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> "With our artistic efforts constantly on exhibition about the wards, not only the patients judged our results, but we too, if only out of the corners of our eyes, jealously compared our work with that of our colleagues." Sir Harold Gilles, 1922.[1]

Robert Frost begins one of his memorable poems with a timeless philosophical dilemma: "Two roads diverged in a yellow wood and sorry I could not travel both."[2] The state of contemporary aesthetic surgery is facing its own Frostian crossroad. There are now 2 competing strategies for building a private practice. The first is the old-fashioned modus operandi where a surgeon hangs up a proverbial shingle, treats their first patients with the greatest of care, and enjoys the referral of their next patient. This cycle is akin to a paraphrasing of a memorable ad tagline by the investment company Smith Barney: "Patients don't just walk into the office and say sign me up for surgery. It takes hard work. So how do new surgeons attract their next patient? By gaining the respect—the old-fashioned way: they earn it—1 patient at a time."[3]

But today, we are witnessing a disruption of this age-old patient cycle by a marketing tool the likes of which we have not confronted in our over 2500 years of surgical history: social media. Admittedly, physicians have been "marketing" themselves since the beginning of time: even the aforementioned goal of just taking better care of a patient is not only ethically admirable but an efficacious form of marketing. Yet there is a vast philosophical divide between this time-worn stratagem and the contemporary curating of oneself and one's surgical results on social media. How so? Instead of taking one's time—traditionally, a very long time—to nurture a practice, we now have a perfect storm of circumstances that represents an irresistible siren to the newly minted plastic surgeon: the devaluation of reconstructive insurance work, the burgeoning of aesthetic surgical candidates, and the invention of the omnipresent new marketing medium called "social media."

The storm's aftermath is the ability of a surgeon to fool mother nature and preternaturally accelerate one's practice development. Now, not unreasonably, there is and will always be a gnawing sense of urgency to procure one's next patient and duly perform a surgery to ultimately pay the bills. But with the winds of this social media engine at one's back, the young surgeon might be compelled to embrace this more seductive path. But buyer beware because it could embody a Faustian choice. That is, to be "successful," ethics may be tailored: cutting some corners off of professionalism and the sacred physician-patient relationship and/or stretching some of the truth about outcomes, both good and bad.[4-6]

And therein lurks the dilemma. As I have already admitted, all practices, and particularly aesthetic surgery endeavors, should legitimately be free to promote their services. But it cannot be denied that these kinds of efforts,

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if not kept in check, can lead to a classic slippery slope, in which we descend ever further from our venerable collective perch as professionals—physicians and surgeons—still clutching our ancient code of ethics.

It is edifying at this point to review the history of the relationship between doctors and advertising. We have to go back to the year 1847, when the first American Medical Association Code of Ethics pronounced any form of advertising forbidden with this breathtaking statement: "it is derogatory to the dignity of the profession…to resort to public advertisements."[7] This edict lasted for generations of our forefathers until overruled in 1975 by the Supreme Court. And the rest, as they say, is history.

And that same history included my personal experience with advertising not so many years later, with the start of my own practice in 1987. Through this retrospectoscope, you can clearly discern the gradual creep of marketing into the private aesthetic practice. At that time, my only marketing option was the enlargement and bolding of my name in the now-defunct telephone book's Yellow Pages—for a whopping extra 10 bucks a month! So you may be wondering what the heck did I really do to market my practice? Well, I joined 10 hospital staffs within a 15-mile radius and covered as many emergency rooms. In addition, I rotated from physician lunchroom to lunchroom for each day of the week, making myself available for any and all referrals. Of course, for the first several years, I was primarily attending to lacerations and facial fractures by night, and decubiti and sternal infections graft chest infections by day. And when not working, I regularly booked myself to speak at each of the hospital's grand rounds or give lectures to the public to whoever would listen—including every Rotary and Lions club within the same 15-mile radius. What appears to be the primary difference between my efforts and the "modern" plastic surgeons entering practice? It's simple: one is virtual, and the other is face-to-face. As we have all learned during our collective stumble through the fog of COVID, as much as Zoom (Santa Clara, CA) meetings, Zoom exams, and Zoom lectures can be efficient and scalable, they lack the 1 ineffable element that cannot (at least not yet) be replicated virtually: true face-to-face human interaction.

And one might say, "it's different today—you have to embrace social media as a vital strategy to procure new patients." And I am here to declare that is not necessarily true. A new plastic surgeon starting practice can still join hospitals and apply and hone their hard-earned reconstructive craft. They can still teach at their local academic institution and publish in their specialties' journals and textbooks. And they can still establish an arguably even more sterling and more durable reputation—all offline. For example, my published writings (often found now online) are worth more than any amount of posted marketing to a respective patient. The take-home message could be: take care of your offline reputation, and your online reputation will take care of itself. And even if engaged, the return on investment of a social media marketing is inevitably outstripped by a word-of-mouth reputation.[8]

But this traditional route has been and will always be a prolonged endeavor—over many decades. The martial artist Bruce Lee once observed, "I fear not the man who has practiced 10,000 kicks once, but I fear the man who has practiced 1 kick 10,000 times."[9] And you can try, but you really cannot speed up this process: you have to practice the common basics for an uncommon length of time. And considering you have been training for decades already, it is easy to see why one impatiently harnesses the potential multiplier that is social media. But that is social media's Achilles heel: we tend to glorify the results rather than the process. We focus on the immediate postoperative result—in the best light and at the best angle—rather than the years of effort that should go into perfecting that same result. As I explain to residents and newly minted plastic surgeons, you have only so many minutes in your working day to either improve your clinical acumen and surgical skills or to groom your social media and its number of likes and followers. This latter exercise is on a treadmill you can never dismount, and you will never be able to outspend your competitor in time or money. In contrast to competing with yourself to improve your skills, you can never out-compete your competitors. And any victory on social media may be Pyrrhic for there is evidence that a greater number of "likes" may not necessarily translate to a greater number of patients.[10]

I challenge you to journal how many hours are actually spent curating, posting, and reviewing your social media pages in just 1 week. You may be surprised by the magnitude of the number, a fact supported by the literature. Now add this number to your weekly number of hours in the consult room, hospital, and operating room. Now see how much spare time you actually do not have—to focus on carefully reviewing your results and deliberately writing down your insights.[11] On the other hand, as I have alluded to in the past, a surgeon's learning curve is perforce, "a long and winding" road—just as Bruce Lee's 10,000 kicks had entertainingly illustrated but what social scientist Anders Ericsson's 10,000 hours of deliberate practice had actually proven.[12,13] And as Frost concedes, one cannot travel down both of these roads! Now what does this hard work look like? It is deliberately studying your techniques and results—good and bad—inspiring you to write, present, and teach your ongoing insights. And what does the reward look like? It is the most valuable currency in any surgical practice—the honing of one's surgical skills to better, achieving superior aesthetic results wedded to fewer postoperative complications. Now, whenever I do speak of safety, the reactions are often tepid: "safety doesn't sound exciting"; "safety won't get me more patients"; and "safety can't pay the office mortgage"—at least when compared with an eyeball-capturing post on social media. Again, I am here to tell you that focusing on safety can do all three.

Having a reputation for safer surgery is probably my most powerful "secret" weapon.

Now, I would be dissembling if I did not admit that, notwithstanding my transparent assessment of my wariness of social media, I have experienced rare but real pangs of FOMO—fear of missing out. Ironically, this expression sprouted from the fertile ground of social media itself. For it is hard not to be in awe of any technology that can transmit information so efficiently. But there is the rub: for the first time in our history, it has never been easier for any surgeon to become busy or even famous.[14] So, in the meantime, I patiently seek a path to rise above the din of enticing postings on the walls of a virtual Tower of Babel that is Social Media. Perhaps that will be the subject of a future editorial. To turn a famous Shakespearean line: "I have come to question social media not to bury it."[15] Like a canary in a coal mine, I am testing the air we breath into our practices.

To close, allow me to refer you back to the quote left dangling at the top of this editorial: "With our artistic efforts constantly on exhibition about the wards, not only the patients judged our results, but we too, if only out of the corners of our eyes, jealously compared our work with that of our colleagues" (Sir Harold Gillies, 1922).[1]

There are pertinent and prescient elements in this very personal observation of Dr Gillies. First, how lucky am I to find such a befitting quote not only from our founder of modern plastic surgery, but also one from exactly a century ago. Forgive me if I sound overly dramatic. When I read this quote, I felt as if Gillies were trying to speak to me from his consult desk at Queen Mary's Hospital in Sidcup, London. And I would suggest that he is also speaking to the reader. Because the prescience of this quote is undeniable: as I have tried to intone, albeit far more feebly than Sir Gillies, the surgeon's precious time has always been a single-minded pursuit to hone one's craft—to be looking out of the corner of our eyes to compare—not the number of our followers—but rather the quality of our work. Allow those hauntingly relevant words from the past to guide us all to take the road less travelled and make all the difference in the future of our specialty.

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