

# Virtual Mentor

American Medical Association Journal of Ethics  
March 2007, Volume 9, Number 3: 229-233.

## Op-ed

### Should doctors perform plastic surgery on reality TV?

Responses by Robert Rey, MD, MPP, and by Daniel Sullivan, MDiv, and Rod J. Rohrich, MD

*Editor's note: The success of the reality television show Extreme Makeover spawned several offspring programs in which actual patients undergo plastic surgery procedures performed by real surgeons. Virtual Mentor asked for opinions about physicians' participation in such television programming from those in the field.*

#### Response 1

by Robert Rey, MD, MPP

I often get asked if having a television show changes the nature of my plastic surgery medical practice. What follows is my answer to that question.

Between cell phones with cameras, blogs, instant information via the World Wide Web and the very open nature of the world we live in, the barriers between the public and private spheres have broken down, and you should consider every patient interaction and medical decision you make a public decision. Whether you wish to be or not, you are a role model.

You may not live your life and practice medicine with a television camera looking over your shoulder like I do, but in this day and age you should act like you do. In other words, I don't change a thing when the cameras aren't rolling.

I'm terribly proud of the spotlight *Dr. 90210* has shone on the profession. Not surprisingly, most people think that plastic surgery is all about glamour. And, while I am fulfilled when I make people look better and feel better about themselves, I insist that this be a balanced show that reveals the true nature of what we do.

*Dr. 90210* shows not only the before and after but also the in-between. Potential patients and the public need to know that pain, bruising, swelling and other consequences occur between the operating room and the end result. I know that televising the sometimes graphic reality is the right thing for me and the patients. The truth is the profession's best ally; well-educated, well-informed patients have the most realistic expectations.

My patient rejection rate is nearly 80 percent, and I want current and prospective patients alike to know that plastic surgery is not for everyone. It's not like getting a

haircut or a new pair of shoes. It's a life-changing, serious medical procedure that requires time, money and commitment. Together my patients and I weigh the risks and benefits, and seeing this process on television helps prospective patients understand this delicate balancing act.

Because of the Internet, a great deal of information on cosmetic surgery is available for public consumption. Much of it is excellent, but there is also an abundance of misinformation out there, and *Dr. 90210* helps address some of the myths and misconceptions of our work. For example, not all doctors have access to the latest techniques, equipment and medical research. We do, and we try to showcase the present state and the future possibilities of cosmetic surgery on the show.

It's no secret that in the early part of this decade, immediately after September 11, 2001, the number of plastic surgery procedures was on the decline. Yet I am told and research bears out the fact that televised shows, like *Dr. 90210*, have attracted more patients than ever and that the profession's work load has significantly surpassed pre-9/11 levels.

It's interesting that a great many of my fellow physicians who have criticized my show admit to never having watched it. I would urge you to see what it's about. Sure, we do work on movie stars and other celebrities, but we also work on nurses, teachers and truck drivers and show that plastic surgery is an option for the middle class, not just millionaires. Audiences also learn that plastic surgery is about correction and reconstruction and not only rhinoplasties and breast augmentations. These messages reach millions of potential patients—not just potential patients for me but for the entire profession.

*Dr. 90210* is also an excellent vehicle for highlighting the pro-bono work that so many of my colleagues and I do. Last year I worked with rehabilitated gang members and removed their affiliation tattoos so they could be more employable; I went to Mexico and operated on children with cleft palates to give them a smile, self-esteem and help with their speech and quality of life. Next season I will be heading to Israel to help victims of terrorist bombings regain something of their former appearance and function through reconstructive surgery.

It is easy to think you're just a cosmetic surgeon, but you're much more. Patients look to you for answers, hope and solutions. The actual surgery is crucial, but it is only one part of what members of our profession do. The sooner we all realize that the light is shining on us as physicians and that we have responsibilities to the public and the profession, the better, stronger and more respected we will all be.

*Robert Rey, MD, MPP, stars in the E! television series Dr. 90210. Dr. Rey specializes in minimal scar plastic surgery, endoscopic, fiberoptic and laser techniques. He served in the office of the United States Surgeon General as a health policy speech writer to Dr. C. Everett Koop.*

## **Response 2**

by Daniel Sullivan, MDiv, and Rod J. Rohrich, MD

*Extreme Makeover, I Want a Famous Face, The Swan, Dr. 90210*—these are some of the recent and most-watched reality TV shows that have used plastic surgery as subject matter to entertain the viewing audience. Plastic surgery, especially cosmetic surgery, has become one of the more trendy subjects of television culture and, by extension, of pop culture as a whole, at least in the United States. This new-found popularity has affected the practice of plastic surgery, both positively and, often profoundly, negatively.

There is no denying the fact that the general public is more aware of and educated about plastic and cosmetic surgery now than it was a few years ago, largely as a result of reality television. The average person in the United States today knows that plastic surgery is a specialty with its own unique procedures, and most people can now describe at least a few of those procedures. The public has learned that plastic and cosmetic surgery are performed on a wide range of body parts, not just the face and torso. Through these shows the public has had a glimpse of how plastic surgery can help raise a person's self-esteem. People with debilitating self-images and body concepts and the attendant social dysfunction—partly the result of aesthetic tribulations—blossom into confident, attractive characters who are happy and comfortable in their own skin after cosmetic surgery. Although such transformations may not be as dramatic or extensive for every nontelevised patient, illustrating patients' emotional and social change is a welcome product of the shows. Lastly, heightened public consciousness has increased the overall number of medical cosmetic interventions (both surgical and nonsurgical) in the United States, creating something of an economic boom for the specialty.

These are some of the positive aspects of the reality shows, at least from the perspective of board-certified plastic surgeons. There are, however, several unfortunate consequences of these programs that can misrepresent what the patient and surgeon experience and what recovery is really like.

First and foremost, one must recognize that the goal of these programs is to attract large viewing audiences and earn high media ratings, which in turn enable television executives to charge higher advertising rates. Despite the educational benefits listed above, the primary intent of reality TV shows is not to serve a documentary or educational purpose but to realize financial gain through a visual medium that entertains, and they do precisely that. Studios in general do not have the well-being of the patients, the doctors, medicine or society as their first goal. If another show or subject were to prove more lucrative, plastic surgery reality shows would be off the air. This also means that television studios use creative editing and unlikely plots to further titillate the viewers. Unfortunately, a substantial percentage of the viewing audience is largely unaware of these subterranean motives and accepts the network programming uncritically, believing that what they are watching is an accurate view of plastic surgery.

Another crucial element often not conveyed in these programs is patient safety. Seldom do we see how the patients were selected and by whom or learn how patients should choose a surgeon (or surgical facility, for that matter) for their particular needs. Other questions that are not explicitly addressed include: Is the surgeon certified by the American Board of Plastic Surgery? Has the surgeon performed this procedure before and, if so, how many times? What is the surgeon's complication rate and what are the inherent risks of the surgery? Will the surgeon in question do the procedure or will he or she supervise trainees? Does the surgeon listen to what the patient wants or tell the patient what he or she "needs" done? Will the surgery be conducted in an operating room in a certified hospital or in a day surgery center? Is the surgeon certified in life-support techniques in case operative complications arise? Is the surgical facility capable of providing adequate care in the case of complications? These details are not well-represented on TV.

There is a common perception that the average plastic surgery patient spends more time researching and buying a pair of shoes than identifying an appropriate surgeon. While it may be true that patients should spend more time selecting surgeons, it is not only patients who have a responsibility in the clinical relationship. Physicians must provide patients with all the information required by a true informed consent process, must discuss potential complications and must explore patient expectations versus what is attainable with a specific plastic surgery intervention. Occasionally we see complications on these shows, but how they occur and are managed is glossed over. Likewise, the full recovery regimen is minimized; multi-week or multi-month recovery times following numerous surgeries are compressed into a few minutes, conveying a false sense of recovery time to viewers. The whole process simply can't be condensed into a one-hour show that pretends to represent "real time."

Reality TV creates problems not only for the potential patient, but also for the plastic surgeon. The rigors of specialized training that board-certified plastic surgeons undergo are not mentioned, an absence which fosters the impression that anyone calling himself or herself a plastic surgeon is somehow qualified to perform the difficult surgeries we see carried out. It is simply not the case that a surgeon is more than willing and able to fulfill the request of any patient who wants an enhancement.

An equally damaging message is that plastic surgeons perform only cosmetic surgery. This idea does great disservice to plastic and reconstructive surgeons, who undertake perhaps the widest range of interventions of any surgical specialty. Head and neck surgery, cleft lip and palate repair and other craniofacial procedures, hand and peripheral nerve surgery, cancer removal and repair of cancer damage throughout the body, reconstructive surgery for burn patients—these define plastic surgery as a specialty but are rarely mentioned on television reality shows. As a result, the public perceives the specialty as not a truly serious one, not in the same category as cardiology or neurosurgery. A public "educated" by reality TV is seduced into thinking that plastic surgery is simple, skin deep, limited in scope and lucrative. Nothing is further from the truth. Sadly, these ill-informed opinions have

seeped not only into the TV audience but into the medical community and state legislatures. Numerous states now allow physicians who are not formally trained surgeons to perform plastic surgery, to the peril of patients and the profession alike.

Reality TV shows use visually provocative images to provide the most visceral experience in the briefest amount of time. While entertaining, the programs often mislead viewers by neglecting crucially important medical, emotional, social and ethical issues, all of which are part of an actual plastic surgery experience. Shows that focus on the antics of a doctor clearly prize the entertainment value of an actor-wannabe more than the educational value of informing people about the serious, dignified medical science of plastic surgery. Lamentably, this devalues not only plastic surgery but all medicine and creates harmful misperceptions in the minds of the public.

*Daniel Sullivan, MDiv, is the managing editor of Plastic and Reconstructive Surgery, the official journal of the American Society of Plastic Surgeons. Prior to working with Plastic and Reconstructive Surgery, he was the managing editor of Neurosurgery.*

*Rod J. Rohrich, MD, is professor and chairman of the Department of Plastic Surgery, Crystal Charity Ball Distinguished Chair in Plastic Surgery, and Warren and Betty Woodward Chair in Plastic and Reconstructive Surgery at the University of Texas Southwestern Medical Center in Dallas.*

**Related article:**

[Plastic surgery is real, not reality TV](#), March 2007

*The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.*

Copyright 2007 American Medical Association. All rights reserved.