

When Does Value Pricing Become Simply Cheap?

Since the boom in cosmetic surgery started, physicians have struggled with value marketing transforming from helpful to sleazy. This line has begun to blur even more as competition has turned to outright desperation at the smaller medispas in my area of Omaha, Nebraska. While many of these quasi-doctor-run spas once competed on price alone, they now are becoming more sophisticated, preying on individuals as in pyramid schemes in order to attract new clients. Should physicians join the crowd or remain untainted? How do we compete if we do not give in? Should we stoop to conquer?

I recently learned about a party offered by a local medspa that is run by a family practitioner. The party is arranged by a person who desires a cosmetic surgery procedure, such as a filler or neurotoxin injection, mesotherapy, or laser liposuction. If this individual can recruit enough of his or her friends to attend the party and these same friends purchase cosmetic-related items and procedures, the referring friend earns money toward cosmetic surgery. It seems to me that this practice is pushing the limits of friendship and medical propriety; however, this sort of behavior is embraced by many people and is a popular method for those with friends who have no money for cosmetic procedures, essentially leveraging their relationships.

Does this cross the line? Do the people who are duped into attending these parties write off their friend after the event and realize the scheme for what it is, or do they plan to invite the same friend to their next candle or kitchenware party? When do patients who have been seen by an effective and medically oriented dermatologist steer toward this healthcare model vaguely reminiscent of a Ponzi scheme?

Alternatively, are physicians fooling themselves if they retain this holier-than-thou approach? The same arguments may have been proposed 20 years ago when dermatologists started to advertise in newspapers and

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15 years ago when the same ones, including myself, started advertising on radio, billboards, and television.

Competition has always meant many different things depending on the ethics of the individuals involved. That is why the concept of competition always has to be tempered by what one individual may find appropriate. This may involve parties previously described or prices that are low enough to suspect adulterated or blackmarket products.

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I have seen medispas shuttered or vastly reduced during the last several months in my community, which has led to a blurred interpretation of what is deemed appropriate. When struggling noncore cosmetic surgeons have a lease to pay on a laser, or when the rent is due next month, will they think of watering down the botulinum toxin type A to make the price more palatable, purchasing fillers from aftermarket sellers overseas, or closing down the medspa without a fight? Will they start to sell açai berry cocktails and force their friends to recruit others? How will this affect dermatologists and cosmetic surgeons who are not willing to part with their principles to make a buck?

All these issues are starting to be seen on a daily basis. It may be that those who maintain a high level of resolve and ethics throughout these hard economic times will eventually be the winners. Hopefully, their patients will realize they did not compromise their values and vote with their feet and pocketbooks. I know there is a segment of the population who receive fillers performed by charlatans in garages and hotel rooms, seeing price as the only criterion. However, we must continue to hope that our patients will insist on the best and be willing to pay

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for it. It may be that the medspa crowd is an anomaly that never was ours to market and efforts to retain them will ultimately fail.

Perhaps it all comes down to a cosmetic surgery bubble. When homes were valued at escalated prices, ordinary consumers may have gotten hooked on cosmetic surgery and are now suffering the vagaries of market contraction and luxury item withdrawal. Will it be these individuals who buy into the concept of cut-rate surgery with bottom-feeding doctors and predatory practices? Or will it be the still-solvent patient who realizes we are going into a rough patch and looks for ways to prudently save, not realizing that there is a difference between a family practitioner who likes skin and a board certified dermatologist?

There needs to be some middle ground, which is only now being discovered as competitive practices play out and patients reassign themselves across broad lines involving price, availability, convenience, and specialty. It is clear that staying still is not an option, nor is imagining the return of a 15,000 Dow Jones Industrial Average. Nonetheless, there are lines that should not be crossed, such as marketing schemes that leave both the patient and physician feeling dirty and boundaries of trust broken. Only time will tell; however, it is important to realize that this could get much uglier before it improves. Therefore, watch the competition assiduously, respond accordingly, and retain a sense of grace and style throughout this intense period.

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