

Virtual Mentor

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Medicine and society

Plastic surgery is real, not reality TV

by Richard D'Amico, MD

Illustrating real-life plastic surgery experiences as a form of entertainment has trivialized the practice of cosmetic plastic surgery. While reality TV shows increase public awareness about the latest surgery options, they have created a troublesome byproduct—unrealistic and unhealthy expectations in potential patients. It is crucial for patients to understand that plastic surgery is real surgery with real risks. Further, the introduction of entertainment into reality-based plastic surgery programs has tarnished the image of the profession.

Recent historical context

In early 2003, the American Society of Plastic Surgeons (ASPS) was asked to serve as a consultant to the ABC-TV series *Extreme Makeover*, specifically to review and comment on qualifications of the participating surgeons, patient selection criteria and postsurgical care requirements. This request opened up one of the most controversial discussions in recent ASPS history.

There was much debate and discussion among society leaders, but ultimately ASPS decided to participate by offering several recommendations, such as the need for the show to emphasize patient consultation and the informed consent process. We advised that prospective patients for the show be seen by a plastic surgeon for an in-person evaluation and that they receive physical and psychological examinations before being accepted for participation. We suggested further that the television surgeon insist on and participate in all follow-up and postoperative care and that all operations be performed in appropriately credentialed surgery facilities. The society also requested that reconstructive—not just cosmetic—plastic surgery be highlighted and that the program state that all surgeons were certified by the American Board of Plastic Surgery (ABPS) [1]. Finally, we also encouraged them to show complications when they occurred.

Recognizing that participation in the show in an advisory capacity would be met with some concern by the membership and could present potential conflict with its code of ethics, the society nevertheless decided to proceed because participation presented an opportunity to reinforce the importance of board certification for surgeons and safety for patients and would allow us to have input into the messages broadcast to the viewing audience [1].

But as Phillip C. Haeck and Pam Hait wrote in the *Plastic and Reconstructive Surgery Journal (PRS)*, the official peer-reviewed medical journal of the ASPS, “The instant popularity of *Extreme Makeover* opened the floodgates for a new flurry of television shows about plastic surgery, most of which did not live up to the high standards or positive plastic surgery image that *Extreme Makeover* promoted” [1].

On the upside, the increased media attention contributed to an emergent interest in cosmetic procedures. ASPS statistics reveal that more than 10.2 million total cosmetic procedures were performed in 2005, a 64 percent increase from 2002.

On the downside, the image of our specialty has taken a hit. In fact, many of the reality shows that followed *Extreme Makeover* have entirely misrepresented plastic surgery.

In a *PRS* editorial, Frederick J. Menick claimed that, “In the public’s perception, plastic surgery seems pretentious and a community joke... ‘Trump’-like office, tailored scrubs, augmented wives, kisses, hugs, and ‘hello, darling....’ Reality television may not be reality, but is it perception?” [2]

Distant historical context

This new image has caused frustration within the profession. To put it in perspective, the roots of modern plastic surgery began with the desire to repair brutal injuries sustained by infantrymen in World War I. Advances in this burgeoning medical field continued through later wars, and today plastic and reconstructive surgery remains at the forefront of innovation, resulting in more limbs saved and fewer infections, among many other benefits, for today’s troops and the general public.

As plastic surgery evolved and became more established over the years, aesthetic procedures made their way into our culture. When most people think of plastic surgery today they think of facelifts, liposuction and tummy tucks. Advances in the reconstructive roots that continued off the battlefield—such as breast or birth defect reconstruction—are lost to the public eye.

Dangerous consequences

More worrisome to ASPS than the image of plastic surgery is how these reality-based shows are affecting the patient-physician relationship. Heavily edited and selected scenes from reality TV have lulled the public into thinking there are no real risks or complications in these procedures. It’s easy for viewers to forget that these are real people, who face the real risks—not just the benefits—of surgery.

I agree with Rod J. Rohrich, former ASPS president, who wrote in a *PRS* editorial,

Just because a patient saw a procedure on television or read about it in the newspaper does not make it real, accurate, or even desirable for them. It is our obligation to remain professional and remind our patients that we are physicians first and then plastic surgeons. Patient

safety is paramount. It is not the message patients may want to hear, but it is the message we are obligated to give [3].

A discussion paper recently prepared for the Kaiser Family Foundation (KFF) put the topic of reality TV and public health in the appropriate light by employing various research methods, including review of a variety of consumer and academic literature, direct observation and qualitative analysis, and interviews with academic experts. The KFF paper states,

Reality shows may provide inaccurate or unhealthy information to viewers (for example, showcasing multiple plastic surgeries or more rapid weight loss than most experts would recommend). It is one thing to inspire and provide encouragement, yet another to foster the unrealistic expectations implied by many (reality) TV shows.... Adolescents are trying to understand and fit into the world around them, and media plays a large role in that process [4].

We want patients to have realistic expectations about what plastic surgery can do for them in their individual cases. But these programs have misled them into believing that it is safe and common to have multiple procedures performed at one time with a minimal recovery period. This is a serious concern when demographic data for reality TV audiences indicate that they disproportionately comprise preteens, adolescents and young adults—age groups that can be highly influenced by such content [4].

These TV shows claim to represent reality without acknowledging the level of editing that takes place. *Real* reality does not provide the luxury of editing out the bad results, postoperative visits to handle complications and lengthy recovery time [5].

Public and physician education

ASPS will continue to move forward with educating the public about plastic surgery—both the risks and the benefits. In response to the plastic surgery television shows, ASPS has distributed two press releases, a public service announcement and a video news release. Our spokespersons have engaged in numerous media interviews to help reinforce our patient-focused messages. For our members, we have issued two special bulletins and published several articles and editorials on the topic of plastic surgery-centered reality TV in *PRS* and *Plastic Surgery News*, the ASPS news publication covering the society and the specialty of plastic surgery.

Information is ubiquitous these days. We know that many of our patients research procedures on their own before seeking a consultation. Regardless of their sources or whether this information is accurate or not, it is our responsibility as plastic surgeons to establish and manage appropriate expectations on an individual basis by means of thorough consultation and medical history and a review of informed consent. The

image of plastic surgery may have taken a recent hit, but we will focus on serving our patients and educating the public about our exciting and unique specialty.

References

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