active listening

"Really understanding and effectively responding to what patients want and need

through active listening will go a long way to enhancing the integrity of your consultations and professional reputation,” says Dr Humphrey. With this belief in mind, she has spent several years developing her listening skills to help uphold ethical communication with patients.

“I’m not ashamed to admit that I haven’t always got the consultation right. When I first started out, I had the belief that I knew everything. All I did was talk. Now, almost 15 years on, all I do is listen,” reveals Dr Humphrey, explaining, “I began to change my approach when I realized that treatment outcomes weren’t optimal for my patients, because I wasn’t taking time to understand their emotional drivers, expectations, and goals.”

While listening sounds simple enough, Dr Humphrey has found that there are methods to improve your approach. “Ideally, from my experience, you should sit at eye level and use open-ended questions to get to know patients,” she suggests. Instead of following a checklist of “Do you want this? Or do you want that?,” Dr Humphrey recommends asking questions such as:

- Tell me why you’re here?
- How do you feel about aging?
- Tell me what you see when you look in the mirror?
- Did you come here wanting to talk about anything specific today?
- What have your experiences been like so far?

When the patient is speaking, Dr Humphrey advises not to interrupt. “Don’t stop the patient—let them speak until they finish and there’s an opportunity for you to ask clarifying questions,” she says, adding that it can also be beneficial to avoid taking notes while the patient is talking. “In my experience, it can make some people feel as though you’re not focusing on them properly. It’s a skill that takes practice, but it goes a long way to establishing trust and rapport, while uncovering the real emotional drivers as to why patients come to our clinics.”

Dr Humphrey states that the key to active listening is paraphrasing—briefly repeating back to the patient what they’ve said. She explains, “This not only reassures you and them that they were heard correctly but gives the patient an opportunity to clarify exactly what they mean.”

Finally, Dr Humphrey ends her consultations by asking: “Was there anything else we didn’t cover that you’d like to discuss before we start talking about what treatments might be right for you?” She confirms, “Inevitably, I find that patients do have more to say and give you even more information to work with.”

Manage expectations

Managing expectations is inherent to every ethical aesthetic consultation and treatment and is not always easy to get right.

“Active listening goes a long way in understanding a patient’s expectations. If you’re unsure on exactly what their goals are, don’t be afraid to ask and encourage them to be as detailed and specific as possible, while handing them the mirror to point out what areas they’re talking about and the changes they want to see,” advises Dr Humphrey.

If you find that a patient’s expectations are not aligned with yours, she stipulates that you should remain compassionate and warm, but make a very clear statement that their goals are not realistic, before outlining what could be achieved.

Being aware of the risks of body dysmorphic disorder (BDD) is an essential part of an ethical consultation and managing expectations. Dr Humphrey says, “I incorporate screening questions into the consultation process, asking patients what kind of impact their concern has on their life and how much of the day they spend thinking about it or looking in the mirror. If I have concerns, then I will directly address BDD—asking the patient if they’ve heard of it, explaining what it means and how we can help. Sometimes, this may mean refusing treatment all together.”

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She highlights that if you have effectively outlined your values and principles at the beginning of the consultation, then patients will generally accept your judgment and respect your ethical approach.

Remember communication and transparency is key

In Dr Humphrey's opinion, communication skills, alongside technical and product knowledge, are of equal, critical importance when it comes to ethical practice, she says, explaining, "A positive treatment experience is not solely based on the

product or the technique. It's the interaction each person has with the treating practitioner and the overall experience they have at their clinic."

Dr Humphrey summarizes, "To me, the future is bright. I believe we can work together as a community of aesthetic healthcare professionals to improve our listening and consultation skills to create safer, better outcomes and, ultimately, have happy and satisfied patients."

“A positive treatment experience is not solely based on the product or the technique. It’s the interaction each person has with the treating practitioner and the overall experience they have at their clinic”

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The responsibility of treatment decisions remains with the treating practitioner. Treatment requirements should always be based on clinician assessment of individual patient needs.

This article reflects the opinion of an individual practitioner Dr Shannon Humphrey.

Material funded and produced by Allergan Aesthetics, an AbbVie Company.

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Supporting National (or Public) Healthcare Systems



United Kingdom

Dr Sophie Shotter shares her experience of working with the UK's National Health Service to aid partnerships with public health services around the world.

In the UK, most healthcare is state funded by the National Health Service (NHS). This means that patients largely receive medical appointments and treatment free of charge, with cost being covered by general taxation¹

As one would expect, because most aesthetic procedures are elective, they are not typically covered by the NHS.² Yet, when things go wrong, many patients turn to the NHS for support.³ Aesthetic practitioner Dr Sophie Shotter believes this may be because they don't realize their aesthetic practitioner can and should be able to help, they can't get hold of their treating practitioner, they have been turned away as the practitioner does not know how to manage complications, or the patient has simply lost trust in the practitioner's abilities.

Members of the British public have spent their whole lives depending on the NHS and, in Dr Shotter's experience, expect staff to be able to help with anything. Unfortunately, however, she says this is not the case.

The NHS' understanding and approach to adverse events

"Medical professionals in the UK do not receive any education in aesthetics when they are training to be a doctor or nurse so, through no fault of their own, are unlikely to even recognize the treatments we offer, let alone how to manage an associated complication," explains Dr Shotter.

She notes that many clinicians will simply refuse to see a patient if they present to a general practice or Accident & Emergency (A&E) with an aesthetic complication, while others may refer to the dermatology or plastic surgery departments with the hope that someone there may be able to help.

"If the patient is lucky, they might see someone with knowledge of aesthetics who will know what to do. If they're not, their complication can be made worse through ineffective or inappropriate management. For example, I've seen vascular occlusions being surgically debrided as opposed to dissolved, and



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unnecessary antibiotics being prescribed without the patient even being assessed.”

Additionally, patients turning to the NHS for support may be met with negativity from staff. Dr Shotter explains that some regard aesthetic complications as “self-inflicted” problems and place a lot of judgment on those who choose to have treatment.

Recognizing responsibility

Fundamentally, Dr Shotter believes that the NHS should not have to deal with complications from aesthetic procedures. She explains, “As well as being extremely stretched with their usual workload, NHS practices and hospitals do not routinely stock the equipment necessary to deal with certain complications.”

From an ethical standpoint, Dr Shotter’s view is that the responsibility should always lie with the treating practitioner. “Unfortunately, though, with a lack of regulation on who can carry out procedures, and no minimum training requirements in the UK, complications will continue to occur, and patients will continue to turn to the NHS for support,” she says.

While there aren’t exact numbers of those going to the NHS, there is an idea of the scale of the problem based on statistics from the British College of Aesthetic Medicine (BCAM). The organization’s annual review identified that 82% of its members (331 doctors and dentists) had treated complications following treatment performed by other practitioners in 2022, with 3,323 complications reported in total.⁴ Of course, these statistics do not include complications handled privately by non-BCAM members or those seeking help from the NHS.

With growth forecasts predicting that demand for aesthetic treatments is going to continue to rise exponentially—the global industry was reportedly worth \$15.4 billion in 2023 and is expected to reach \$25.9 billion by 2028⁵—it’s inevitable that NHS staff will see more and more complications—regardless of whether it’s appropriate for them to do so or not.

Dr Shotter emphasizes, “As ethical medical professionals ourselves, I believe it is our duty to support them as best we possibly can.”

Changing attitudes

The aesthetics community should start by aiming to change the negative perception of aesthetics, advises Dr Shotter, emphasizing that doing so may enable more NHS and public health staff around the globe to understand why people seek treatment and have more empathy when things go wrong.

She says, “A way in which I do this is to remind NHS clinicians that we all make decisions that put us at risk. For example, I ask, ‘Would you refuse to treat someone who has had an accident after doing a bungee jump or participating in a sports game?’ We must remember that this patient is a person with insecurities who has invested time and money to make an improvement to their life. They probably look and feel a lot worse off now, are very upset and vulnerable, and need support rather than judgment.”

Next, Dr Shotter recommends focusing on why NHS staff should learn more about aesthetics and how they can realistically access education. “My experience has taught me that very few NHS medics have any knowledge of aesthetics at all, which is why I ran an accredited training day in 2023.”

Along with an esteemed faculty of aesthetic practitioners, dermatologists, and plastic

surgeons, Dr Shotter's event educated NHS peers on the different types of treatments available, the substances used in products, and how to recognize adverse events associated with them. "We also placed a real focus on empathy and understanding why patients sought aesthetic treatment in the first place," she says.

The course was completely free of charge, yet Dr Shotter notes she had real difficulty promoting it and getting the NHS on board. She comments, "While we had a great turnout in the end, it was mainly clinicians who had already seen aesthetic complications and wanted to learn more. This made us realize that we need to build awareness of the risks beforehand. Overall, the event certainly reminded us of how education can improve ethical practice and inspire others to do more to enhance patient safety."

Going forward, Dr Shotter says, "While I don't think it's realistic to ever expect aesthetics to become its own medical speciality within the NHS, I would love to see it covered as part of learning modules in standard medical education. We spend time learning about extremely rare rheumatology complications, so why not also look at the risks of various aesthetics procedures, which can be a lot more common?"

She suggests that training could fit within dermatology, plastic surgery, general practice or emergency medicine. "It does not have to be extensive, but should cover the basics of what aesthetics is, the standard treatments it incorporates, and the risks associated with these that you may see in an NHS practice."

Dr Shotter acknowledges that moving toward this won't be easy but suggests by working together to emphasize that aesthetic complications will continue to be a growing problem for the NHS and public medical services in other countries, while offering clinicians the necessary

support to deal with them, there's no reason why practitioners can't facilitate change.

Let's look at what she believes the industry can do to help individually and collectively...

Individual approaches

"We all have social responsibility within our communities and should be doing everything we can to protect patients from harm. We must take ownership of our specialty, and each do our bit to uphold high standards," says Dr Shotter.

Firstly, she suggests that all clinicians should have an appropriate level of medical or nursing experience before embarking on a career in aesthetics. "We are seeing more and more people completing their medical qualifications and starting aesthetics straightaway, with little understanding of how to take good care of someone. This can lead to the clinician regarding the people they treat as money-making tools, with little regard for their wellbeing, rather than considering them as medical patients who need caring for."

Secondly, Dr Shotter emphasizes that clinicians must take responsibility for everything that could go wrong. "I'm often quite shocked by the lack of knowledge some medically trained aesthetic clinicians have on the potential complications of the treatments they offer. Many don't seem to consider training in prevention and management until they are faced with an issue, which is often too late. Staying up to date with the latest research and guidance is essential for those wanting to position themselves as an ethical, safe, and trusted medical aesthetic practitioner," she says.

It's also essential that practitioners make patients aware of the risks of aesthetic treatments, while emphasizing that they should return if they have

any concerns. “I’d recommend telling them about complication prevention and management strategies and giving them emergency contact details, so they’re confident in our ability to help. Providing this clarity will prevent our patients turning to the NHS or other public services unnecessarily,” advises Dr Shotter.

While some experienced practitioners will choose to give up their free time to manage complications, Dr Shotter notes that it’s important to acknowledge that not everyone should feel the need to do this. It requires skill and time, as well as the added consideration of liability.

Something she suggests practitioners can do, though, is liaise with peers in their area to see if there’s an appetite for a local education day to share knowledge and set up referral pathways. “By educating other practitioners, we are ultimately helping more patients,” highlights Dr Shotter.

She continues, “You can also consider offering free training to your local general practices and A&E departments. Establishing a relationship with the medical teams in your area can not only ensure they’re able to manage complications appropriately but can also improve understanding of aesthetics and help clinicians develop compassion for patients faced with a complication.”

Working in collaboration

While working independently is valuable, Dr Shotter believes a collaborative approach is essential. “One person cannot take on educating everyone in the NHS or other public health services and, ultimately, we want to achieve consistency of care across the UK and globally,” she says, emphasizing, “To reach such a unified approach, we need to put aside politics and work together.”

Dr Shotter recommends supporting bodies like the Aesthetic Complications Expert (ACE) Group World and the Complications in Medical Aesthetics Collaborative (CMAC), which exist to research management of adverse events and educate practitioners. Through their prevention and management protocols, both these organizations now have a global reach, enabling those in other countries to contribute and learn too. She highlights, “Becoming members of these organizations not only supports us as individual clinicians but helps fund further research and educational events to benefit the specialty as a whole.”

A global strategy

Speaking candidly, Dr Shotter says, “Experiencing complications is of course not the aspirational side of aesthetics, but we must respect that it’s a by-product of what we do and take responsibility for our patients’ safety. With the specialty only expected to grow, and regulation in the UK still yet to be implemented, it’s likely that patients will increasingly face complications and turn to the NHS for help, unless we act now.”

And it’s not just a British problem—while healthcare systems across the world are structured differently, they still face their own complication-related issues.

As ethical, compassionate aesthetic practitioners, Dr Shotter emphasizes the need to pool resources and work collaboratively to educate all medical colleagues, in order to raise standards of complication prevention and management on a global scale.

“We all have social responsibility within our communities and should be doing everything we can to protect patients from harm.”

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This article reflects the opinion of an individual practitioner Dr Sophie Shotter.

Material funded and produced by Allergan Aesthetics, an AbbVie Company.

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The Ethical Influence of China's Authentic Alliance



China

Dr Zhang Yuguang comments on how the country's authenticity campaign has shaped ethical practice

With the Chinese medical aesthetic market expected to be worth in excess of 400 billion yuan by 2025, it is widely regarded to be one of the biggest in the world.¹

With this staggering rise comes the challenge and responsibility of maintaining ethical practice. One of China's most effective approaches has been the establishment of a long-running campaign known as the Authentic Alliance.²

Referred to as 三正规 (San Zheng Gui), (which translates to the "Three Right Things Campaign", it advises the public to consider three key actions when seeking a medical aesthetic treatment.²

These are:²

- Go to authentic institutions
- See qualified doctors
- Use certified products

Plastic surgeon Dr Zhang Yuguang has supported the campaign since its conception in 2016. He says it has been most welcome and continues to have a positive influence on ethical behavior and patient education in China. Here he tells us more and proposes what clinicians around the world can learn from it.

A once "chaotic" marketplace

In the past 10 years, medical aesthetics has evolved rapidly in China, explains Dr Zhang Yuguang. He says, "Increase in income and more engagement with those outside of China has seen demand for medical aesthetics rapidly rise." This is supported by 2023 research from Allergan Aesthetics and Deloitte that found the disposable income of China's urban residents increased by 35% from 2017 to 2022 and, while willingness to spend on medical aesthetics remains steady overall, there is a sharp increase among those aged 36–40. Statistics indicate



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that those in this age group were willing to spend 10.7% of their household income on treatments in 2022—an increase from 9.5% from 2021.³

As in many other countries, where cosmetic plastic surgery procedures once dominated, nonsurgical treatments have now taken their place. “The entry of various products has allowed our medical professionals to discover various new indications,” notes Dr Zhang Yuguang, highlighting that along with anti-aging treatments, patients are increasingly looking for ways to address their features with injectables.

“In the early days of the industry, this demand meant that China’s aesthetic medicine market was relatively chaotic, with noncompliant products and unqualified people potentially creating a variety of complications for many patients,” says Dr Zhang Yuguang.

He explains that China is a “relationship-based society”, whereby people tend to believe what family, friends and acquaintances say, sometimes over formal education. This was also highlighted in the Allergan Aesthetics and Deloitte research, which highlights, “Consumers have inadequate guidance on decision-making including institution and treatment selection due to lack of formal education”.³

Of course, word-of-mouth recommendations can be hugely positive in the right circumstances but are not helpful in cases of unethical practice. “In China, there are still a lot of older people without a university education and internet access, so they trust acquaintances more. When an acquaintance suggests an unethical place for treatment, many people will often follow,” says Dr Zhang Yuguang, highlighting that in his experience, this has led to a high rate of complications.

Promoting ethical change

Recognizing that action needed to be taken to improve patient safety, Allergan Aesthetics

China created the Authentic Alliance campaign. Working alongside the Chinese Association of Plastic and Aesthetics (CAPA), the Authentic Alliance hosts events and runs media campaigns to promote the Three Right Things message.²

With 50+ key medical aesthetic hospitals, 30+ core media outlets, numerous regional events across the country and the support of hundreds of stakeholders that include CEOs and medical professionals, the Authentic Alliance is a huge success.²

Dr Zhang Yuguang has seen huge changes in understanding from nonaesthetic medical professionals. He explains, “Now Chinese doctors in public and private hospitals jointly promote authentic institutions, qualified doctors, and certified products. It is deeply rooted in their hearts.”

Most importantly, Dr Zhang Yuguang highlights, “Through continuous publicity, consumers have gradually accepted this concept, and now everyone’s self-protection awareness improved.” And for the older generation who preferred to listen to acquaintances, Dr Zhang Yuguang finds that they are now paying attention to their children who have seen the campaign and are following their guidance instead.

Implementing ethical practice and sharing the message

Dr Zhang Yuguang believes the Authentic Alliance campaign’s message is simple and something clinicians all over the world can support. “Wherever you are based, you’ll likely agree that practicing from appropriate facilities, having the right qualifications, training, and experience in place before seeing patients, and only offering procedures with certified products, are the pillars that uphold well tolerated and ethical aesthetic practice.”

As well as ensuring they are adhering to these ethical principles, Dr Zhang Yuguang urges

fellow medical aesthetic clinicians to share the message among patients, friends, family, and acquaintances to enable them to have positive experiences every time they undergo a nonsurgical treatment.

He emphasizes, “As ethical clinicians who value integrity, we should not be greedy for profits and must always put our responsibility to patients’

safety first. After a consultation, a patient may not come to us for treatment, but we should at least be able to say we have made continuous efforts to educate them on finding an authentic facility, qualified medical professional, and certified products. Doing so solidifies our approach to ethical practice and helps promote the values and principles all aesthetic clinicians should uphold.”

“Now Chinese doctors in public and private hospitals jointly promote authentic institutions, qualified doctors, and certified products.”

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The responsibility of treatment decisions remains with the treating practitioner. Treatment requirements should always be based on clinician assessment of individual patient needs.

This article reflects the opinion of an individual practitioner Dr Zhang Yuguang.

Material funded and produced by Allergan Aesthetics, an AbbVie Company.

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Enhancing Aesthetic Education for Healthcare Practitioners



Japan

Dr Kiyoko Kato highlights the importance of continued learning as the fundamental basis for ethical practice

With new products and treatments being developed and consumer demands changing, medical aesthetics is rapidly evolving. Historically, the aesthetics injectables market has grown by more than 10% every year, with this figure expected to rise to 12–14% by 2026.¹

Aesthetic physician Dr Kiyoko Kato emphasizes that while the prospect of more patients benefitting from aesthetic treatments is exciting, clinicians have an ethical duty as medical professionals to ensure they are appropriately trained to deliver procedures safely and effectively. “We must remember that these are medical procedures that can come with risks and side effects. It’s also important that we are up to date with the new techniques and developments that are introduced regularly, which is why continued education is so important,” she says.

Dr Kato is part of Japan’s Allergan Medical Institute’s (AMI) Faculty and passionate about sharing knowledge on both technical skill and ethical practice. She also leads her own in-clinic

training, teaching theoretical and practical proficiencies, while practitioners shadow her as she consults and treats patients.

Dr Kato’s experiences of training have made her consider what equates to “good” education for aesthetics practitioners, how to make it ethical and where trainers need to make improvements. Here she shares some of her learnings.

The power of blended learning

“I believe that, in order to adequately learn something new, we should participate in multiple forms of education. The learning pyramid is a great example of this,” says Dr Kato. Developed by the National Training Laboratories Institute for Applied Behavioural Science (NTL), this breaks down different learning methods and evaluates their percentage effectiveness.

Displayed as a pyramid, it suggests that:²

- Lecture = 5% retention
- Reading = 10% retention



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- Audio-visual = 20% retention
- Demonstration = 30% retention
- Discussion = 50% retention
- Practice doing = 75% retention
- Teach others = 90% retention

While there is criticism that suggests the percentages are too prescriptive and the pyramid does not consider people's different learning styles,³ Dr Kato believes that a blend of all these elements of teaching is beneficial.

A place for online education

The COVID-19 pandemic saw huge advancements in e-learning technology as educators recognized the benefits of reaching more people in a timely and efficient manner. In fact, research suggests that the pandemic has accelerated the rate at which technology is becoming an everyday part of education, highlighting that virtual tools to support education are very valuable.³

In aesthetics, there are now hundreds of online courses available. Dr Kato says, "They're a great place to learn basic anatomy and physiology, while allowing you to observe your international peers' techniques without having to travel. The AMI has a dedicated 'Digital World' platform which provides access to evidence-based, expert-led, on-demand medical education." Regularly updated with the latest scientific research, product-led studies and advice from world-class injectors, Dr Kato suggests AMI Digital World is a must-have tool for all aesthetic practitioners.⁴

Developing in-person techniques

Medical aesthetics requires a sensitive touch and precise hand movements, so Dr Kato notes that it's important for clinicians to learn these skills through practical training and observation.

"I always recommend that my trainees practice on mannequins with an empty syringe. This helps you to acquire the necessary movements without risk to patients. I've found that it can also help ease nerves until a skill is mastered and ready to be tried on a human," she advises, emphasizing, "You should never inject a real person for the first time by yourself—the tutor must supervise the entire procedure and be available to step in if necessary. I believe model-based treatments should be repeated until an agreed level of competency is reached. Only then do I think it's appropriate to treat a real patient."

For more experienced injectors, Dr Kato says it's important not to forget that techniques develop and improve over time, so ethical clinicians must never limit themselves to introductory training. "Whether it's attending advanced courses or shadowing a mentor to learn how to successfully treat different indications, we should never stop learning and practicing," she says.

Becoming a worthy teacher

According to the learning pyramid discussed earlier, teaching can account for 90% retention. It's widely suggested that being able to educate someone else on a skill also has a positive impact on your own understanding of a subject.²

"Having taught hundreds of clinicians throughout my career, this is something I can attest to," says Dr Kato, adding, "Questions and comments from trainees can make you reflect on your own practice and help you discover more effective approaches."

Of course, Dr Kato also emphasizes that before you start teaching you must have a high level of competency, while having a good delivery strategy. "Just because someone is good at injecting or writing an academic paper, it may not mean they're the best teacher. Equally, someone who is a good teacher may not be the best injector or writer," she says, suggesting, "If

you're looking for a new training course—consider, does the trainer have any formal teaching qualifications? How are they rated by previous delegates? What ongoing support do they provide?"

For existing tutors, Dr Kato advises that you should think about how you can nurture trainees to become good trainers themselves in future. She stipulates, "You have a huge influence on the next generation of clinicians and, ultimately, patient outcomes. The end goal should always be improving results and enhancing safety for patients. Teaching practitioners with little consideration for their long-term understanding is not meaningful and can be dangerous."

Putting safety first

Dr Kato highlights that continued education is not only valuable from a current trends perspective—enabling you to keep up with demand from patients—but is essential for safe and ethical practice. "Safer and more effective products and techniques are being developed every day, and we owe it to our patients to be able to deliver them appropriately," she says.

Dr Kato's final words of advice are that utilizing support from your aesthetic peers and accessing education from organizations will help maintain your status as an ethical practitioner who continues to provide safe and optimal results to patients. She encourages, "You can never know too much—I urge everyone reading this to book their next training course now!"

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This article reflects the opinion of an individual practitioner Dr Kiyoko Kato.

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Looking to the Future...

The myriad of ways in which ethics touches aesthetics is clear from the insightful and thoughtful perspectives shared across these pages. It reminds us how fundamentally important this topic is to the future of the industry.

“Aesthetic treatments are medical procedures, and we have a duty of care to uphold patient safety. The topic of ethics is complex, so it is important that as an industry we come together to open a transparent dialogue and drive high standards, to shape a sustainable, inclusive, and ethical industry for the future.”

Dr Mauricio de Maio

Hearing the various voices and opinions from around the globe, it is evident that many ethical scenarios are universal. Yet, each country has individual nuances, where regulations and boundaries differ, and where attitudes and perceptions are shaped by diverse cultural and social influences. This results in a broad spectrum of views and circumstances which need to be navigated to provide consistency and reassurance for patients.

This book explores these scenarios, addressing commonalities that represent the best ethical practice. According to our contributors, ethical behavior is built upon the following key principles:

Continuous education

Empowering both practitioners and patients through continuous education and training is essential to ensure patient care and satisfaction are prioritized, to meet the needs of the industry's evolution.

Open communication

Whether one-on-one in-clinic consultations, or through virtual platforms to a wider audience, communicating transparently and honestly has the power to further understanding, empower others, and build mutual respect to ensure a high standard of care and outcomes.

Individuality in aesthetics

Individuality is key to maintaining ethical standards in the industry. A bespoke consultation, and tailored treatment recommendations, to achieve individual outcomes enables practitioners to recognize and embrace individuality in aesthetics. Striving to advance equality and diversity in the industry fosters a culture of authenticity and integrity for each patient as an individual.



Scientific rigour

High quality, evidence-based products, that adhere to rigorous scientific and regulatory standards, are crucial. Enabling practitioners to have confidence in their products, delivering desired outcomes, while upholding patient safety and ethical standards.

Patient safety at the heart of everything

Undoubtedly, central to the aesthetics journey lies patient safety. The key components—continuous education, open communication, recognition of individuality and the use of high-quality products—help to uphold patient safety across the aesthetics journey.

It's through these guiding principles that practitioners can manage the ethical challenges they face in everyday practice, while ensuring patient safety is always prioritized.

Dr Jonquille Chantrey crystalizes this idea perfectly describing an “ethical compass”. While everyone may set slightly different values and principles that form the compass, she believes that the needle of the compass—

which guides us to make ethical decisions and act with integrity—should always be built upon patient safety.

At Allergan Aesthetics putting patients first is at the heart of what we do. And excellence in ethical standards guides everything we do. From training and education, to product quality and integrity in patient care, we strive daily to pave the way for a safe and effective aesthetic experience for all.

We are at a unique moment in time. We have the opportunity to move the needle on ethics in aesthetics. By championing the highest ethical standards and by working together side by side, we can ensure ethics is embedded into everyday aesthetics practice at a global scale. So, we can stay ahead in an ever-evolving industry.

This journey begins with an industry-wide dialogue, and your voice is invaluable. For the integrity of our industry, and the benefit of our patients; **join us at the cutting-edge of ethics.**

BE PART OF THE CONVERSATION.

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