Editorial

The Heinous Practice of "Envying, Tripping or Traps" Among Colleagues

The heinous practice of "envying, tripping or traps", among colleagues is becoming more and more common, nowadays, especially against cosmetic surgeons. This has been the practice, not only in the past, whereby most of our teachers regarded cosmetic surgery as "unnecessary".

Colleagues, especially plastic surgeons, claim to own liposuction, and other cosmetic surgical procedures, arguing that they should be performed only by plastic surgeons, whereas, the truth is that most plastic surgeons are trained primarily in reconstruction, and have little knowledge of cosmetic surgery, when they start up their practice. They have to acquire this knowledge of cosmetic surgery, somehow, and their training in cosmetic surgery, is mostly superfluous, and faulty, unless they undergo specific training programs in cosmetic surgery. On the other hand, plastic surgeons, do not accept cosmetic surgeons, who have undergone specific training programs in cosmetic surgery. This is reflected in the panel decisions of organizations like, PMETB (Post-Graduate Medical Education and Training Board), UK, whose decisions reflect extreme hatred, and jealously against cosmetic surgeons. On the other hand they don't have a recognized specialty of cosmetic surgery, or an approved training program in cosmetic surgery. Most of the plastic surgeons, who undergo FRCS (Plast), or FRCS in general surgery, with a few months of BAPS (British Association of Plastic Surgeons), training course, start doing cosmetic surgery in the UK. Even FRCS (Plast) constitutes only 10% of cosmetic surgery, and 90% of the exam is about reconstruction, as has been mentioned in their curriculum. Same is the situation in other parts of the world, whereby plastic surgeons are mainly assessed in reconstruction, and they undergo little training or assessment in cosmetic surgery. For this reason, most of these untrained plastic surgeons, end up with complications in cosmetic surgery, and organizations like PMETB, and health authorities in some countries, allow these surgeons to operate, who pose a real threat to patient safety. On the other hand, these organizations are reluctant to accept even the most prestigious cosmetic surgeons, due to the fact that they constitute panels of plastic surgeons, who assess cosmetic surgeons, and do not accept them in any case, tearing apart all the norms of "Good Medical Practice". These double standards are hard to understand?

Regarding journal articles submitted to plastic surgery journals by cosmetic surgeons; most of these articles are rejected by plastic surgeons, reflecting jealously, and hatred of these journals against cosmetic surgeons. It is worthwhile to note that the Editor-in-Chief of Plastic, Reconstructive & Aesthetic Surgery Journal, who reviews, accepts / rejects articles related to cosmetic surgery, does not practice cosmetic surgery.

All this certainly goes against all norms of medical ethics, and good medical practice, which organizations like PMETB preach and assess, but they themselves violate it. There should be an awareness among colleagues especially plastic surgeons, and institutions to deal fairly with other colleagues, and maintain sanctity of this noble profession.

Hassan Abbas Khawaja MD
Editor: Meso-American Journal of Cosmetic Surgery

In defense of Ethical Principles

The words above, written by Dr. Hassan Abbas Khawaja, reflects very well the feelings of most Cosmetic Surgeons who are convinced that their rights are continuously violated by surgeons who, without having expertise in this subspecialty, strongly rejects any advancement coming from other branches of the medicine, no matter how important might be. Cosmetic Surgery is not a subspecialty of plastic surgery as this colleagues use to say. And never have been so. By fact, up to very recently their formation in cosmetic was extremely insufficient. Cosmetic was "discovered" in the last years by plastic surgeons when many advances have already been made by cosmetic surgeons. I remember very well when my colleagues working in plastic surgery used to look with disdain the practice of hair transplants. Same thing there occurred with liposuction, chemical peels, or filler substances. The great innovation of tumescent technique was ignored by plastic surgeons, with the consequent bleeding and even deaths among their patients. Up to recently many of them don't use this extremely valuable technique.

Cosmetic Surgery as an specialty began its development more accelerated at the beginning of 70's when in United States was born a society oriented specifically to that aim. Ours, the Meso American Academy of Cosmetic Surgery, is an affiliated society of that in USA.

We understand Cosmetic Surgery as a subspecialty performed by surgeons who, having done full training mostly in Dermatology, Otolaryngology, Head and Neck Surgery, or Ophtalmology, among others, have made special and exclusive training in Cosmetic Surgery. Only in that way may somebody be accepted as Cosmetic Surgeon. Coming back to United States, in this country there exists for many years a Medical Board oriented to certify the competence in this field. And that after presentation of strict accreditation, and having approved a tough oral and written exam. This should be also done (and approved) by our colleagues plastic surgeons, only after receiving special training exclusively in cosmetic. Reconstructive knowledge doesn't qualify to anybody to be admitted as an expert in cosmetic. And certainly doesn't justify to anybody to have an unethical conduct against their own colleagues.

Dr. Abbas Khawaja has underwent, as many of us, the pitiless attacks coming from colleagues who apparently ignored the ethics, making publications in the media, saying that only them must be recognized as experts in cosmetic. That is a fallacy. True expertise have to be proved through knowledge, teaching, publishing scientific papers

and books, and supported by ethics principles, as well as in a proper behavior toward other physicians.

The aim of this comment is precisely to built strong bonds of friendship and respect among colleagues. The attacks against cosmetic surgeons, which began with no doubt for economic purposes, must be changed for new and improved practices. Old practices trying to discredit other colleagues are completely unjustifiable. The end of this message is to prepare us much more, and to share our knowledge without limitations among physicians dedicated to the same art, in this case, the cosmetic surgery.

Enrique Hernández-Pérez, MD, ABCS
Editor-in-Chief
The Meso American Journal of Cosmetic Surgery