

Aesthetic Surgery's "Tipping Point"

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As I reflected upon the multiple national meetings I have attended over the last few years, I realized that our specialty is, to borrow from the enlightening author Malcolm Gladwell, a millennial expression, at a "tipping point." The subject is as difficult to discuss as it is critical, but I am emboldened by the fact that mine is the impression of almost every colleague I have spoken to, whether they were old friends, "students" in my teaching courses, or just "seatmates" in the audience. The issue is the flippant disregard for the scientific method and resultant relative lack of intellectual honesty in our specialty. If that were not enough, there is an equal amount of apathetic silence and maddening inertia with regard to this issue, not just by our leaders but by the general plastic surgical community as well.

Let me use, as they say, a "hypothetical": If a Martian, or my seventh grade son for that matter, were to sit in one of our meetings, he might very well conclude that Earth's plastic surgeons define the scientific method as simply a presentation of positive outcomes as conclusive data for the efficacy of their techniques. Clearly, using this *modus operandi*, we haven't really proved anything and, more importantly, we haven't learned anything.

Classically, panel members only present their "perfect" results, leaving the audience duly impressed but equally unenlightened. The consequence, of course, is that since the presenter has not really "proven" his work, most audience members will be wary of adopting the technique. Of greater concern, however, is the less discerning observer who hurries back to his or her office to apply the approach! Too rarely, a diligent moderator will prod the presenter, teasing out the complications, and only then empower the audience to truly evaluate a surgical technique.

It is for these reasons that I now suggest some practical actions that could be taken to correct our ethical crisis:

1. We must get the naked truth about these issues. Soon after any meeting, the responsible

organization should submit a "customer service"-type survey containing all the "difficult" questions to obtain a worthwhile "biopsy" of our colleagues' thoughts on this matter.

2. Consider having designated committees coordinate the evaluation of selected teaching courses and journal articles in an effort to perhaps "discover" new talent for the purposes of expanding our resources for our meetings' panels.
3. Mandate that prospective presenters formulate or reformulate, as the case may be, their lectures to include the following:
 - a. *Evidence of consistency.* The presenter should include photographic documentation, with five to 10 preferably consecutive cases, taken at least 1 year postoperatively.
 - b. *Evidence of self-analysis.* The author, with each photographic set of cases presented, should demonstrate his or her personal assessment of the quality of the results using at least three self-generated criteria.
 - c. *Evidence of complete disclosure.* The speaker should include an estimation of the total number of cases performed using a particular technique as well as the incidence and types of complications. Ideally, photographic examples of the most frequent complications should be included.

I fear that unless "rehabilitative" efforts such as the above are made, we might find the attendance at our meetings diminish as our colleagues either stay home or seek other venues and modalities for their ongoing education. Just because the American plastic surgical community may be the biggest, we clearly should not stop what we try so hard to do in the operating room: learn. One of our own surgical colleagues, Atul Gawande, has written passionately about how the medical system should heal itself in his acclaimed book, *Better: A Surgeon's Notes on Performance*. He describes the salutary effect of the transparency of *all* results

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with the attendant improvement of outcomes in the treatment of a particular disease. Even the giant Google is constantly reinventing itself with actual plans for the next 100 years, despite its apparent hulking dominance in its own field of expertise! This is because the innate cultural motto at Google is proactively creative: “Closed systems are bad; open systems are good.” The concept of peer review is predicated on openly subjecting our work, both the good and the bad outcomes, to the scrutiny of our colleagues and in so doing, honestly honing our craft. We, as plastic surgeons known historically for our own boundless creativity, must start opening up our own

“books.” Only then will we be able to truly grow as a specialty and optimistically plan for our own next 100 years.

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Future Meetings of the American Society of Plastic Surgeons

The following are the planned sites and dates for future annual meetings of the American Society of Plastic Surgeons:

2009	Seattle, Wash.	October 23 to 28
2010	Toronto, Canada	October 1 to 6
2011	Denver, Colo.	September 23 to 28
2012	Washington, D.C.	November 1 to 7