

Informed consent in a reality-TV world

The new wave of reality TV shows is bringing patients to plastic surgeons' doors, some with high expectations.

On "Extreme Makeover," patients have major flaws corrected before the viewing audience. "The Swan" goes a step further, as 17 made-over women compete against each other in a beauty pageant. Most outrageous of all—on MTV's "I Want a Famous Face," young people have nip, tucks, augmentations, and reductions so they can look like their favorite celebrity—including twins who both wanted to look like Brad Pitt.

Plastic surgery societies are raising alarm. "Famous Face," in particular, sends "the wrong message," says the American Society for Aesthetic Plastic Surgery (ASAPS, www.surgery.org).

"Plastic surgery was never intended to change who you are, and to believe surgery can achieve that will only lead to disappointment," says the society's president, Robert W. Bernard, MD.

The society advises patients considering plastic surgery to ask themselves:

- Am I focused on a specific feature or features that I would like to improve?
- Is my goal to look better, rather than different?
- Will I still be pleased if cosmetic surgery does not dramatically change my life or relationships?
- Have I considered, and accepted, that plastic surgery has risks?

"Extreme wakeup"

Patients coming in for an "extreme makeover" get an "extreme wakeup call" when they find out how much the procedures cost and how long it takes to recover, says John Grossman, MD, a plastic surgeon with offices in Denver and Beverly Hills.

He reminds patients that on TV, the shows pay for the surgery, and patients take 6 to 8 weeks off from work. In the real world, patients go home after surgery and take care of themselves. They may have to go back to work sooner rather than later to pay the bills.

Patient teaching

In selecting a surgeon, ASAPS advises patients not only to check a surgeon's credentials but also to select a doctor who will take time to discuss the procedure in detail, including risks as well as benefits.

Though many patients seem to know a lot about plastic surgery because of what they see on TV and in magazines, Dr Grossman emphasizes teaching.

"It is below the standard of care to just say to a patient, 'We are going to do your face-lift. Don't worry about it, just go with the flow,'" he says.

All of his patients have a patient consultant and coordinator to give instructions and help answer their questions. He spends time with each patient, listening, giving them input, and helping them arrive at a decision.

Teenagers and informed consent

Informed consent is especially challenging when a teenager requests plastic surgery.

Dr Grossman tries to get a sense of the psychiatric health of adolescents and their ability "to fully understand what they are getting themselves into."

Both patient and parents must weigh the risks against the improvement in body image. The surgeon needs to assess whether the patient is self-motivated rather than having surgery to please a parent or friend.

He personally believes most routine aesthetic surgeries are inappropriate for adolescents, except for rhinoplasty and reduction for severely large breasts.

He discourages plastic surgery for adolescents and their parents because “it encourages an attitude that everything has a solution in life, and anything is purchasable if you can pay the price.”

A surgeon must obtain informed consent from both the patient and parents, have both teen and parents sign the consent form, and thoroughly document that the surgery was discussed with both parents and the adolescent. A problem could arise if the adolescent later claims to have been pressured, and there is a lawsuit that pits the patient against the surgeon and parents.

How much is too much?

Then there is the “plastic surgery junkie”—a few patients who have multiple surgeries, expecting every one to dramatically change their attractiveness, job worthiness, or relationships.

ASAPS suggests surgeons tune in for clues such as whether:

- the patient has difficulty describing the desired change
- the patient is unreasonably bothered by what is objectively a minor imperfection
- the patient’s friends and family are supportive or opposed
- the patient appears depressed or excessively anxious
- the patient has a history of dissatisfaction with plastic surgery.

With such a patient, Dr Grossman tries to make the point, as gently and politely as possible, that the human body is not a lump of clay surgeons can form in any way they choose. ❖

—Judith M. Mathias, RN, MA

Principles of informed consent

The American Society of Plastic Surgeons has developed this Statement of Principle on Informed Consent:

The American Society of Plastic Surgeons recognizes the physician-patient relationship as one of shared decision making. Through a process of communication and dialogue, the physician provides information that allows a patient and/or the patient’s authorized representative to make individual choices about his or her medical treatment.

Shared decision making is at the heart of the doctor-patient relationship and is based on the ethical principles of respect for individual autonomy and dignity.

The process by which physicians and patients make decisions together is informed consent. For any surgical operation or treatment, relevant information must be provided, discussed, and understood by the patient and/or the patient’s authorized representative. Relevant information for proper informed consent for any procedure may include:

- nature of the surgery or treatment
- indications for the treatment
- expected benefits
- consequences and side effects of the operation
- potential risks and adverse outcomes with their probability and severity
- alternatives to the procedure being considered and their benefits, risks, and consequences
- outcome anticipated.

The patient and/or the patient’s legally authorized representative(s) should sign a written consent form before any surgical procedures are performed.

Source: American Society of Plastic Surgeons. www.plasticsurgery.org
