

Expert Offers Tips on Maintaining Ethical Norms

BY DAMIAN McNAMARA

PHOENIX — Cosmetic dermatologists need to remain ethical in how they choose and promote a product or procedure, as well as how they market their practice to patients, according to Dr. Susan H. Weinkle.

Disclose all industry financial relationships to avoid bias, or even the perception of bias. “If you would be embarrassed in any way to discuss your relationship with a pharmaceutical company with your patients or colleagues, it may be time to reassess,” Dr. Weinkle said at the joint annual meeting of the American Society for Dermatologic Surgery and the American Society of Cosmetic Dermatology and Aesthetic Surgery.

Ethical patient counseling is also important. “If you use off-label products in

your office, you have to make sure the patient understands what it means,” Dr. Weinkle said. Prior to approval of a cosmetic indication for poly-L-lactic acid injection (Sculptra Aesthetic, Sanofi-Aventis) in July 2009, “I had to explain to all patients it was approved for HIV atrophy, and I was choosing to use it for an off-label indication.”

Dermatologists are under scrutiny from the government and consumer advocates. “We are obliged to maintain a high standard of safety and maintain the public trust,” Dr. Weinkle said. “When I recommend something, I have to know I am recommending it for the right reason. Would I use it to treat myself and my mother?” Choose a particular laser, for example, because it is the best treatment for a particular patient, not because a payment needs to be made on the device.

Participation on industry advisory panels is appropriate for faculty, she said. It also is ethical to accept reasonable reimbursement for travel, lodging, and meal expenses from industry. Progress in medicine is made in part because of alliances between physicians and industry. At the same time, it is imperative to avoid professional bias or even the appearance of such bias. “If we are working for a company or doing a project—we are human beings—we have to acknowledge there could be professional bias,” she said.

Full disclosure of all relevant conflicts of interest includes interactions with the media, such as granting an interview to a magazine or television station. Also, if you do medical writing, beware of too much delegation. “If you write an article for one of our journals, make sure you are involved and review

it,” she said. Disclose any role of other people involved.

Remain ethical when marketing or promoting cosmetic dermatology services. “There are more advertisements near my practice for dermatologists than attorneys,” said Dr. Weinkle, a private practice dermatologist in Bradenton, Fla. She said she had no relevant disclosures related to this presentation.

A final tip from Dr. Weinkle: Review the American Medical Association’s Code of Medical Ethics, which is available at www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.shtml. ■

Visit www.youtube.com/SkinAndAllergyNews for a video interview with Dr. Weinkle explaining more about ethics and bias.

Panel Debates Best Way to Handle Cosmetic Complications

BY DAMIAN McNAMARA

PHOENIX — Cosmetic dermatology procedures require patient education and thorough consent, a panel of four physicians agreed during a discussion of how best to manage any complications that do occur.

Among the questions that were discussed: Do you give a patient a refund if a complication occurs? Do you charge an

unhappy patient for a touch-up? When does a complication warrant reversal with hyaluronidase? Also, is it necessary to get informed consent each time an established patient comes in for a series of treatments?

form,” said Dr. Timothy Flynn, who is in private practice in Cary, N.C. Be compassionate and discuss strategies to avoid bruising the next time, he said. “But, no, I would not give a refund—it is within the expected risks.”

“I would not give a refund either,” said Dr. Joel L. Cohen, a dermatologist in Englewood, Colo. But, “I might see if they can meet with someone in my office about makeup, at no charge.”

Dr. Dee Anna Glaser agreed. “I do pulsed dye laser if they are very upset about this, at no charge. But we don’t give refunds.” Dr. Glaser is a professor of dermatology at St. Louis University.

Dr. Lee asked the panel for advice when a cosmetic patient presents with a bluish tinge or a Tyndall effect from a more diffuse nodule in their tear trough 1 month after hyaluronic acid injection.

Calculate how much hyaluronic acid was injected, and use hyaluronidase to reverse the effect, Dr. Flynn suggested.

“Tell the patient you are going to melt it away. You have to warn them you are going to melt most of the hyaluronic acid

in their face” as well, he said.

“I rarely use hyaluronidase,” said Dr. Roberta D. Sengelmann, a dermatologic surgeon in private practice in Santa Barbara, Calif., and St. Louis. “If you use the hyaluronidase, you will really erase their correction.” Instead, she discusses camouflage and other options with the patient.

Dr. Lee also asked about treating a woman with “rock hard nodules” under her eyes, for example, 1 year after poly-L-lactic acid injection.

Dr. Sengelmann said she would do a biopsy. Dr. Glaser said 1 year is unusually long for such a complication to arise—most develop within the first few months post treatment.

Dr. Sengelmann asked the panel if they charge for hyaluronidase if a patient is referred for a Tyndall effect complication. “I don’t charge for the hyaluronidase... or charge them anything extra,” Dr. Flynn said. “I kind of feel bad for these people.”

“If it’s my complication, I do not charge them,” Dr. Cohen said. “If it’s someone else’s patient... I do.” He estimated that hyaluronidase costs about \$50 for a single-use vial.

“There is a risk of anaphylaxis. You need to get their consent,” he added.

Dr. Lee next asked the panel if they typically charge when outcomes do not meet their own or the patient’s expectations.

“If the problem was not

enough volume, we charge for whatever we use in terms of filler,” Dr. Flynn said. “Toxins are sometimes different. With an unhappy patient, I can treat

with more toxin at no charge.” One challenge is when a patient is willing or able to pay for only a small amount of product but wants a full effect. Dr. Cohen suggested handing a mirror to a one-syringe patient. “Ask them at that point if they want an additional syringe now or later,” he said. “Sometimes if I

look at a patient a few weeks later and I see I could have done better, I give them a little more at no charge.”

Dr. Glaser also offered a strategy with botulinum toxin. “Sometimes when I am really trying to get the patient to use a little more toxin and they are reluctant, I tell them I will do the next 5 U for free this time and if they like the result, they will pay next time.”

Dr. Sengelmann typically asks her new patients to return 2-3 weeks after an initial treatment to address any concerns. “If I feel I did not achieve a result, I will give them 5 U, sometimes 10. That is a great way to build rapport with patients.”

How dermatologists get consent and whether they should get it for every treatment were Dr. Lee’s next concerns.

“The nurse provides the consent form. I come back in the room and ask if they have any questions, and I cosign it,” Dr. Sengelmann said. “They sign the same consent each time they come in for a treatment.”

“I usually don’t sign for Botox and fillers, the nurse signs it,” Dr. Glaser said. “We have a form with multiple lines, and we get consent for each and every patient.”

In Dr. Cohen’s practice, a medical assistant asks patients to sign the consent form. “But I review what can happen [such as] bruising, lumps, and bumps.” He also asks patients to let him know if they experience excessive pain or “anything purple they don’t think is bruising.”



How do you get informed consent? Do you get it every time an established patient comes in for treatment?

DR. LEE

Dr. Lee asked the panel for advice when a cosmetic patient presents with a bluish tinge or a Tyndall effect from a more diffuse nodule in their tear trough 1 month after hyaluronic acid injection.

Dr. Ken K. Lee posed these and other questions as he moderated this session at the joint annual meeting of the American Society for Dermatologic Surgery and the American Society of Cosmetic Dermatology and Aesthetic Surgery.

If a bruise occurs under the eye, for example, do you give a refund or offer free services? asked Dr. Lee, director of dermatologic and laser surgery at Oregon Health and Science University, Portland.

“Bruises do occur. It’s in the informed consent; that is the beauty of the multiple consent



A medical assistant asks patients to sign the consent form, ‘but I review what can happen.’

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DR. SENGLMANN



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DR. GLASER

Dr. Glaser said that she has “to remind [patients] that even though they have had no complication to date, the risk is the same with each and every injection.”

“I re-consent every time,” Dr. Flynn said. “I just want to remind everyone there are more and more attorneys graduating each and every year. Remember the trial attorneys are not your friends.” ■