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AESTHETIC MEDICINE

International dialogue on the relationship between
medicine, beauty, and ethics

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Introduction

This paper is the outcome of the meeting that has seen a number of international opinion leaders in the field of Aesthetic Medicine investigate and discuss the topic of beauty, how beauty is viewed in today's culture and how it is experienced by both patients and doctors. Conversations by experts participating in the project have produced an international framework that portrays beauty in the way it has evolved and that places ethics at the very heart of Aesthetic Medicine.

A shared starting point in the experts' considerations relates to the concept of authentic beauty, defined as the expression of the masterpiece that exists in each one of us, through our skin and body.

The entire world of medicine is undergoing a major revolution as it shifts from an interventionist approach to a more conservative one. The same holds true for Aesthetic Medicine. There is a focus on preserving rather than changing, beauty has become holistic health and not just about looks.

Surely aesthetic standards vary across the planet's different geographical areas, because of differences in patients' and physicians' cultures and attitudes. However, we are witnessing an interesting evolution, where patients and physicians team up, in the pursuit of a balanced and harmonious approach to aesthetic medicine, up to the point of devising a customized protocol for the preservation of a healthy skin.

Regenerative Aesthetic Medicine stems from this new perspective, pursuing the goal of slowing down the skin's aging through natural regenerative treatments that allow for a healthy, youthful appearance to be maintained over time. In essence, this represents a new approach to face-body rejuvenation, in line with the trend of an increasingly authentic beauty.

The paper offers a dynamic picture, thanks to the experts' contributions who have passionately shared their vision of Aesthetic Medicine, while urging fellow physicians to reflect on the ethics of clinical practices that are of benefit to patients, most of whom still need to be guided towards greater self-awareness.

The topics discussed are presented in a way that allows for the expression of each expert's unique traits and narrative, while the conclusion highlights the guiding principles of ethics¹, those that, thanks in particular to the fundamental contribution by Prof. Spagnolo, have been identified as a call to action to be addressed to colleagues.

This paper does not end its mission with this publication, but rather initiates a journey of communication and of in-depth studies.

IBSA Derma, as a lifelong promoter of culture on aesthetic medicine, has decided to uphold this important project.

The experts involved

Advisory Board



**Antonello Tateo, Chief Consultant Plastic Surgery
Unit Istituto Auxologico Italiano, Milano Italia - TBClinic
Milano Founder and Scientific Director**

After having received an international training and gained experience as Medical Director in Bergamo, he served as Director of the Plastic Surgery Operating Unit for 13 years, first at the Policlinico di Monza and, later, at the Istituto Auxologico Italiano IRCCS in Milan. Today he is a Plastic Surgery and Aesthetic Medicine freelance practitioner and directs the TBClinic Studio in Milan. International Opinion Leader and consultant for several companies in the field of Aesthetic Medicine, he is Full Member of several national and international associations and scientific societies.

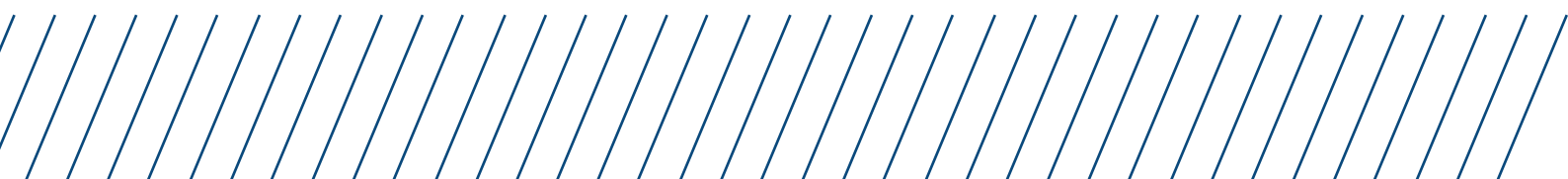
**Editta Buttura da Prato, Specialist in Maxillofacial
Surgery in Verona, Member of the scientific committee
of AITEB – Associazione Italiana Terapia Estetica Botulino**

Thanks to her strong communication skills and marketing experience she has developed communication projects for international companies, investigating the meaning of beauty and its ethnical and cultural implications, establishing a direct connection between the world of medicine and that of fashion, art, communication and marketing. Currently, alongside her medical and marketing activities, she works as maxillofacial surgeon in private practice, as scientific consultant for MKTG companies and as international KOL and trainer for pharmaceutical companies.



**Beatriz Molina, Specialist in Aesthetics, Fellow
Member of the British College of Aesthetic Medicine**

Beatriz Molina is founder and medical director of Medikas Ltd. and member of the British College of Aesthetic Medicine. Originally from Spain, Beatriz came to England for surgical rotation during her medical training. She then went on to work as GP for ten years during which she became increasingly interested in cosmetic surgery. She undertook extensive training covering multiple treatments and procedures in the field of aesthetics and, in 2005, set up her first clinic in Somerset offering high-quality, medically-backed cosmetic procedures.



Hugues Cartier, Dermatologist and IMCAS Global Course Coordinator - International Master Course on Aging Science

Hugues Cartier is IMCAS global course coordinator together with Sebastien Garson (for surgery) and is involved in all of IMCAS conferences. He is a dermatologist, phlebologist and dermal laser practitioner at the Clinic Saint-Jean at Arras, France. He also heads the wound care unit within the Dermatology Department of the Arras Hospital. Dr Cartier has co-authored several publications. He is also vice president of the French Society of Aesthetic Medicine and course coordinator of the Belgian Society of Aesthetic Medicine.



Andrea Margara, Specialist in Reconstructive and Aesthetic Plastic Surgery, National Secretary of ISAPS

Graduated in Medicine and Surgery, he specialized in Reconstructive and Aesthetic Plastic Surgery at the University of Turin. Author of numerous scientific publications, he works as freelance practitioner in Turin and Milan in the field of reconstructive and aesthetic plastic surgery. He is member of several national and international scientific societies of Reconstructive and Aesthetic Plastic Surgery and currently serves as ISAPS National Secretary for Italy.

Contributor



Professor Antonio Gioacchino Spagnolo, Director of the Research Centre for Clinical Bioethics and Medical Humanities, Faculty of Medicine, Università Cattolica del Sacro Cuore, Rome

With a degree in Medicine and Surgery and a Bachelor in Philosophy, he is full professor at the Faculty of Medicine and Surgery at the Università Cattolica del Sacro Cuore in Rome, where he teaches Bioethics. He is also Coordinator of the Division of Bioethics and Medical Humanities within the Department of Healthcare Surveillance and Bioethics at the aforementioned university, and Chair of the Research Ethics Committee at the Istituto Dermopatico dell'Immacolata, IDI-IRCCS, in Rome. He is the author and/or co-author of more than 200 scientific publications on various topics related to ethics in the biomedical field and, more specifically, to clinical ethics and ethics of biomedical research.

Dr. Emanuele Bartoletti, Director of the International School of Aesthetic Medicine of the Carlo Alberto Bartoletti Foundation

Plastic Reconstructive and Aesthetic Surgery. Director of the Outpatient Service of Aesthetic Medicine and Psychophysical Wellbeing in Pathology at the Fatebenefratelli Isola Tiberina - Gemelli Isola Hospital in Rome. President of the Italian Society of Aesthetic Medicine (SIME). Secretary General of the Union Internationale de Médecine Esthétique (UIME). Councillor of the Rome Section of the Order of Surgeons and Dentists. Professor at the Università Cattolica del Sacro Cuore - Fondazione Policlinico Universitario Agostino Gemelli. Managing Editor of the international journal Aesthetic Medicine, and reviewer of numerous scientific publications.



The scenario: the ethical evolution of Aesthetic Medicine

Professor Antonio Gioacchino Spagnolo, *Director of the Research Centre for Clinical Bioethics and Medical Humanities, Faculty of Medicine, Università Cattolica del Sacro Cuore, Rome*



Aesthetic Medicine (ME) is a medical discipline that supports individual as a whole by improving the relationship with one's own person and positively influencing interpersonal relationships.

Its ultimate aim is the construction and reconstruction of the individual's psychophysical balance through mostly elective, invasive and non-invasive procedures that treat a poorly accepted blemish, unsightly complications of diseases or injuries, as well as the prevention of ageing².

Procedures carried out to improve the body's appearance date back to ancient civilizations and have followed the evolution of culture and aesthetic standards; however, AM practices have always been regarded as something complementary to those related to general healing and health care³.

When investigating the etymological meaning of AM, we find that the word "medicine" comes from the Latin *medeor* (i.e., heal), while "aesthetics" comes from ancient Greek *aisthesis*, meaning getting to know through the senses, the perception of all that which can be experienced, both beauty and ugliness⁴.

Inherent in the concept of medicine is the concept of ethics, which transcends the procedure, the place or the time in which the physician operates. The word "ethics" is derived from the ancient Greek word *êthos* (i.e., behavior), and is a concept that cuts across multiple disciplines such as philosophy and sociology, and that, when applied to medicine, implies the correct behavior underpinning all clinical practices. The genesis of these principles dates back to the ancient Greece of 400 B.C., to Hippocrates of Kos, whose oath calls upon physicians to treat patients according to their ability and knowledge, exercising judgment as well as the duty of secrecy in their relationship with patients, with the overarching goal of not harming (*primum non nocere*) but also of providing a benefit. All this has laid the foundation for Western medical deontology, from the Greek *deonloghia* (i.e., study of duty)⁴⁻⁵.

These principles have evolved over the centuries, reflecting changes in medicine and society, up to the identification of four main ones in the development of the North American bioethics of the 80s. These principles refer to four ethical duties involved in health care: respect for the patient's autonomy (i.e., self-determination), beneficence (connected to non-maleficence) and justice (i.e., equality in the allocation of responsibilities and benefits). With AM, the goal is to contribute to improving a person's looks, be it to overcome a marital crisis or find a job more easily or limit blemishes resulting from disease sequelae. This entails that the practitioner should gain, through empathy, an intimate understanding of the patient and of his or her psyche⁶.

The world in which physicians operate today is not only that of Hippocrates, nor is it that of the 80s. AM specialists rely on techniques that did not exist only twenty years ago; the number of procedures performed is increasing while costs are dropping, making procedures increasingly accessible.

An unrelenting evolution that has called for a reconsideration of the meaning of ethical principles and a clearer definition of what professional expertise is needed to perform treatments,

as well as where and in accordance to what guidelines such treatments should be carried out. A reflection on the economic aspects revolving around AM is also necessary to prevent a purely commercial connotation from confining it to the status of frivolous and futile subspecialty³. An adequate economic recognition attached to the practitioner's activity is entirely legitimate, even if AM does not have the prerogative of saving lives, but only of improving their quality.

AM has always moved on a constantly evolving ground, starting out with the simple objective of adorning (*Kosmetikòs*), embellishing, proper to the great Greek and Eastern civilizations, to then be, over time, influenced by the standards of beauty, the ones that, in the ancient world, were dictated by the arts (first and foremost painting and sculpture), by rulers (e.g., from the Pharaohs to Marie Antoinette), by movie and pop music stars up until the end of the last millennium, and, today, by the most powerful means of communication ever conceived, namely the Web.

Once again, the etymology of words reveals something unexpected, as the word beauty comes from the Latin *bellus*, diminutive of the adjective *bonum* (i.e., good). This concept was already present in Hippocratic Greece, with the expression *kalòs kai agathòs* (i.e., beautiful and good), which emphasized the association between the moral and the physical virtues to indicate perfection. This leads to a re-interpretation of the purely aesthetic concept of beauty, adding the ethical connotation of wholesome and virtuous, with the result that AM implies the achievement of a result that is not only aesthetically pleasing to the senses, but also healthy⁶.



The diagnostic and therapeutic protocol of Aesthetic Medicine

Emanuele Bartoletti, *Director of the International School of Aesthetic Medicine of the Carlo Alberto Bartoletti Foundation*



Aesthetic Medicine stems from the theory that a human being is in a state of psycho-physical well-being when they are in harmony with the different phases of life, with their social and environmental integration. This medical discipline, starting from a poorly accepted imperfection, implements a preventive, curative and rehabilitative programme that guarantees the health of the individual as a whole by improving their relationship with themselves and positively influencing interpersonal relationships.

The first and only definition of Aesthetic Medicine is that found in the Editorial, written by Carlo Alberto Bartoletti, founder of the Italian Society of Aesthetic Medicine, of the first issue of the scientific journal "La Medicina Estetica", which was founded as the official magazine of the Society in 1977 and which we quote below:

"Aesthetic Medicine is a medical discipline whose importance has increased rapidly in recent years, in all its specialist areas. Aesthetic Medicine carries out a programme of social, preventive, curative and rehabilitative medicine at the service of the community: its ultimate aim is the construction and reconstruction of an individual's psychophysical balance. (...)

The field of action is vast and, in its practical applications, practitioners must call upon all of their fundamental knowledge of biophysics, biochemistry, physiology, pathology to understand the mechanism that can alter our physical image." ⁷

As can easily be guessed, what is perceived as Aesthetic Medicine by the majority of the population today has nothing to do with this description, which is so broad and so deep, and which had the great merit of completely embedding Aesthetic Medicine in medicine and the treatment of pathology.

Aesthetic Medicine is not a new branch of medicine, but an integral part of traditional medicine whose standards for diagnosis and treatment it applies with extreme scientific rigour.

A correct diagnostic approach is essential to medicine, so Aesthetic Medicine cannot do without it either.

In 1990 the Italian Society of Aesthetic Medicine developed a diagnostic protocol in Aesthetic Medicine, which brought this discipline into line with all other medical disciplines. In fact, all specializations have their own diagnostic protocol, which is the only way to make a diagnosis and set a correct treatment plan.

Specifically, the **Aesthetic Medicine check-up** includes a traditional, family, physiological, and immediate and remote pathological anamnesis, as well as a specific anamnesis on lifestyle, dietary, cosmetic, psychological and emotional habits, and previous aesthetic medicine therapies. Blood pressure is then measured and the chest is auscultated.

This is followed by a series of evaluations that will permit an assessment of the patient. In particular:

- The **psychological assessment**, which defines the psychological profile of the patient and which, with the help of questionnaires, investigates the emotional response that blemishes produce in the subject.
- The elaboration of the data obtained with the **morpho-anthropometric evaluation** allows us to know the habitus, the weight history of the patient, the subjective ideal weight, the lean mass, and the total amount of water, so that, by means of body composition analysis methodologies, weight targets can be established and weight and metabolic recovery are possible.
- The **postural assessment**, carried out from a static and dynamic point of view, makes it possible to detect morphological disharmonies, muscular dystonias and load points on the plantar vault.
- The **assessment of physical capacity**, which takes into account the subject's aptitude to perform congruous physical effort and joint mobility.
- The **angiological assessment of the lower limbs** makes it possible to highlight a possible circulatory insufficiency condition.
- The ultrasound assessment of the hypodermis allows localised excess adiposity to be distinguished from oedematous-fibrosclerotic panniculopathy ('cellulitis') in its developmental stages.
- The **skin evaluation** of physiological parameters by means of skin measurements and tests (corneometry, sebumetry, pHmetry, sensitivity tests and dermography), as well as by means of an objective examination with cold light and Wood's light, provides useful data on the skin's defences to formulate a cosmetological diagnosis of biotype (normal skin, seborrhoeic, dry due to lack of hydration or sebum, sensitive) and to determine phototype, as well as to assess the level of photoaging.
- Routine haematochemical **evaluation enriched**, if necessary, by laboratory investigations, according to the age and needs of the subject examined, suggested by the specialists collaborating within a multidisciplinary Aesthetic Medicine unit, can provide useful information on the behaviour of certain hormones involved in the ageing process and how the body adapts to stressful situations.

During the examination, the aesthetic doctor will investigate the physiology of all the areas under investigation, make a diagnosis as far as they are competent, and refer the confirmation of a suspected pathological picture to the referring specialist.

Therefore, it is easy to understand how the aesthetic doctor's first aim is prevention, which is fundamental for delaying all treatment needs.

After the first examination, a therapeutic programme will also be drawn up, but any corrective treatment must aim to achieve the patient's natural appearance and should only be carried out in the case of real necessity.

Aesthetic Medicine is not meant to rejuvenate anyone; any attempt would be pathetic. Its aim is to make the individual look their best for their condition. It is much better to wear one's age well than to chase after a ridiculous rejuvenation. To look good for your age is to look well-groomed, elegant, sober and clean, without excess, and completely natural.

A good aesthetic doctor needs, at times, to defend the patient from themselves, because they have to dissuade their patient from extreme choices that can lead to embarrassing results. In fact, while taking the patient's requests into account, the doctor should only agree to them if there is real need.

AESTHETIC MEDICINE

Aesthetic Medicine provides patients with therapies that can give a result at any stage of life; Aesthetic Medicine itself can fit into any stage of life, adapting its therapies to the needs that the patient presents from time to time.

Thus, it is understandable that one must be wary of doctors who propose corrective treatments without respecting this simple but fundamental priority in patient management. Relying on a trained professional is definitely the first step to loving yourself and taking care of your appearance.

To return to the figure of the aesthetic doctor, we must specify that they must be a doctor who has been specifically trained in the discipline, capable of considering the patient from an internal point of view.

They must be a doctor who has invested part of their life in specific training in Aesthetic Medicine, which is not just fillers and toxins - it is definitely more. Only someone who takes care of the patient in a conscious and ethically conscientious manner can be called an Aesthetic Doctor.

The Aesthetic Doctor must be perceived by the patient as the guardian of their biological heritage, a reference that can accompany them through life to allow them to maintain themselves at their best and to help them prevent all the damage caused by ageing, both general and cutaneous. This will allow the patient always to show their age well with elegance and accuracy, without ever giving in to any inappropriate requests, the result of a lack of awareness of the canons that determine personal attractive lines combined with one's features and age and that only a trained aesthetic doctor can know.

Patients must trust a doctor who knows how to say no, who is not condescending towards them except when the doctor thinks there may be a real clinical need and who does not propose corrective treatments without a thorough study and without an Aesthetic Medicine examination.

Therefore, it is easy to see how Aesthetic Medicine is a medical discipline of high clinical and social value that goes far beyond the mere correction of imperfections and makes a programme to improve the quality of life at all ages and at all stages of life.





Study on Ethics in Aesthetic Medicine: the opinions of global professionals

During the IMCAS 2023 World Congress held in Paris, a survey was carried out among specialists working in the field of Aesthetic Medicine, with the aim of obtaining an overview of ethics in the field and their perception by professionals, in order to identify the main current challenges.

The survey was conducted with the support of Doxapharma, involving a sample of 90 professionals in the field of Aesthetic Medicine (33% men and 67% women), most of whom were Dermatologists, Doctors of Aesthetic Medicine and Plastic Surgeons, mainly from Europe (60%), followed by the Middle East (19%), South America (17%), Asia (3%) and North America (1%).

Ethics in Aesthetic Medicine and their application

For 74% of the doctors interviewed, **ethics in Aesthetic Medicine is a reality**, and for most of them it is closely related to the concept of safety.

When questioned about the meaning of ethical practice in Aesthetic Medicine, the answers were varied and emphasised the role of safety (71%) and concern for the patient's well-being (63%). However, there were some mentions of the different aspects that constitute the complex concept of ethics, such as respect for the harmony of forms (61%), the uniqueness and authenticity of the patient (59%), the constant refinement of skills through training (57%) and gaining the trust of the patient (54%).

The ethical approach of the Aesthetic Medicine specialist

According to the respondents, the fundamental quality that describes an ethical approach of an aesthetic medicine doctor towards patients is the ability to care for them (27%). This is followed by listening attentively to patients (19%), the ability to say "no" (18%), empathy (17%), and honest communication of the real possibilities and limitations of treatments (16%).

Continuing education is regarded as the main pillar of ethical behaviour by 76% of the doctors surveyed. In addition, great importance is attached to safety: 81% of the entire sample of doctors - a percentage that rises to 100% among doctors from the Middle East - agree that safety is a fundamental principle underlying ethical behaviour in Aesthetic Medicine.

The definition of authentic beauty

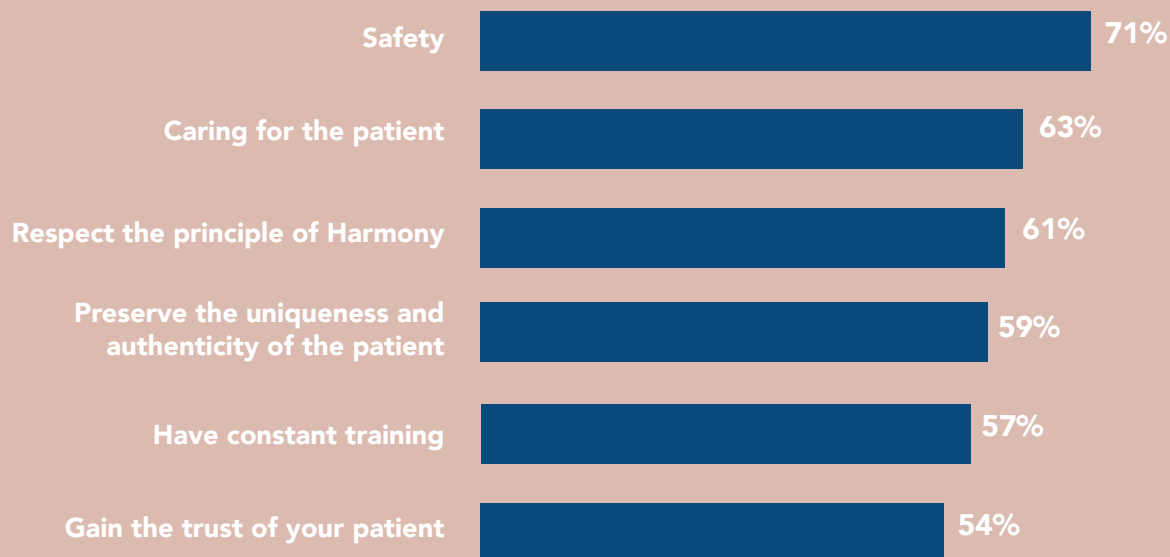
Authentic beauty is defined by the majority of the doctors interviewed (60%) as the result of the proportions and harmonies peculiar to each individual. It is interesting to note that all types of doctors interviewed, from different parts of the world, agree on this concept.

Respect for authentic beauty is considered important by more than 80% of the specialists. In fact, more than half of the specialists state that they often refuse patients' requests if they are inappropriate. Furthermore, more than 80% of the specialists state that they do not feel obliged to treat a patient if the request appears unethical to them.

The influence of Social Media

Social media has a significant impact on patients' self-perception: 44% of the physicians interviewed consider this impact to be very high, while a further 31% consider it to be high. For 79% of the physicians interviewed, there is a high risk that the profession loses scientific rigour, as Aesthetic Medicine could be mistakenly regarded as a mere 'aesthetic game' rather than an application of medical science.

What does it mean for you to do Aesthetic Medicine in an ethical way?



Information Note (Resolution of the Communications Guarantee Authority, No. 256/10/CSP of December 9, 2010, all. A, art. 4)

Implementing party: Doxa Pharma Srl. Contracting party: IBSA Farmaceutici Italia Srl. Purchasing party: IBSA Farmaceutici Italia Srl. Territorial extent of the sample: France, Italy and other EU and non-EU countries. Numerical consistency of the sample: 90 clinicians participating in the IMCAS Congress - Date of execution: January 26 and 27, 2023.

The full survey document is available at www.agcom.it.

Regenerative medicine and the multidisciplinary nature of treatments

Very often we feel younger than what facial wrinkles, hair loss, and puffiness under the eyes make us appear. When this is the case, improving our appearance enhances our physical, psychological, and social well-being. Thanks to regenerative medicine achieving the above with natural, non-synthetic means and through inbuilt mechanisms that one's body can self-trigger (when adequately stimulated), is no longer wishful thinking. This involves searching for natural solutions, found within the patient's cells, targeted at the reconstruction of damaged tissues and organs. Aesthetic regenerative medicine is one of the areas of regenerative medicine: through the stimulation of undifferentiated cells obtained from the patient's own blood or tissue (autologous), it is now possible to reconstruct and repair damaged or even simply ageing tissues.

Antonello Tateo, Chief Consultant Plastic Surgery Unit
Istituto Auxologico Italiano, Milano Italia -
TBClinic Milano Founder and Scientific Director



Regenerative medicine and the ad personam approach

Regenerative medicine represents a new frontier for face-body rejuvenation, following in the wake of the quest for an increasingly authentic beauty, that opens the door to a more limited use of drugs and synthetic substances in favour of natural regenerative biological methods as well as to a more conservative use of minimally-invasive surgery. The goal is to counter aging through stimulation and acceleration of cellular regeneration processes by activating the body's own repair mechanisms.

There is no universal timeline for intervention. Each patient must be considered and treated according to his or her personal

and unique features. There are, in

THE GOAL IS TO COUNTER AGING THROUGH STIMULATION AND ACCELERATION OF CELLULAR REGENERATION PROCESSES BY ACTIVATING THE BODY'S OWN REPAIR MECHANISMS.

fact, patients who may approach regenerative medicine as adults, and others who do so at a much

younger age, such as girls who have experienced significant weight loss and already suffer from skin laxity, typical of later life. In addition, regenerative medicine is all about cells and their ability for self-regeneration, so as to restore the best possible vital skin conditions, a skin that differs from person to person. Universal rules that were followed in the past have vanished, the approach has become *tailor-made* and starts **from the diagnosis rather than from the patient's request.**

Advances in regenerative medicine and related techniques

regenerative medicine has taken time. Initially there were no standards to follow as the field was new and still



untapped, making it challenging to demonstrate its efficacy at conferences and scientific events. Over time, however, common treatment standards were found that allowed for the achievement of unequivocal results.

Among the most promising techniques in aesthetics is the use of stem cell fat (Nano fat), a technique that has already been used in other medical settings, such as orthopaedics for joint mobility or neurology, gynaecology, urology etc. Techniques to isolate stem cells from fat are slowly becoming standardized and rapidly developing areas of expertise.

In the near future, thanks to this technique, it will be possible to recreate facial volumes as well as regenerate and improve tissue quality. There are various types of procedures that are becoming standardized, including in the outpatient setting, that make use of the same infiltration cannulas commonly used for fillers. This ushers in new opportunities: recombining hyaluronic acid-based fillers with these mini-surgical techniques to obtain tissue regeneration.

Regenerative medicine unlocks the prospect of developing customized protocols that can be combined with injective

substances (e.g., stem cells) and energy devices (e.g., LED lights, radiofrequency, ultrasound). **Amongst injective substances, hyaluronic acid has a major role to play as it allows for enhancement and preservation of facial expressiveness.**

Hyaluronic acid

Even though hyaluronic acid, being reabsorbable, has always been positively perceived, at the start its full potential had not been fully harnessed. In the past, in fact, it was used for its moisturizing properties. Today instead, it is appreciated for its tissue remodelling effect,

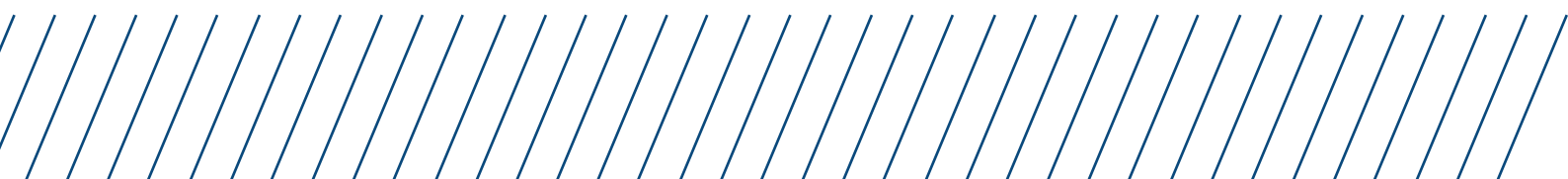
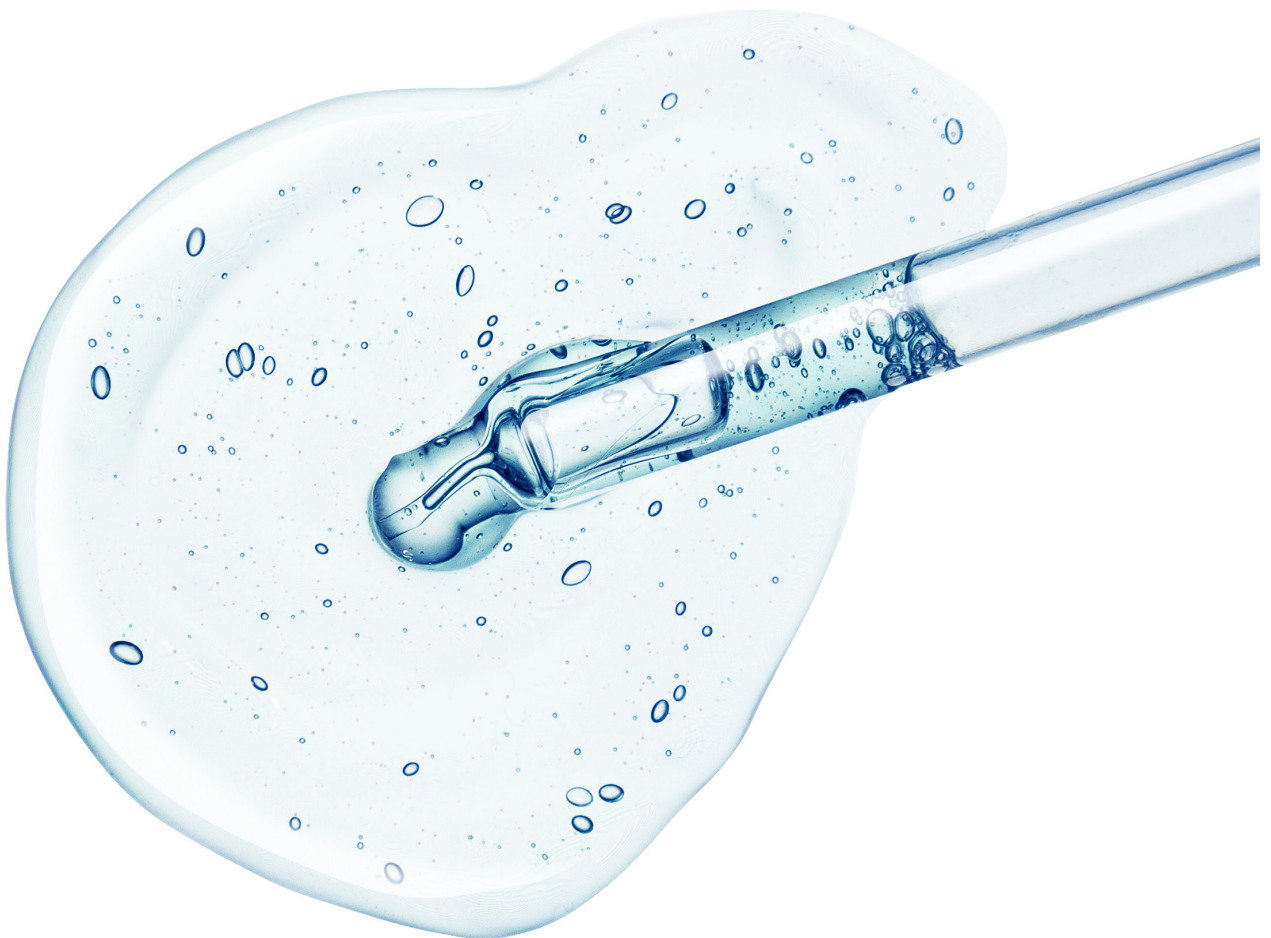
with the understanding that so much of its potential is still to be unlocked. **Thanks to its high regenerative efficacy, hyaluronic acid is considered one of the leading substances for injection-based facial rejuvenation treatments.** Moreover, being the only one to have a true regenerative effect, it is currently outweighing other injectable and volumizing fillers. **If used as soon as the first wrinkles appear it can really make a difference in slowing down aging.** The “prevention + treat” combination can help make the skin look young for a

very long period of time.

The arrival of this substance has profoundly changed the way aesthetic doctors intervene, guiding them towards the adoption of a holistic approach, a “gentle” treatment that, thanks to its numerous properties, does not distort, but rather significantly improves the patients’ skin: providing deep hydration, promoting the spreading of water in the tissues, as an ion sensor and scar tissue stabilizer. Thanks to its very high tolerance, alongside its ability to stimulate new collagen

production, it has opened up new perspectives.

Hyaluronic acid maintains and preserves skin tissue and delivers excellent results. Among hyaluronic acids, high and low molecular weight stable cooperative hybrid complexes (HCCs) in high concentrations are the most highly favoured. These complexes can also be used on the body, echoing the most recent trends that extend the attention and care paid to the face to the entire body, to address the universal need of rediscovering authentic beauty.



Sustainability of treatment and listening to the patient

*These days, **the concept of treatment sustainability prevails**: it takes more skilfulness to ensure a “wow” effect when faced with budget constraints. Doctors have to choose what is best for patients who no longer have the availability of unlimited finances. The challenge lies in offering them the best, not only in terms of the product, but also in terms of the treatment. In recent years, specialists have had to look at the face in a different way, enhancing their skills in order to identify what procedures to use to create that awe, that delightful feeling of wonder that everyone aspires to.*

Editta Buttura, Specialist in Maxillofacial Surgery in Verona, Member of the scientific committee of AITEB – Associazione Italiana Terapia Estetica Botulinica



An ethical way of practicing aesthetic medicine exists

From my experience, sustainability is a “must” even though, at this time, there is no school, no strict boundaries or limits, specialists follow their own personal ethics. Most professionals have made it their mission **“to give people the best version of themselves”** and not to distort it. In Aesthetic Medicine, in fact, the focus on preserving has become central.

Listening, deciding, and knowing are the three indispensable pillars that make it possible to take patients to heart, comprehend their expectations, and optimally fulfil their needs. In general, the physician’s job is to make the patient more beautiful, fresher, fitter. If the patient asks for a specific procedure, you have

to educate her to look at herself in the mirror in her new guise.

Both past and new patients arrive at Aesthetic Medicine practices. **Therefore, the initial consultation becomes of crucial importance.** Over the years, the way of visiting has changed: the initial consultation has become the most important part of the work, you need to devote time to it, because it is only by doing so that you can understand patients better and figure out how to best intervene to meet their needs. It is important to **respect the relationship between the bodily Self and the emotional one.** An ethical and customized approach must always be used: kindness, a welcoming attitude, and above all, making time to listen, in order to understand the needs and decide on how to best proceed.

Information and patient motivation

People approaching Aesthetic Medicine for the first time tend to be increasingly motivated and very keen on making their own choices. However, patient education should never be overlooked. For example, in nasal surgery, if there is miscommunication between doctor and patient and all aspects have not been clarified or properly understood, expectations may be disappointed and, as a result, problems could arise with the acceptance of the new nose. For this reason, the rhino-filler technique - which is very different to rhinoplasty - may be a good compromise solution as it allows for minor improvements to the nose without having to undergo surgery which is instead necessary to correct major structural

imperfections. **Working on the face is challenging and entails a huge responsibility because it is through the face that the patient is exposed to the outside world.** The mission of a good aesthetic doctor is to understand what it is that can be done on a patient's face to make it look better without distorting it.

The revolution of non-invasive procedures

Approximately 20 years ago, internationally-renowned plastic surgeons have changed the way they approach facial aesthetic medicine. A number of leading professionals have become passionate about these techniques, giving this discipline full legitimacy. They can be

considered the trailblazers of a common language and of a way of working based on a real

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anatomical foundation, one that respects the morphology and the pathophysiology of each and every individual's structures.

It followed that facial aesthetic medicine, aimed at preserving beauty without the use of surgery, started to rapidly spread.

It is very important for Aesthetic Medicine specialists to exchange views and opinions with other colleagues on the ethical and behavioural aspects of the profession and on new techniques.

It is essential for an aesthetic doctor to take the utmost care of the skin: one must learn to look at it differently, to study it in depth. The skin must firstly be stimulated, secondly regenerated, to then finally proceed to treatments such as peeling, biostimulation, all the way up to injections.



The international perspective and patient satisfaction as the doctor's goal

In the U.S., the global magnitude of the non-invasive aesthetic treatment market was estimated at \$53.8 billion in 2021 and is expected to grow at a compound annual growth rate (CAGR - which represents the average percentage growth of a given magnitude over a period of time) of 15.2% from 2022 to 2030.

In recent years, heightened collective attention to physical appearance has led to an increased demand for non-invasive aesthetic treatments. In more detail, according to data from Asaps (American Society for Aesthetic Plastic Surgery), North America is expected to be a key revenue-generating region for this market in the coming years. On the other hand, the Asia Pacific region is set to experience the fastest growth rate - exceeding 17% - during the projected period, driven by countries such as China, India, and Thailand. Growing awareness of the importance of physical appearance among emerging countries consumers is expected to play a key role in boosting demand for non-invasive aesthetic procedures.

Beatriz Molina, Specialist in Aesthetics,
Fellow Member of the British College of Aesthetic Medicine



World aesthetic standards

Looking at Aesthetic Medicine from an international perspective, there are both common trends and substantial differences, the latter being mainly related to local aesthetic preferences and culture.

The situation in the **United Kingdom**, for instance, is very different to that of Italy, France and Spain, where Aesthetic Medicine is highly regulated. Suffice it to say that in the UK, there is no clear distinction between medical-aesthetic and aesthetic treatments and there is no regulation designed to protect consumers and the public from risks associated with the

sector's practice, as confirmed by the Health and Social Care

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Committee. Some progress has recently been made with the passing of a new law that bans the use of injectable substances for people under the age of 18. Also, at the beginning of 2022, the British government announced plans to introduce a license scheme designed to regulate nonsurgical cosmetic treatments, an action taken by the Department of Health and Social Care.

There is still, however, much confusion: people do not understand the need for safety in treatments, the value of training and medical expertise, indispensable requirements to perform these procedures, as well as the importance of

informed consent forms that need to be signed. Even the choice of the physician should be a more informed one as this would curb the proliferation of poorly qualified professionals. People should be wary of a cheap, "ready and get-now" type of beauty, watch out for those who over-promise, and, above all, reach out to qualified professionals only.

An additional feature typical of the United Kingdom should also be considered: many people do not understand what a medical-aesthetic treatment really is and often think that, to look beautiful, one has to substantially alter one's appearance.

On the European continent, the situation is different. Countries like **Italy, Spain and France** have strict regulations on who can perform certain procedures and patients must go to specialists to receive them, dermatologists, plastic surgeons, or aesthetic doctors. Italy closely resembles Spain, the trend is towards a very "natural" type of beauty, and aesthetic doctors, just like those in France, have a totally different way of approaching the patient compared to that of the UK.

The market is completely different in **Northern Europe**. The preference there is to go for what is essential, aesthetic medicine is asked for the bare minimum, with interventions that are extreme in their way of being minimally invasive. On the one hand, people would not consider fillers for volumizing purposes and would never undergo lip augmentation procedures, but,



on the other, there is a strong interest for all regenerative treatments. It should however be noted that, in these same countries there are aesthetic medicine practices designed for immigrants who are influenced by the culture of their countries of origin and whose requests are different. It can thus be said that, in Scandinavian countries, a dual market exists.

Aesthetic standards in different countries are also affected by cultural influences: for example, **Arab countries** appreciate women who have a well-outlined jawline, while in Italy this is considered more of a masculine feature. Again, in these countries, women wear a lot of makeup and extensively use tattoo on their faces.

As to **Russia**, one finds the same enthusiasm for Aesthetic Medicine as the one Italy had in the 80s. In some ways the Russians, very much like the Chinese, still have a fresh, candid excitement that comes from having discovered it only in recent years. They are also more inclined to experiment, although specialists are now beginning to set their own boundaries. In **Colombia**, beauty standards are again different, and the same applies to **Australia**, where, ten years back, demand for high, well-defined cheekbones already existed. In **Latin America**, particularly in **Brazil**, pronounced buttocks are very much in fashion; **Brazilians** have a very short time horizon when evaluating their choices and favour a more impactful approach, one that is different from the Italian one and, to an

even greater extent, from that of Scandinavia. A scar is no matter of concern, for them surgery has to leave a mark. It must be said that this attitude is influenced by several aspects: **plastic surgery was born in Brazil, it constitutes some kind of national pride and is therefore experienced viscerally.** Moreover, Brazilians have an amazing culture of the body, that derives from their social context: the body is all they can show considering the danger of showing off a piece of jewellery, a beautiful dress, an expensive car. Showing one's body perfection is a status symbol in Brazil.

Moving the focus to the **East**,

we see how Aesthetic Medicine accommodates not only culture but also differences in physiognomy. In **Japan**, female beauty expresses profound harmony and a desire for perfection; although in recent decades beauty standards have become westernized, differences in physiognomy are still respected: buttocks tend to be flat and breasts are small, so small injections of hyaluronic acid are performed to make them slightly bigger because Japanese women do not wish to resort to implants.

Botox is undoubtedly the most popular treatment in **the U.S.**,

the most recent data report that it has been chosen by more than 7.4 million people. Americans make exaggerated use of botox to have smooth foreheads, even if this goes to the detriment of expressiveness.

What has also changed is the attitude towards revealing that one has undergone Aesthetic Medicine treatments. In some countries patients proudly show their hematomas, as these represent a social and economic status symbol, whereas in Italy, for example, women, for reasons related to their cultural background, are more afraid of talking about it, for fear of



criticisms and of being judged. There is, however, a tendency on an international level to be less hesitant about undergoing surgical treatments and talking about them, even more so if it involves procedures to keep the skin healthy.

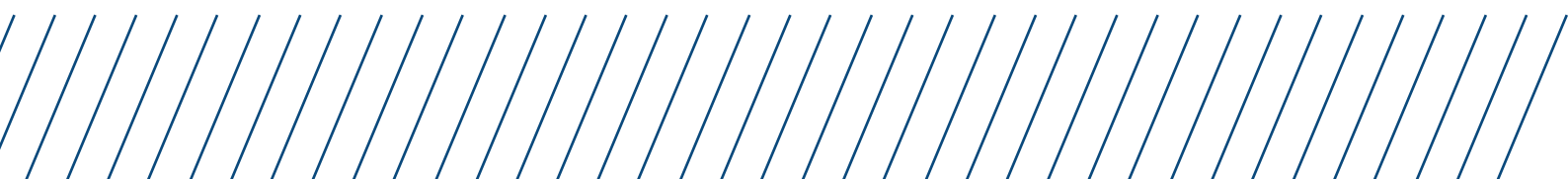
The primary goal? Patient satisfaction

The goal of the specialist must be full patient satisfaction. At present, Aesthetic Medicine, for the way it is perceived, can be placed somewhere between beauty and medicine, **even**

though it is an outright medical practice. It is vital to trust one's doctor, and to be aware that a practitioner would never do something that does not bring about benefits. It is important to jointly work out a **customized protocol designed to preserve a healthy skin.** Patients must express what they want, and the specialist must speak openly, explaining the situation and the real expectations, never judging but rather clarifying if what is being requested is safe, giving advice on what is best to do based on his or her experience. The final decision is up to the

patient who will also receive psychological support from the doctor so that needs can be fully met. But, mind you, the practitioner should never give in to excessive demands: in this case, the doctor must have the integrity and strength to say no, explaining the reasons why.

On entering the practice, patients should be excited about the treatments they will be receiving, and, when leaving, they should smile and be happy with the result obtained.



Aesthetic Medicine in the Time of Social Media

Social media too are having an increasingly significant impact on Aesthetic Medicine. Negative aspects include rampant misinformation passed on by influencers, who are totally unprepared on the subject, and the trivialization of the medical practice, a trend promoted by aesthetic physicians in search of easy money. But there is also a positive aspect: social media can disseminate correct information and underline what should be avoided, thus fostering a correct and ethical practice of Aesthetic Medicine.

Hugues Cartier, Dermatologist and IMCAS Global Course Coordinator -
International Master Course on Aging Science



Two opposing worlds: addicted to aesthetics vs a natural look

Social media do not represent reality. This may sound like an obvious statement, but not so much for those who spend many hours scrolling through Instagram or Tik Tok feeds on their cell phones, and all aesthetic physicians have a duty to remind patients about this.

Today, there are two ways of conceiving aesthetics in its broadest meaning: on the one hand, there is a comeback to nature, ecology, sustainability. On the other, there is a more forward-looking attitude, related to the rise of the metaverse which has propelled people into a totally different reality, one that revolves mainly around outer beauty.

How one approaches Aesthetic Medicine reflects these two

trends. There are those who are very much inclined towards Aesthetic Medicine, to the point of being "addicted" to it, they are afraid of aging, and to stop the hands of the clock

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they are prepared to undergo a transformation. Many of them are young people who seek a social media type of beauty, one that follows very specific standards: small nose, well-drawn jawline, high and well-pronounced cheekbone and full lips.

The ones setting specific aesthetic standards are influencers, both international celebrities and local hotshots, in a glamorous context that easily appeals to young people having fragile personalities. Suffice it to think that more than 85% of the filler posts on Instagram are written by nonphysicians and the majority of them are focused on off-label procedures⁸.

There are then people who love gentle products and all that is natural, or who want nature to run its course. Their prevention of aging occurs through simple gestures, such as the use of sunscreen, moisturizers, thorough facial cleansing and use of environmentally-friendly products. **Their perception of aesthetic beauty is centred around the concept of health:** a healthy body is toxin-free, follows a proper diet and has strong immune defences.



Finally, there are people who have no idea what Aesthetic Medicine is about, or think they are not entitled to it because they come from a less fortunate social background. These are people who, influenced by the context they live in, are ashamed to undergo aesthetic treatments for fear of being judged.

The approach of different generations to AM

Nowadays, increasingly younger patients, with an average age of 22, show up at aesthetic clinics, in particular increasing numbers of younger women. This is the consequence of the daunting impact of social media – Tik Tok, Facebook and Instagram for example - that alter natural appearance to transform it, following clone-like beauty standards that make everyone look the same. Most of the requests come from Boomers, Gen X and Millennials,

who should be helped to look at themselves in the mirror under a different light.

Among young people, more and more patients suffer from dysmorphophobia, a condition that has always existed but seems to be even more pronounced today as treatments have become much more accessible compared to 25 or 30 years ago. There are different types of dysmorphophobia: **psychiatric dysmorphophobia**, which is a real medical condition, and what we call **social dysmorphophobia**, which refers to the attitude of people who do not accept the way they look. The latter has become very widespread these days and can, to a large extent, be ascribed to the influence of social networks. One is surprised to see patients as young as 25 to 35 undergoing multiple aesthetic treatments without even really needing them. However, data from

clinical trials indicate an average age for Aesthetic Medicine treatments of around 50. Two sides of a coin: young people who are increasingly requesting medical aesthetic treatments and clinical studies conducted on patients whose average age is high, studies that will therefore have to be updated in the future to take the under-35-year-old population into account.

These under-35-year-old patients often demand treatments that deliver immediate results. They have a completely different relationship with time compared to that of other generations; they are always in a hurry. There are many treatments that have an immediate but transitory effect, reabsorbing over time; this fact is however easily accepted: what matters is to feel good the moment you feel the need, a moment that, at times, may just be a passing phase.

Women's stages of change

As much as the number of men who decide to undergo aesthetic treatments is steadily on the rise, the main target of aesthetic medicine studies are still women. It is difficult to imagine a woman who does not want to take some care of herself. There are stages of life when you might feel it is too late, that you are too old, while there is no such thing as a specific age to feel beautiful and you can be beautiful even with wrinkles. A study published in June 2022 on "Frontiers in Aging" claims that perceiving oneself as younger, regardless of one's age, does indeed slow aging down. **There is no specific age at which an individual can be defined as old. As they age, people experience psychological and physiological changes differently**, although it can certainly be said that, even when older, certain attitudes - such as positive thinking, exercising more frequently, having a better quality of life and good health - are associated with feeling younger.

There will, however, always be people dissatisfied with the way they look. Some women undergo an abrupt physical transformation at certain stages of life, such as during adolescence, pregnancy or menopause. These are three difficult and complicated periods to cope with, especially if one feels observed and judged. The feminine image that is disseminated by social media can trigger a snowball effect in those women who find it hard to cope with these transitions, as the retouched photos seen online are not authentic, but sometimes the difficulty of seeing things from

a distance prevents you from realizing this.

The future of social media

In the near future we will have patients who feel good in the digital world, which is unreal, because they will see themselves there the way they would want to be, only to then realize that, in the real world, it is not the way they look. **This is where the crucial role of the specialist comes into play: explaining to patients how things really are, highlighting the difference between the real world and the world of social media.**

Today, beauty is heterogeneous and subjective and comes in countless shapes and forms that coexist and influence one another. On social media, too, **there is an ongoing redefinition of the concept of beauty and a revival of this term's authentic meaning.** This is the trend of body positivity, with the emergence of "beauty" standards for oversized bodies, bodies with disabilities, or with diverse features commonly regarded as imperfections. Society will have to learn to put its Ego, body and personality first. It is indeed imperfection that creates beauty, because it produces uniqueness. Authenticity mesmerizes; imperfections seduce. Perfection is cold and often unnatural, and, being unattainable, those who strive to reach it easily succumb to anxiety, to constantly experiencing discomfort. One cannot measure one's worth on the basis of age, weight or height, or even by comparing oneself to unreachable standards, such as

those of actresses and influencers.

Educating the patient to a holistic concept of health

Specialists have a difficult task, that of educating patients, especially younger ones, bringing them to understand how to best satisfy their needs and avoid getting caught up in deceptive commercials.

Physicians themselves must be able to retain an appropriate degree of impartiality when advising patients, without falling themselves into the pitfalls of social networks. It is not easy, but it is essential for patients to become aware of the fact that modifying one's features too aggressively has repercussions on two aspects: the first is psychological, promoting a quest for beauty that may become pathological; the second is that certain treatments can do some harm in the long run, by accelerating aging.

We need to bring the patient closer to a holistic view of health. People today tend to be much more informed and have higher expectations as to their own well-being; they want something more than the traditional, purely medical advice. Therefore, as part of the medical experience, it is important to provide advice regarding proper customized nutrition that ties in with epigenetics: certain foods can influence the expression of our genes, and a diet can be integrated with supplements. In addition to the diet what also matters is a proper lifestyle, constant exercise and the environment one lives in.

The need to define a code of ethics

The purpose of Aesthetic Medicine is the beautification and improvement of a person's looks. What has also been highlighted in previous contributions is the crucial role played by aesthetic doctors, especially with regards to ethical aspects, which can become real dilemmas. Practitioners must be able to initiate a comprehensive communication process, acknowledge the reasons for the patient's requests and advise him or her on what could be the best possible options, without giving in to unreasonable requests. Ethics also means identifying those specific cases in which Aesthetic Medicine is unable to offer viable physical solutions because the patient needs psychological support, especially in case of fragile and vulnerable personalities. But based on what criteria do we evaluate requests? Who draws the line between normality and pathology?

Andrea Margara, Specialist in Reconstructive and Aesthetic Plastic Surgery, National Secretary of ISAPS



Working according to "science and conscience" and the need for common rules

It has already been pointed out that society has embarked on a path that points in the direction of ethics. Nowadays, the subject of ethics permeates public debate; there is much talk about its applications in multiple areas of society, both in the private and public sphere. Aesthetic Medicine is by all means part of this debate; specialists in the field confront ethical issues on a daily basis, and the vast majority of them try to work according to "science and conscience." For this reason, many physicians - both Italian and foreign - no longer want to accommodate exaggerated demands and, on receiving them, take a step back, giving up on a part of the

economic profit to the benefit of the patient's well-being.

As **there are no clear institutional rules, there is still no Aesthetic Medicine code of ethics**, with every practitioner setting boundaries independently, according to his or her own sensitivity and conscience. The practitioner's approach depends to a large extent on how one has been brought up, both from a family and professional point of view, factors that may entail adopting different approaches. **It would instead be important to establish common rules, draw up a code of ethics and create guidelines**, that should all be constantly updated, because a rule is, by its nature, clear-cut, and outlines precise boundaries, **while ethics follows changes in thought and therefore evolves**.

Ethics, a journey started 3,000 years ago

The subject of ethics is not just a modern-day concern: the Hippocratic Oath, which is now 3,000 years old and which all physicians still recite today (albeit with a text that has been revised over time), addresses the matter, testifying that the Greeks had already confronted and attempted to respond to certain concerns.

Ethics is ethics in relation to oneself, to patients, to companies, to one's environment, and to one's colleagues. **Ethics is respect, humanity and care. "Primum non nocere," recites a central tenet of medical practice.** For practitioners of Aesthetic Medicine, ethics should mean respecting the standards of beauty by putting the patients' care and

well-being at the centre, and it also means working in accordance with published scientific work. Ethics means initiating a process of communication with the patient on the opportunities and limitations of individual interventions, so as not to raise false hopes. Ethics is also being able to say no: you should not always please the patient to make him happy, to make him feel younger, if you know that the choice is not the optimal one.

Professionals should intervene **on patients only if there is a real imperfection**, a precise indication, and a tangible benefit at the end of the treatment. One should try to understand the patient's innermost needs: the aesthetic

doctor is not a psychologist, but should nurture empathy and the ability to listen. The greatest difficulty for a physician is not that of being able to perform a treatment, but rather that of saying no to one, because a refusal must be followed by an explanation. In patients, especially younger ones, a refusal can stir feelings of frustration: they do not accept the specialist's reasons and go looking for another, more accommodating one. Ethics is therefore respect for the patient and for medicine, putting easy money aside.

A process that involves companies

Companies also attach great importance to ethics; some have

made it their own workhorse, strongly believing in it and putting it at the centre of their activities. For companies in the beauty industry, this means promoting harmony. Even those who sell body products do not push towards overtreatment, being aware that **exaggeration does not mean beauty because it disrupts harmony**. The assumption is therefore that **harmony is beauty**. Even a small flaw can be beautiful, if incorporated harmoniously into a face, for example, it can make it more interesting.

There is no beauty without health, no health without beauty. For any specialized medical practice, for any



company in the field, this premise is fundamental. A healthy body is also a more harmonious body, and consequently more beautiful.

The role of Scientific Societies

Scientific Societies help disseminate values and play a key role especially with regards to safety. Putting the patient's safety first already sets a limit to potentially harmful interventions. It should not be forgotten that serious complications can occur even in Aesthetic Medicine. All doctors intervene according to their own ethics and preferences, and although there may be substantial country-specific differences, **safety standards are universal and should be**

respected by all.

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Scientific societies involved in Aesthetic Medicine try to educate and uphold ethical behavioural standards among their members and also play a more important role when

it comes to dialogue and institutional outreach. The world of Aesthetic Medicine is highly multifaceted, and it is not always easy to navigate among the many scientific societies active in this field. Players such as clinics or external investors doing business also have a role to play, and, for these, it can sometimes be challenging to preserve an ethical attitude. There is also no shortage of influencers and beauty advisors who, despite not being doctors, are increasingly involved in the field of aesthetic medicine.

There is still a long way to go, but the direction taken is the right one.

The ethical dimension in the role of the aesthetic doctor

Professor Antonio Gioacchino Spagnolo, *Director of the Research Centre for Clinical Bioethics and Medical Humanities, Faculty of Medicine, Università Cattolica del Sacro Cuore, Rome*



The aesthetic physician is first and foremost a physician, and, as such, a prescriptive approach does not suffice: he or she must build a bidirectional relationship with the patient, with ethics at the very heart of it.

Over the years, in fact, the doctor-patient relationship has evolved from being a “paternalistic” or priest-like model, where the physician, on account of his expertise and mandate, felt he knew what was good for the patient and felt the duty to prescribe and implement what might be called the biomedical good, without necessarily informing the patient or, even, by lying. This model, which certainly possessed elements of unethicity, was then challenged by an “informative” or engineering-like model, where the patient demands to be informed by the doctor about the different intervention options, to then be the one to choose, asking the doctor to carry out what he considered to be his own good, with the physician ending up as a mere executor. It is clear that this model too is ethically inadequate because of the asymmetry existing between the physician’s expertise and the patient’s choices, often dictated by anxiety and fear. Patients’ demands are undoubtedly always challenging, especially those of young people, and it becomes crucial to underline certain aspects, to stimulate reflection through questions, and to provide scientifically-sound knowledge. Hence, the ideal model to be pursued is an interactive one and one that expresses equality in the doctor-patient relationship on three different levels: both must make choices within the scope of their relationship, both must retain their personal core values and respect those of the other person, and both must acknowledge that, in order to make decisions, one cannot do without communication and cooperation.

What must be clear is that patient autonomy and self-determination must be the goal to be achieved, not the starting point. Both have equal ethical status within their relationship: the patient is responsible for his or her own body and life; the physician is responsible for what concerns expertise.

It can thus be said that an ethically correct and sustainable approach must involve certain steps: one must evaluate patients in their uniqueness, not only from an aesthetic point of view, but carefully listening to what the patient is looking for, fully understanding the patient’s proper needs. Once the path has been mapped out, it is essential to explain the chosen treatment in detail, making the patient aware of what his new appearance will be like.

However, the aesthetic doctor will also have to be able to say no to certain requests; in fact, Law 219 of 2017 specifies that the patient cannot demand interventions that are contrary to the law, professional ethics or good clinical practice: “in the face of such requests, the doctor has no professional obligations” (Art. 1 paragraph 6).

In this way, the doctor-patient relationship becomes central and fundamental: prompted by the difficulties of the person who comes to him, the doctor must first of all listen to the person and try to understand what upsets him with respect to his physical appearance. His task is to treat the cosmetic imperfection rather than respond to feelings of distress, to an emotional and immediate urge. He should not judge, but

assess whether what is being asked for is safe (safety), healthy (health), and whether it blends in (harmony) with the rest of the face or body. The physician must share his considerations with the patient, enabling the latter to decide freely after having explored all of the elements involved.

The specialist's task is not to direct the patient towards achieving what is beautiful in a given moment, but rather towards discovering the person's uniqueness, making sure that the image the mirror gives back reflects what is felt inside.

It is necessary to be able to assign an ethical value to the physician's work, and thus to the profession itself. Aesthetic Medicine cannot respond to a purely commercial rationale because it is the tool that helps people age well, express their potential to the fullest from both a physical and emotional point of view.

To ensure all this, in addition to continuing education, it is crucial for the physician to engage in a constant exchange with colleagues in order for there to be alignment and consistency of information among all Aesthetic Medicine specialists.



Principles of ethical behaviour for AM professionals: the 6 key words

In a society that is increasingly focused on relentless visual stimuli, Aesthetic Medicine treatments are experiencing an exponential growth. Questions inevitably arise as to how principles of professional and medical ethics can be maintained when dealing with the ever-increasing popularity and commercialization of treatments.

According to the World Health Organization (WHO) health is not only defined as the absence of a disease or disability, but more widely and holistically as “a state of overall physical, mental and social well-being”⁹. As the perception of our body image (i.e., our aesthetics) has an impact on our mind, questions emerge as to the role, scope and ethical principles of those medical specialties that strictly aim at the care of beauty.

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In our view, here is what **ETHICS in AM** should represent:

Education

Professionals in the field of Aesthetic Medicine do not haphazardly improvise, therefore their professional path must necessarily involve **continuing Education** and constructive exchanges with colleagues to ensure that the patient is in the best possible hands.

Trust

The patient-physician relationship must be based on mutual **Trust** and on a common language that allows patients to clearly express their expectations and physicians to exercise clinical judgment to limit, reduce, increase, or refuse treatment.

Harmony

The pursuit of beauty cannot ignore respect for the principles of **Harmony** as defined by the fundamentals of Medicine, Biology, Physiology and Anatomy.

Identity

In a society based on the rapid standardization of aesthetic criteria, it is important for the Aesthetic Medicine physician to carry out treatments while preserving uniqueness and authenticity and, hence, the patient's **Identity** over time.

Care

Aesthetic Medicine is first and foremost Medicine. Therefore, its mission is to take **Care** of patients and bring them benefits; this implies accompanying the patient throughout the therapeutic journey, meaning, from the first consultation to post-treatment follow-up.

Safety

The practice of Aesthetic Medicine should always involve minimizing all risks before, during, and after treatment. All this depends on the physician's expertise, the **Safety** of the place where the treatment is practiced, and careful historical judgment.

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