CHAPTER 25

Doctors and interventions with well people

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Introduction

Increasingly, doctors are becoming involved in procedures and interventions sought by people for lifestyle or image reasons, where there is no medical condition, no improvement in health results and there is a charge directly to the person not covered in the health system. Examples are interventions requested to improve appearance, cosmetic surgery without medical indication and some alternative medicine interventions.

Sometimes these interventions are delivered by doctors in organisations that are not primarily medical (beauty clinics for example), and by personnel working alongside doctors who have no “medical” training.

These developments highlight important issues for the profession and for the regulation of these activities.

Issues

Doctors being involved in these interventions, raises ethical, resource and regulatory issues. Involvement in nonessential treatments can be attractive to doctors. In many circumstances, there are few complex diagnostic or investigative issues to be grappled with, the people are well, they are generally grateful for the intervention, there is limited ongoing responsibility, and it can be lucrative.

Having a doctor associated with some services lends credibility to the service and promotes the doctor. Especially for appearance medicine, this seems to be uncomplicated work, with limited responsibility and reasonable revenue.

However, there are questions to be asked about doctors using their medical skills in this way. For instance, is it reasonable ethically when medical skills to treat patients are in short supply elsewhere?

The capacity for this field to “medicalise” everyday problems and exploit people is obvious. Offers to “Europeanise” facial features or alter genitals to what is considered the norm, walk a fragile line that it is easy to tip over from into prejudice and discrimination.

Advertising in an ethical way is a prominent issue. Competition promotes interprofessional rivalry. Many of the problems that arise are driven by income and financial concerns, which appear to strike at the heart of the altruism that is expected as a part of professional practice.
Discussion and recommendations for doctors

Some doctors feel that because they are working at a beauty therapy clinic, or outside their normal practice, that they are absolved from the kinds of professional and regulatory expectations that apply elsewhere. But as Daniel Sokol\(^1\) reminds us, “you are a doctor, not a tattoo artist”.

A doctor is always a doctor. When working with people in any context the professional, including ethical, principles that guide our profession continue to apply. Adequate followup of treatments, communications with someone’s usual doctor and adequate records, are some of the usual professional obligations that continue to apply, whatever the nature of the practice. The Medical Council will expect that doctors always practice within the standards and guidelines it sets down.

A recent comprehensive report on cosmetic medical and surgical procedures prepared under the auspices of the Australian Health Minister’s Conference,\(^2\) pointed out that safe interventions for consumers involved five interdependent elements “the procedures, the promotion of the procedures, the practitioner, the patient and the place.”

Procedures need to be safe. The use of drugs, chemicals and technology, including laser is expanding. As a doctor there is an ongoing responsibility to ensure that procedures have been adequately researched and that any harm they may cause is within acceptable limits. Even apparently simple interventions like face peels can cause problems.

Advertising must meet the Council’s guidelines. If a doctor is associated with a service, particularly if that doctor’s association is used to increase the credibility of the organisation, the doctor has a responsibility to make sure that standards are met. This includes offering discounts, “specials” or prizes. People must have the freedom to reflect on decisions about nonessential treatments, without being driven to decide something by time limits for reduced prices.

The Council expects that doctors have adequate training in procedures they perform, have systems to maintain that competence, adequate supervision and recognise their limits. Titles are important. People should not be misled. The Council has taken steps to regulate some aspects of cosmetic practice and has a comprehensive statement on the issue.

Because performing elective procedures may involve a conflict of interest, informed consent is central to doctor’s responsibilities in this area. Health consumers need to know potential outcomes, risks and costs fully and recommendations for expensive treatments have to be put in context of their necessity and alternatives. Doctors have to make sure that the person’s expectations about outcome are realistic. Sometimes this might mean that you need to persuade your patient that a cosmetic procedure is not the solution.

There should be sufficient consultation time for the patient and thoroughness from the doctor, for a complete history and relevant examination to be undertaken.

Facilities need to support a doctors’ work. Simple issues like the provision of privacy for consultation, examination equipment and a couch for examination if needed can be of crucial importance if a doctor is asked later why they did not perform appropriate examinations and investigations.
Doctors are also capable of being exploited. Organisations set up to profit from nonessential interventions want doctors involved to add credibility and deliver their product or intervention. The systems that such organisations have in place do not always meet the professional and medical practice standards that will be expected of doctors. Doctors need to be sure that they are adequately supported and that the systems are robust and safe. Once you are associated with an organisation, you share some of the responsibility.

In the transition from caring for the unwell patient who needs care, to caring for the well patient who chooses to have care, it is easy to slip into business mode. The “patient” becomes the “client” and your relationship with them changes. But it is important not to lose sight of your role as a doctor, your duty to protect patients from harm, and the conflicts that arise when you are rewarded for providing such services.

References