Mirror, Mirror on the Wall, Is My Injector the Best One of All?

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Some 25 years ago, anyone interested in receiving a cosmetic injectable faced a definite dearth of choices. Bovine collagen, autologous fat, and silicone were really the extent of it. There were a few other unusual choices such as patient-derived blood products and allografts, but none reached any measurable market success. Toxins were not yet commercially available. And the idea of injecting poison into your wrinkles? Perish the thought!

The famous French actress Catherine Deneuve reportedly said at her 40th birthday that as a woman ages she needs to make a decision regarding her appearance; "When you get older, you have to be ready to trade your ass for your face."[1] Obviously referring to the choice between facial aesthetic volume loss or booty expansion, Ms. Deneuve was deprived of the options of liposuction and dermal fillers, as well as neurotoxins.

Presently, in virtually any town, city, or suburb, and in any shopping mall, spa, medical spa, dental office, and even the occasional hair salon, a bevy of cosmetic injectables await the shopper. Oh my, what fun and excitement! Rejuvenation procedures that are quick, easy, safe, and (almost) painless, are all readily available; cosmetic nirvana or caveat emptor?

The answer depends on who you ask. You will find opinions that are polar extremes. On one hand, there are those practitioners who believe the world of cosmetic injectables is the low-hanging fruit of aesthetic medicine, one that can be easily picked by even the least-skilled office staff with the fewest credentials. These injectors, largely spurned by more traditional aesthetic practitioners (read: dermatologists and plastic surgeons), have established their own academies, societies, credentialing boards, meetings, and conventions, and in some instances, their untraditional noncore events rival the more established society functions in attendance rates. Industry involvement has been mixed, with some aesthetic manufacturers offering support to noncore functions.

On the other hand, there are those practitioners who advocate for the practice of aesthetic medicine as a highly skilled and specialized art that requires years of residency and fellowship training; a branch of medicine that exists in a narrowly defined and circumscribed niche, occupied principally by aesthetic plastic surgeons and cosmetic dermatologists, in which the practice of aesthetic injectables clearly is a core competency. Any practitioner who administers cosmetic injectables and has not reached this level of expertise is considered, by definition, a poseur: one who may be motivated by greed and avarice, seeking a shortcut to aesthetic success and an escape from the drudgery of primary care medicine.

So where does the truth lie? As in most instances of conflict and division, truth may have more than one definition depending on your perspective. Perhaps it would be better to examine the question from another viewpoint, that of the cosmetic consumer, otherwise known as the patient.

Today's cosmetic patients are bombarded by mass media promotional advertising for US Food and Drug Administration–approved cosmetic injectables. They are exposed to sales messages in print, broadcast, and electronic media venues. They are led to believe that these products, similar to beverages, automobiles, and designer jewelry, are commodities; the same product can be procured regardless of where it is purchased and at what price, and with few exceptions, there is really no difference in procedural outcome if the product is injected in a plastic surgeon's office or in a medical spa affiliated with a dentist, family physician, or gynecologist.

What matters is price; convenience; ease of access; and for many patients, point-of-service impulsivity (eg, Would you like some lip augmentation today with your teeth whitening? or While you are waiting for your flu shot, would you like a little toxin in your frown lines?). Patients choose to obtain cosmetic injectables in a variety of venues, sometimes opting for the sophistication, privacy, and luxury of the core practitioner, and

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sometimes seeking the easy access of a local strip mall, salon, or shopping center. The lesson to be learned is that when shopping for elective medical treatments, patients are ultimately consumers spending their own disposable dollars. They are more likely to view the purchase as an expensive luxury item than an annual physical examination. They seek value based on their own terms, which may or may not be congruent with our beliefs as practitioners about what they want or need.

This is where the rubber meets the road, so to speak, or perhaps where the needle meets the skin. The level of competency, the legitimacy, and the skill set of the individual delivering the contents of the syringe is ultimately evaluated by the patient on the receiving end, not the medical community. Those physicians who have spent a substantial portion of their careers in the development of cosmetic injectables can take pride and satisfaction in what we have accomplished. We have identified, researched, tested, developed, and helped bring to market some of the most remarkable advances in cosmetic medicine in the last quarter-century. We also have created treatment guidelines, protocols, and templates for the successful administration of these products; we have learned how to identify and manage adverse reactions; and we have taught other practitioners these skills.

Ultimately, the state legislatures, boards, commissions, and health departments will decide the scope of practice for any and all practitioners on who is deemed competent to inject and who is not. Our professional representative societies are more appropriately positioned to take on a more educational and advisory role rather than act as decision makers, which we are not empowered to become, and to concentrate our efforts on where and with whom patients should get their cosmetic services. If practitioners who are not aesthetically trained through residency or fellowship believe they are competent enough to inject patients after a 1-day course in the subject, then more power to them. If they believe they represent the standard of care, then good for them (and their egos!) and their patients.

Given a chance, consumers are savvy; they will eventually figure things out for themselves. There will always be those consumers who are attracted to the highest level of skill, quality, safety, expertise, and training, just as there will always be those consumers who are attracted to low prices, slick advertising, and a sales pitch that sounds too good to be true. As dermatologists, we need to make sure that we strive to maintain our positions in the former rather than the latter group.

As a final thought, I would like to add the following observation: For 25 years I have been intimately involved in the practice of aesthetic medicine. During this time I have had the opportunity to personally train thousands of aesthetic practitioners in hundreds of venues, both core and noncore. I have been disappointed to observe some core physicians who clearly lack the attributes and dedication that I would consider essential to successful cosmetic practice. I also have had the pleasure to observe noncore physicians who clearly have dedicated themselves to doing what is necessary to achieve success. A certain degree, credential, membership, or certification does not automatically assure success and does not substitute for the continued investment in education, training, and experience that is required to achieve and maintain professional competency.

REFERENCE

1. Catron E. It's time to choose—your ass or your face. http://www.lemondrop.com/2009/03/31/its-time-to-choose-your-ass-or-your-face. Published March 31, 2009. Accessed June 19, 2011. ■