

Plastic Surgery and the Ethics of Social Media Marketing

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Cosmetic surgery has cemented its place in our society because our bodies are as much social as individual entities. They serve to communicate our identity and allow us to interact with our surroundings. Our sense of the “normal” way to portray ourselves is heavily influenced by our enveloping environment. Therefore, the stylistic choices we make with our clothing, piercings, hair, tattoos, and nails are influenced by both extrinsic and intrinsic factors. By the same token, patients undergo elective cosmetic procedures to surgically alter their bodies towards their perceived normal, regaining self-confidence.

Since these cosmetic procedures are elective, surgeons may have to market their services in a way most clinicians do not in order to establish a patient base. With the popularity of social media, plastic surgeons can now reach a wider clientele than was capable with standard marketing methods. Potential patients can look through a surgeon’s page, view their portfolio of before and after images, learn about what their desired procedure entails, and decide on whose craftsmanship they prefer. Social media allows plastic surgeons to build their brand and gives consumer buying power to patients. However, the standards of professional conduct on these platforms are not clearly elucidated. News stories have surfaced showing questionable videos of doctors dancing, singing, or making inappropriate comments when patients are unconscious. In some cases they can result in subpar surgical outcomes. This paper aims to show how the current utilization of social media marketing by plastic surgeons can be ethically inappropriate, highlighting its implications on consent, professionalism, and socialized body norms.

In regard to patient consent, the ethical nuance resides in the fact that patients may not be fully aware of what they are consenting to. It is mutually understood that a patient’s photos/videos may be shared online. Appropriateness is subjective. What is deemed informative to the surgeon may be upsetting to the patient, especially when the post uses hashtags and emojis to sensationalize it. Even more challenging, it is hard to retract consent in these circumstances. Once a photo is uploaded, the surgeons have no way to control how the posted content is disseminated, meaning it can find its way to large and unintended audiences.¹ Therefore, there is a degree of finality when a patient agrees to have their photos posted. There is no way to ensure they can ever be completely removed from the Internet.

Consent is further muddied. Patients can be asked to consent to surgery at the same time they are asked to consent to social media image posting. Essentially, a patient could “fear that [they are] not living up to their end of the implicit ‘bargain’, wherein

performance of the surgery merits a return from the patient via consenting to social media posts”¹. Added pressure to consent exploits the physician-patient relationship, using it “as a source of entertainment by which to increase notoriety or attract patients”¹. To sensationalize a patient’s videos/images in order to entertain but disguise it as efforts to educate the public can be referred to as “medutainment”. This term will be revisited throughout the paper as its implications are discussed.

A more robust consenting process is needed to circumnavigate the aforementioned problems. The American Society of Plastic Surgeons (ASPS) social media task force has been charged with drafting a consent form specifically for social media image use; this is still forthcoming². Physicians could also get patient approval for the posts they wish to upload that include their images. A third party that is in charge of social media consent could be brought in to balance the competing interests of the patient and surgeon. Thorough consent is required, but another pressing issue occurs once the patient is wheeled into the operating room.

Professionalism is important in the discussion of social media marketing. Medicine is considered a profession as opposed to a trade. Professions are built upon trust in the expertise of the professional and attributes like the “ability to keep confidences, to refrain from taking advantage of vulnerable patients, to put the patient's interests before his/her own, and to refrain from self-aggrandizement at the patient's expense”³. It is medical ethics, exemplified by doctrines such as the Hippocratic Oath, that allows medicine to differentiate itself from a trade, which is primarily subject to the laws of capitalism and self-interest³. Social media’s informal nature easily blurs the lines between what is educational, promotional, and professional. It is this last point that is most concerning and requires further investigation.

Questionable online behavior can arise from the allure of likes, such as “surgeons dancing and singing in the operating room, telling jokes to a camera instead of focusing on the patient, or cradling removed body parts in their arms like a baby”⁴. One such board-certified dermatologist performed various cosmetic procedures such as Brazilian butt lifts, liposuction, and tummy tucks^{5,6}. She wanted to be known as the dancing doctor. In 2016 she “started posting numerous YouTube videos online...that showed her dancing and gesturing in front of patients who appear to be sedated”⁵. Several of her patients have come forward citing either subsequent hospitalizations or disfigurement. The Medical Board responded to these allegations by suspending the physician’s license in 2018⁵. In early 2019, a plastic surgeon specializing in transgender care resigned due to uproar about patient photos uploaded to his Instagram page. He posted insensitive captions against transgender and Asian communities^{7,8}. He admitted in an interview with the New York Times that in a post explaining the surgical options for fixing micropenis, he used the hashtag Asian penis⁷.

There are also several celebrity Snapchat and Instagram accounts that engage in ethically concerning behavior. It is to be noted how the aesthetic of their page differs from that of their other colleagues. Their use of catchy captions and emojis to conceal

patient body parts in their posts show that “These videos are often highly stylized, comedic, and meant to entertain”⁹. Sensationalization gives viewers a wow factor. The chance to see inside a human body in the operating room draws viewers in. And while surgeons who participate in this claim they are only “bringing knowledge to where the people are in the way that they want to hear it”, the fact remains that entertainment is the primary goal of these pages, not education⁹ (See Figure 1). Medutainment trades public education for potentially offensive content. These efforts are additionally off target because the messaging may not be reaching the intended audience surgeons wish to advertise to. Most cosmetic procedures are sought by patients over the age of 30, but statistics show that as of July 2019, over 50% of Snapchat users are under the age of 29 years old^{10,11}. This further supports the claim that the displayed posts are sensationalized by immature audiences, who may be attracted to the post by the nudity and not the procedure.

As can be seen from the cases presented, improper use of social media can be harmful. Thankfully several physician-run pages do an exemplary job of engaging potential clientele with unbiased information and pictures of their procedures. One such website, RealSelf.com, is governed by a Strategic Advisory Council that regularly reviews their content. Their team also creates posts about reputation management and content creation that physicians can reference. The page serves as an example for professionalism in online spaces. Moving forward, ASPS can provide general guidelines for its members regarding posted content. They can mirror those used to publish academic work or give examples from vetted pages. Providing guidelines can prevent inappropriate content from having a deleterious impact on patients and how they perceive their bodies.

Our socialized body is based on normalized standards set by society. These standards are disseminated through media, cultural traditions, and other institutions, influencing how we view our own bodies¹². In the United States European standards of beauty have dominated media, implying that to be beautiful is to have fair skin, long, loose textured hair, slender facial features, and a petite body shape¹³. Some can internalize these ideals and alter their perception of their natural features. Texturism in black communities is a direct result of the exclusion of minorities from mainstream definitions of beauty¹³. Similar issues can be found in other communities. Among Asians blepharoplasty is very popular. Some criticize it as a way to obscure natural ethnic features. While plastic surgery should not claim responsibility for creating these biased beauty norms, the specialty should also be cognizant that surgeons can easily perpetuate it, changing the relationship a patient has with their body.

A post from a prominent Instagram page highlights this point (See Figure 2). It showed a woman’s before and after photos from a breast augmentation procedure. On the before photo, a shocked face emoji is used to conceal the woman’s nipple, while the after photo the emoji changed to one with heart eyes. This deliberate choice of emoji implies that the pre-operative photos were undesirable. While his patient likely shared

similar sentiments towards her pre-operative photos, insinuating that this natural consequence of aging is unattractive is inappropriate from a physician.

Plastic surgeons should be mindful of neutrality. The socialized body will not disappear. There is room for surgeons to address the issues it breeds by offering cosmetic procedures. However, to perpetuate the biased beauty standards that favor youth and Eurocentric features is problematic. Amplifying the insecurities of people could be interpreted as an act of self-interest to bolster one's practice. Even if monetary motivation is not present, it remains harmful to the general public to receive negative biased messaging from health care providers.

This paper's analysis of the ethics of social media marketing among plastic surgeons explores the themes of consent, professionalism, and socialized body norms. Social media platforms provide a vast opportunity for surgeons to build their brand and practice. It is evident that the rules of engagement in this online arena are not fully elucidated because of the medutainment phenomenon observed on some professional accounts. There is a need for national governing organizations such as the American Society of Plastic Surgeons (ASPS) to create a more robust consenting process and provide guidelines and standards specific to online professional conduct. This may result in putting some restrictions on how surgeons craft their posts. This way, the emphasis of these pages can be shifted back toward education and remain an entity that addresses, as opposed to propagating, beauty standards. All in all, more discussion needs to be had about the ways which surgeons can responsibly incorporate social media into their medical practice while remaining appropriate and sensitive to their online audience.

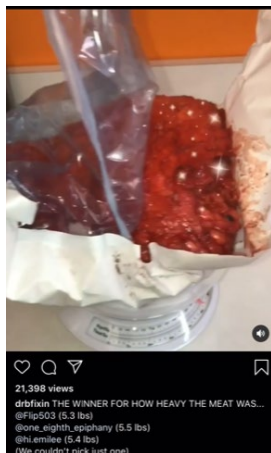


Figure 1. This post depicts a portion of adipose tissue being weighed on a scale. These stylized, comedic and general entertainment posts what are known as “medutainment”.

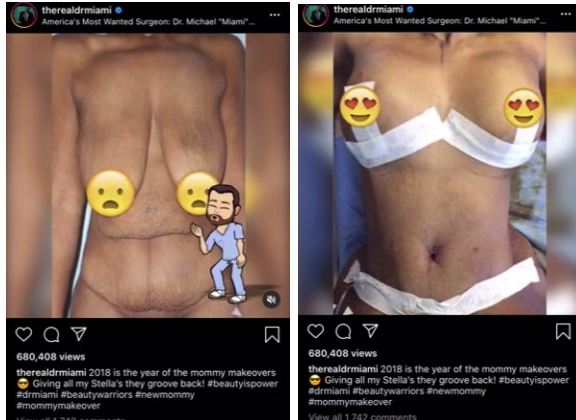


Figure 2. These photos highlight how surgeons, if not cognizant, can perpetuate biased beauty norms.

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