

# VERITAS

By Dr Wong Chiang Yin

I remember more than a decade ago, there was public uproar when several beauticians botched up aesthetic procedures (for example, injecting silicone directly into noses and eyelids which got infected and caused great facial disfigurement). The penalties for the unlicensed practice of medicine provided for under the Medical Registration Act were increased shortly after those unfortunate episodes. This was before doctors got into this aesthetic medicine business in a big way. Life was simple then because aesthetic procedures were only performed by plastic surgeons and dermatologists, other than the occasional skin peel done by not so many general practitioners (GPs). How things have changed since then, with the liberalisation of medical advertising, the invasion of doctors into the beauty business, and society and media's preoccupation with looking beautiful.

The town is rife with talk, conjectures and rumours about the recent liposuction-related death. My condolences go out to the family of the deceased patient\*. The truth is out there. Especially in transparent Singapore, I am pretty sure the truth

will be made known sooner or later. And really, I hope the truth when known will answer some questions I have. I will start with the easy questions first, followed by the tough questions and finally the very tough questions. I think these are questions that most doctors should ask, whether one practices aesthetic medicine or not (somehow, I find the term "aesthetic medicine" to be a bit contradictory, but that is besides the point). Those who want to seek the truth and understand the ethical and regulatory framework under which doctors practice should ask many of the following questions.

## EASY QUESTIONS

- Was the patient capable of giving an informed and effective consent?
- Was the doctor trained to perform the procedure (i.e. liposuction)?  
By means of training, we need to include the following
  - o Understand the proper indications for the procedure and recognise the risks, alternatives and benefits of such a procedure;
  - o Know how to perform the procedure correctly;
  - o Know what are the possible complications and how to

recognise these complications when they occur;

- o Manage the complications promptly and effectively
- Was the procedure indicated for the patient's situation or condition?
- Did the doctor concerned take an informed (and hence effective) consent from the patient?
- Was anaesthesia given competently?
- Was the procedure performed competently on the patient?
- Did the patient (if he was under local anaesthesia and not regional anaesthesia) cooperate with the doctor?

## TOUGH QUESTIONS

- Was the procedure performed with the correct equipment and did the equipment function acceptably?
- Was the procedure performed in a location or physical environment equipped with the necessary tools to enable the doctor to monitor the patient and deal with complications should they occur?
- Was the procedure performed in a location or physical environment permitted by our health laws and regulations?
- Was the doctor legally permitted to perform the procedure?

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- When the complications occurred, did the doctor recognise promptly that they occurred?
- Did the doctor manage these complications correctly and promptly?
- Was a transfer of the patient to another facility (like a hospital) necessary?
- Was a transfer attempted promptly?
- Did the ambulance (or any means of patient transfer) arrive reasonably quickly?
- Did the location enable a smooth egress and hence a speedy evacuation? (for example, wide walkways, lift size and so on)
- Was the patient brought in dead to Tan Tock Seng Hospital (TTSH)? If not, did TTSH institute the correct and prompt management of the patient?
- Do we need to change the current regulations on the practice of aesthetic medicine and liposuction in particular? This would include considering
  - o Is liposuction a high-risk procedure?
  - o Who can perform liposuction? (what are the training and qualifications required?)
  - o What facilities, equipment and drugs are required for liposuction to be performed safely?
  - o What are the indications for liposuction?
- Do we need to audit doctors and clinics that perform liposuction?
- Should we subject such doctors and clinics to quality assurance or accreditation programmes?

## VERY TOUGH QUESTIONS

- What role does the mass media have in educating the public about the issues surrounding aesthetic medicine?
- Should we perform a procedure (aesthetic or otherwise) because the patient wants it and can pay the fees that were quoted?
- What values do we cherish when society is willing to pay a doctor much more for aesthetic procedures than say for the management of diabetes?
- What values are the media trying to propagate when it gives an inordinate amount of print space or time to doctors involved in aesthetic medicine?
- Should we call aesthetic medicine doctors "GPs" just because they are not specialists? (Non-specialist doctors who practice aesthetic medicine almost full-time have little in common with many GPs except that the two groups are both not registered as specialists.)
- Should we have a separate group of doctors called "SMC-registered Aesthetic Practitioners" (instead of GPs) and a new group of healthcare establishments called "Aesthetic Clinics" under the Private Hospitals and Medical Clinics (PHMC) Act to differentiate these practitioners and clinics from mainstream medicine?
- Will society be better off if we allowed only plastic surgeons and dermatologists to perform aesthetic procedures?
- How do society and the authorities deal with the work of beauticians?

- Will a black market come into being if we ban non-specialist doctors from performing aesthetic medicine?
- Should we try to dampen demand for aesthetic medicine?
- Practically speaking, are the ethical considerations of aesthetic medicine the same as mainstream medicine? Should they be the same? Do we teach this in our medical schools?
- Should we review our laws of medical advertising so as to dampen enthusiasm for aesthetic medicine?

I have no answers to most of the questions now categorised under "Easy" and "Tough". Strangely, I do have answers to most of the questions categorised under "Very Tough". But I guess my answers matter little in the big scheme of things. Maybe it's time the medical profession experience another round of survey-based leadership so that these very tough questions can at least appear to be addressed. **SMA**

*\*Disclaimer – I do not know the deceased patient or the doctor concerned.*



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