

PLASTIC SURGERY

PRACTICE ADVISOR

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Teen patients require extra attention to detail in consent, screening to avoid problems

Expect younger patients to have limited focus, overlook details of risk

More and more teenagers and young adults are seeking cosmetic plastic surgery, so it is likely that you will attract this population even if you do not actively market to it. Surgeons who work with younger patients say you should think carefully about how you will handle them, because they present some challenges that are not found with older plastic surgery patients.

Young adults have accepted cosmetic surgery as a reasonable option, says **Foad Nahai, MD**, president of the American Society for Aesthetic Plastic Surgery (ASAPS) in New York City.

"It makes sense that young people are the most approving of plastic surgery," Nahai says. "Twenty years ago, people thought only movie stars and rich women had plastic surgery. Now, people grow up knowing friends and family who openly talk about the plastic surgery procedures they have had or the ones they plan to have in the future."

A recent study released by ASAPS shows that men and women aged 18–24 had the highest approval rating for cosmetic surgery. According to the February report, based on a survey of 1,000 young adults aged 18 or older, 69% of respondents are in favor of cosmetic surgery, which is a 7% increase from 2006. Men and women aged 65 or older had the lowest approval rating of cosmetic surgery at 41%.

The potential effect of plastic surgery on teens was highlighted recently by the case of Stephanie Kuleba, an 18-year-old in West Boca, FL. Kuleba died March 22 after undergoing

surgery to correct asymmetrical breasts and an inverted areola, according to a statement by the family's attorney. The procedure was performed by a board-certified plastic surgeon at an outpatient facility.

Almost two hours into the surgery, Kuleba was rushed to Delray Medical Center in Delray Beach, FL, where she died 24 hours later. The statement says doctors believe the cause of death was malignant hyperthermia.

"They need to be mature enough to understand [the risks] and be participants in the process."

—Allen D. Rosen, MD, FACS

Consider patient's maturity level

Allen D. Rosen, MD, FACS, a plastic surgeon in Montclair, NJ, and a spokesperson for the American Society of Plastic Surgeons (ASPS), says it is up to the surgeon to remind younger patients that any surgery is a serious endeavor. That is true with all patients, of course, but as any parent can confirm, younger patients pose an additional challenge when it comes to recognizing what risks may be involved. "We have to consider the younger patient's maturity level, along with their expectations and how well they understand the risks," Rosen says. "They may be young adults, but they may not have the same

Teen patients

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ability as an older patient to comprehend the serious nature of the surgery they're having done. They need to be mature enough to understand that and be participants in the process."

Treating teens and young adults can also bring the added complication of working with the patient's parents. That certainly will be the case with juveniles, but, even with young adults, parents may be involved because they are paying for the procedure and want to offer input.

Rosen says this can add a level of complexity that the surgeon doesn't normally see with older patients. Not only are you conferring with more than one person, but you must sort out exactly what the patient wants versus what the parent wants for the patient. They are not always the same thing, Rosen says. (See p. 4 and p. 5 for more on how parents can complicate consultations.)

"You sometimes have to reconcile the two. You can't just take whatever the parent says and do that to the patient," Rosen says. "Even if the patient is not an adult, you're still talking about an older teen who has to be on board with this improvement."

Remind teens that surgery is serious

Facial plastic surgeon **Henri P. Gaboriau, MD**, director of the Sammamish (WA) Center for Facial Plastic & Reconstructive Surgery, says the ASAPS statistics are consistent with the changing attitude he sees among his

patients. Gaboriau adds that not all of the work sought by teens is cosmetic, and surgeons must be careful in allowing them to see cosmetic enhancement in a frivolous light. The younger generation's acceptance of plastic surgery is good, he says, but it can go too far if they do not take the procedures seriously.

"Plastic surgery to correct deformities and scars can bring teens a genuine sense of relief and boost self-esteem," Gaboriau says. "However, teens using cosmetic surgery as an accessory can be a detriment, especially when a teen is still developing physically and emotionally. Most board-certified plastic surgeons spend a lot of time interviewing teens who want plastic surgery to decide if they are good candidates for the surgery, that they are emotionally mature enough to handle the surgery, and that they're doing it for the right reasons."

Rosen says surgeons can rely on the guidelines from the ASPS to determine what cosmetic surgery is appropriate for young people. For ethical reasons and clinical safety, the ASPS says cosmetic breast augmentation should not be performed on anyone younger than 18 years. Other procedures are acceptable on children younger than 18, but these procedures are largely corrective in nature—procedures such as ear pinning and correction of asymmetry in breasts.

However, rhinoplasty is a completely cosmetic improvement, and it is one of the most popular procedures for patients younger than 18, Rosen says.

"As long as you can assess the patient's goals and expectations and their maturity level, you can have a wonderfully

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successful outcome with that patient population,” adds Rosen.

“The surgeon does have to take a more critical look at these patients to make sure they do not have body image disorders or other issues that could be problematic,” he says.

Consider whether the body is mature

The question of what is appropriate for younger patients involves physical maturity, not just their mental maturity, says **Marc S. Zimble**, MD, FACS, a facial plastic and reconstructive surgeon in New York City. Most of his younger patients are seeking rhinoplasty, typically around the age of 16 years. He also works with much younger patients for procedures like ear pinning. When younger patients seek improvements, he considers whether their bodies are finished growing.

“I factor in their height, their [parents’] height, facial maturity, [and] onset of puberty,” he says. “If she has two really tall [parents] and she is still small and has a round, juvenile face, I may have to tell her that now is not the right time for a rhinoplasty. She’s still maturing, and her nose and face will change.”

Younger patients often are not happy to hear that assessment, but Zimble says it would be irresponsible to perform such procedures on patients who have not yet achieved their adult appearance. Even if the patient has matured, Zimble still encourages surgeons to be wary of breast augmentation on teenage patients.

“I see a huge difference between doing a rhinoplasty on a teenager to make her feel better about her face and doing a breast augmentation on a patient under 18. They’re both cosmetic improvements, but the breast augmentation has a sexual connotation that makes me uncomfortable with a patient that age,” Zimble says. “I would avoid that procedure until the patient is older.”

Even with young patients seeking augmentation for asymmetry or similar reasons, Zimble says teenagers have a difficult time understanding the limited lifetime of implants. They typically approach the issue from a short-term viewpoint, and they don’t really comprehend what their choice means in terms of committing to more surgery and more expense in the future.

Consulting with teens can be a challenge

Zimble notes that plastic surgeons must be conscious of the different ways in which they interact with patients of different ages. With very young patients, you should involve the child, but most of the discussion and all of the important interaction regarding risks and decision-making takes place with the parents. However, as the child gets older, the surgeon must engage the patient in those issues more, even if the patient is still a minor.

“There is a line you cross somewhere in the mid-teens where the patient needs to be actively involved in this discussion and needs to understand all the important factors,” Zimble says. “Mom or Dad may still be legally responsible, but you can’t talk about a 17-year-old like she’s not in the room.”

“The maturity level can vary with young patients, but, as a rule, I’ve found that you have to spend more time talking with them.”

—Donald Roland, MD

However, Zimble notes that you cannot expect teenagers to have the same maturity or understanding of the risks involved. Instead, teenagers tend to focus primarily on whether they can get the cosmetic improvement they want; once this has been covered, they might then tune out the rest of what you’re saying. “As soon as I move on to anesthesia and the postop period, she’s text messaging her friend to say she’s going to get her rhinoplasty,” Zimble says. “She’s not listening to me anymore, and it’s the parent’s job to interact with me on these issues.”

Donald Roland, MD, a plastic surgeon in New York City, sometimes sees younger patients more often before surgery, to make sure he has thoroughly discussed the relevant issues with them. “The maturity level can vary with young patients, but, as a rule, I’ve found that you have to spend more time talking with them,” Roland says. “If I meet with a 35-year-old patient two times before surgery, I might meet three times with a 17-year-old patient.”

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Teen patients

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Major benefits possible for teen patients

Jeffrey Rosenthal, MD, chief of plastic surgery at Bridgeport (CT) Hospital, has worked with many teenagers and young adults and agrees that these patients can be limited in their ability to focus, their willingness to discuss body image, and their comprehension of the important issues involved. “I have to drag information out of them more,” he says. “Some are very willing to talk about it, but some are quite sensitive about their body image and not comfortable talking about it with a stranger. They tend not to be as expressive as adults. You have to be very concerned with how you approach them, what you say to them, how you touch them.”

Rosenthal also sends some patients to an adolescent psychologist before approving the procedure to make sure they understand the pros and cons of the surgery.

Clearly, some common cosmetic enhancements on young patients are inappropriate, Rosenthal says. Providing Botox or fillers for a teenager would be “reprehensible,” he adds.

However, he also notes that some cosmetic improvements can have a significant positive effect on young people. “I’ve done rhinoplasty on young men and women and then had their parents come back and tell me that the child is more confident, their schoolwork is better, they’re just radically transformed,” he says. “I’ve also had young people who had to stop smoking and drinking before surgery, and then they never started up again. They saw that they could stop.” ■

Younger patients bring parental involvement, body issues

On bright side, they may be easier to satisfy

Kenneth Rose, MD, a plastic surgeon in New York City, says he always approaches younger patients with an added degree of caution. Working with them tends to be more difficult than the typical patient because you have the added layer of working with the parents, he says.

“I had a 19-year-old patient for a rhinoplasty yesterday, and though she is an adult, her parents are paying for the surgery and they are involved in the process,” he says. “They’re perfectly nice people, but you’re talking about adding another party to the discussions, and you have to be sure that you are affording the patient all of her confidentiality, even though she invited her parents to be involved.”

Rose says the consultation with younger patients can be more challenging than with older people because you have to overcome their natural tendency to downplay the seriousness of anything, including surgery.

“They aren’t quite as tuned in about the possibility of complications,” he says. “Teenagers can see plastic surgery like going to the store to buy a sweater. That’s what you want, so that’s what you buy, and you’re going to get what you paid for.”

C. Coleman Brown, MD, FACS, a plastic surgeon in Chevy Chase, MD, says the surgeon should always screen

more carefully for body image problems and eating disorders when working with younger patients. The level of suspicion for these problems should be higher with these patients than with older men and women, Brown says.

One good part of working with younger patients can be that they sometimes are easier to please and have more reasonable expectations, Brown says. Whereas older patients may pin too much of their hopes on one procedure fixing everything that is wrong with their lives, younger patients tend to be focused more specifically on the particular issue at hand. “Any improvement is usually a big deal for them. They aren’t usually as focused on the tiny details and don’t have the idea that everything in life will get better because of this procedure,” says Brown. “There can be some younger patients, however, that have heightened expectations because of what they have seen on TV with shows promoting a complete life turnaround after surgery.” ■

Questions? Comments? Ideas?

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Parents may be more motivated for surgery than the patient Mom or Dad may have their own body images at play

A young patient's parents will likely be very involved in the screening process and the initial discussions for plastic surgery, and you should keep in mind that they might be dealing with some body issues of their own.

Marc S. Zimble, MD, FACS, a facial plastic and reconstructive surgeon in New York City, says he sometimes sees parents who want the procedure much more than the young patient. This occurs with very young patients, such as an 8-year-old being considered for ear pinning, as well as older patients, such as a 17-year-old seeking rhinoplasty, or even a young adult seeking breast augmentation.

When considering whether the procedure is appropriate for the patient, the surgeon must consider the motivation, Zimble says. In many cases, the parent's own personal history comes into play.

"A lot of times, you'll see that this problem is something the parents went through themselves," he says. "The kid may not care that his ears stick out, but you look at the father and his ears stick out. With 90% of all the young girls seeking rhinoplasty, I look at the mothers, and they all had the procedure."

That kind of motivation from the parents is not necessarily a problem, Zimble notes, but it should be factored in when you consider whether the procedure is appropriate. Don't assume that the patient feels as strongly about the situation as the parent, he says.

Jeffrey Rosenthal, MD, chief of plastic surgery at Bridgeport (CT) Hospital, has seen similar situations and says parents can sometimes reinforce a young patient's poor body image.

"They may not even be aware they're doing it. They may talk about the child having a good side for photos, or they may suggest that a hat will hide the protruding ears better," Rosenthal says. "They may push their child for cosmetic surgery inadvertently and then say that the child wants it. But you have to decide the appropriate age for a procedure."

Rosenthal says he always asks the parent and the child which one really wants the procedure, the same as he asks older patients if they are seeking surgery to please themselves or someone else. In some cases, with older women, the patient replies that she's seeking the facelift or breast augmentation because her husband wants her to.

"I always reply that you should be getting the surgery for yourself, not for someone else," he says. "The same generally holds true for younger patients, though the parents certainly have a say in what happens to their child. But I'm always more comfortable when it is clear the child truly wants the procedure."

Donald Roland, MD, a plastic surgeon in New York City, says he is also wary of parents who want a procedure far more than the child. If he determines that the child actually does not desire an elective procedure, he refuses to operate.

"It's the child's body. If the parent is motivating them and the child really doesn't want to do the surgery, I wouldn't do it," he says. "You have to have a higher index for turning a case away in this age group than in an adult population, because there are more factors influencing the decision." ■

Avoid malpractice by carefully assessing, using best manners Patients tend not to sue surgeons they like, regardless of the facts

Recent news stories about plastic surgeons facing malpractice charges have prompted many to wonder whether they are doing all they can to avoid the same fate.

The answer may come down to how well you're selecting your patients and whether you communicate well with them.

The 2007 death of Donda West, the mother of rap star Kanye West, brought renewed attention to plastic surgery malpractice, and, more recently, a New York City plastic surgeon surrendered his medical license as he faced multiple lawsuits. Michael Evan Sachs, MD, has been the subject

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Avoid malpractice

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of dozens of lawsuits, most notably a malpractice suit on behalf of a woman from Ireland who died in 2005 after a face-lift. The New York Office of Professional Medical Conduct (OPMC) recently announced that Sachs had surrendered his license and agreed to stop treating patients immediately.

The OPMC reports that the 57-year-old Sachs was accused of flawed conduct in the cases of four patients, including Kathleen Kelly Cregan, a farmer's wife from Ireland who had flown to New York to have cosmetic surgery performed by Sachs. Her death resulted in substantial publicity, and a malpractice suit is pending. The city medical examiner issued a statement saying Sachs's surgery "was a significant contributing factor" in Cregan's death. By 2005, Sachs had settled 33 malpractice lawsuits, according to the OPMC.

Plastic surgeons face some unique challenges when it comes to avoiding malpractice lawsuits, because the definition of success can be so subjective with some patients, unlike with other types of physicians. That means plastic surgeons should put a high priority on doing all the right things that can minimize, but never eliminate, their chances of being sued.

Communicating well with patients is one of the first steps, says **Seema Mohapatra, JD**, a healthcare attorney and assistant professor of law at Barry University's Dwayne O. Andreas School of Law in Orlando, FL. When she practiced health law at the law firm of Sidley Austin in Chicago, she represented many physician groups and saw how communication, or the lack of it, was usually the root cause of any malpractice case.

"The first thing plastic surgeons can do to help reduce malpractice risk is to communicate with their patients. Many doctors, especially surgeons, underestimate the importance of this," Mohapatra says.

Find out what the patient really expects

Good communication with patients yields benefits in several areas, Mohapatra says. First, it helps you understand the patient's needs and expectations. Second, it helps you convey the risks and limits of the procedure. Many malpractice

cases, especially with plastic surgery, get their start in the first meeting with a new patient because the patient and doctor do not connect well, Mohapatra says. The patient is focused on what he or she wants and may be nervous about talking to the surgeon. At the same time, the doctor may be behind schedule, distracted with thoughts about a difficult case, and eager to move on.

The result can be that the two parties talk but never really communicate, Mohapatra says. They go through the motions, but they don't adequately explore all the important issues. If the procedure turns out fine and the patient is satisfied, you will never know that there was a communication problem. But if the patient is dissatisfied and sues, you may find that the patient had a misconception that you could have cleared up in that first meeting.

"With any procedures, but especially elective procedures, it is important that the surgeon explain all of the risks involved in a procedure prior to performing them and document that conversation in the medical record," says Mohapatra.

"Clear communication is really the key to avoiding misunderstandings and managing what may be unrealistic patient expectations from the procedure," she adds. "The surgeon should be open and honest about the risks of any procedure and ensure the patient understands these risks."

Mohapatra encourages surgeons to have a nurse or other witness present during these discussions so someone else can attest that the surgeon laid out all of the risks beforehand. She adds that having patients sign informed consent forms does not take the place of having a detailed conversation of the risks with the patient.

Choose your patients carefully

Peter J. Hoffman, JD, a partner at the law firm of Eckert Seamans in Philadelphia, says many plastic surgery malpractice lawsuits could have been prevented with better patient selection. Choosing your patients carefully and managing their expectations can have a tremendous effect on the likelihood of

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being sued, he says. Operating on everyone who comes through the door and promising them that you can change their lives is a sure recipe for disaster, he says.

“If a woman comes in with an unpleasant personality and she’s just generally not a nice person to be around, plus she needs some work on her nose, you can’t let her think that her life is going to change because you give her a new nose,” Hoffman says. “You can’t change her whole life, but people come to plastic surgeons with this kind of unrealistic expectation. They have focused on the one thing they can get operated on, and they have deluded themselves into thinking that will fix everything.”

Documentation is the other key to reducing malpractice claims—and successfully defending them, Hoffman says. In addition to all the clinical matters covered in the consent process, he notes that the documentation should show you discussed the patient’s expectations. Too many plastic surgeons do not provide full, contemporaneous documentation of their patient interactions, Hoffman says, adding that once the moment has passed, you should never try to go back and fake a contemporaneous documentation of the conversation.

“The worst thing is making a note after the fact and trying to make it appear you made it contemporaneously,” he says. “It’s much harder to do, and nearly impossible to get away with it because of electronic charts now. We tell people that it is just foolhardy to do something like that.”

Jeffrey M. Kimmel, JD, a partner at the law firm of Salenger, Sack, Schwartz & Kimmel in New York City, often represents malpractice plaintiffs and underscores that point, saying the revelation that you improperly altered a medical record will sink your case.

“It’s over. A jury is unforgiving to a doctor who alters his records,” Kimmel says. “Never, ever, ever alter records.”

Include risk and compliance in chart

In addition, make sure the documentation clearly defines the risk, Hoffman says, adding that having a patient sign a statement saying, “The risks were explained to me” is not sufficient. The chart should document what you explained in terms of the risks, and it should include any pictures you drew to help educate the patient. If the patient watched videos or viewed brochures as part of the education process, the chart should be specific about those tools.

Don’t neglect postop period

The emphasis on good communication should extend to the postop period, says **Dennis J. Hurwitz, MD, FACS**, clinical professor of surgery and former director of the Aesthetic Plastic Surgery Center at the University of Pittsburgh.

Surgeons should remember that patients can be particularly emotional and vulnerable in the recovery period, when they are still healing and can’t see the end results of surgery, Hurwitz says. For many patients, this will be their first experience with cosmetic surgery, and they will be uncertain about what is normal and what is cause for concern. (See p. 8 for more on how a good bedside manner can reduce your malpractice risk.)

“The worst thing you can do is to not respond when they have a concern. Even if you’re sure that everything is fine, you must respond in a generous way and reassure the patient,” Hurwitz says. “I think the research shows clearly that people are most likely to sue when they feel like you just left them on their own and didn’t care enough to return a phone call.”

Hoffman agrees with that advice, saying the personal touch can be extremely important in the postop period. Make sure your patients see you and have a chance to talk to you, to ask questions of you personally, during the postop period, he says. (See p. 9 for more on apologizing to dissatisfied patients.)

“Not only do you get a chance to spot complications and deal with them promptly, but you can address the patient’s fears and anxieties,” Hoffman says. “That doctor has a much better chance of avoiding a malpractice suit than someone who just sends the resident around.”

Kimmel says the issue of informed consent is always crucial in a plastic surgery malpractice case because juries tend to be more sympathetic to the physician when the patient underwent an elective cosmetic procedure.

Many jurors will look at the plaintiff skeptically because he or she chose to undergo a procedure that was not strictly necessary, choosing to take the risk that something might go wrong, he says.

“Then the issue comes down to whether you truly informed the patient of the risks,” Kimmel adds. “If the jury believes you did, they often will be less sympathetic to a plaintiff’s argument.” ■

Be nice to patients if you don't want to be sued

Patients are much less likely to sue physicians they see as friendly

Perhaps the most important benefit of good communication, in terms of avoiding malpractice lawsuits, is establishing the one-on-one rapport with the patient, says **Seema Mohapatra, JD**, a healthcare attorney and assistant professor of law at Barry University's Dwayne O. Andreas School of Law (DOASL) in Orlando, FL.

Having a long chat with every patient may sound like a great idea, but it might not be practical. Surgeons have packed schedules and can't spend time having lengthy discussions with all of their patients.

But Mohapatra explains that plastic surgeons should not look at those talks as wasted time. Rather, you should consider establishing rapport with the patient as a proactive risk management strategy.

"Be nice. It sounds very simple, but most patients will not sue someone they like," Mohapatra says. "If physicians act like they know more than the patient or they are curt or don't seem to respect or like [their] patients, they are much more likely to be named in a malpractice suit."

That same theory extends to your staff, Mohapatra says. Make sure your staff is nice and well-trained in customer service.

"The impression the patient has of your personality and office staff is as important as your medical skill, believe it or not," Mohapatra says. "Even with a poor outcome, most people would not think of suing their friendly doctor that spent time listening to all of their concerns and answered all of their questions."

Terri Day, JD, associate professor of law at DOASL, agrees that a nice demeanor with patients goes a long way toward avoiding malpractice cases. "Being likeable to the patient is the key most important factor after competency," she says.

Results show that being nice helps

Day adds that this advice is more than a hopeful platitude. Studies have shown that patients are much less likely to sue a physician who they like.

"Liking a doctor requires a good bedside manner, as well as taking the time to communicate with the patient. Communication is more than simply giving a rote dissertation on

a particular procedure and generally known risks," Day says. "The doctor must take time with the patient, explaining procedures and risks in a way that the patient can understand and answering the patient's questions."

For a plastic surgeon in particular, a little time spent trying to understand why the patient wants a certain procedure, and what the patient expects the procedure to do or not to do, is essential.

Day recalls a physician who told her that despite sometimes having results that patients did not like, he had never been sued. He credits his no-litigation record to the fact that his patients know that he will work with them if they are not happy with the treatment.

"Being likeable to the patient is the key most important factor after competency."

—Terri Day, JD

"This may be a matter of simply explaining why a particular procedure did not meet the patient's expectations or, if need be, sending a patient to a colleague for a second opinion," Day says.

"Often when the procedure did not go as expected, doctors are fearful of communicating with patients about what might have gone wrong because of fear of litigation," she adds. "Patients may institute a lawsuit if discovery is the only way a patient can access sufficient information to answer his or her question."

Jeffrey M. Kimmel, JD, a partner with the law firm of Salenger, Sack, Schwartz & Kimmel in New York City, represents medical malpractice plaintiffs. He says plastic surgeons tend to be better in this regard than the average surgeon, but he adds that they also have a bigger hurdle than most because of the different nature of their patients' expectations.

"Almost without fail, my clients come in my office and say that they would not be suing the doctor if only he had been nicer, if only he had listened to me, if he had just explained what happened to me and been honest," Kimmel says. ☒

Say you're sorry if necessary, but don't go overboard

Use caution when saying you made an error to avoid problems later

Disclosure and transparency can be a part of good communication with patients, says **Scott Nichols, JD**, a partner at the law firm of Strasburger & Price in Houston. The emphasis on patient safety throughout healthcare has led to expectations that physicians should not only be honest with patients, but also proactive and forthcoming when the outcome of a procedure is not what you hoped, Nichols says.

"If you're not happy with the results and you think you made a mistake, just admit it, apologize, and move on," he says. "The results tend to be better with that approach. Intellectually, we all realize that it makes perfect sense, but, in the past, we have lived in an era of nondisclosure in which surgeons were encouraged not to talk about mistakes with anyone but their insurance carriers."

The obligation to fully disclose information includes information that patients may never find out on their own, Nichols says. Some surgeons might find it counterintuitive

to bring up an error that occurred in the operating room that the patient would never realize, Nichols says, but volunteering that information can bolster the relationship and show that you have the best intentions. That, in turn, can lower any chance of being sued, he adds.

"Make it a part of your daily practice to be nice. Be a human being, all the time."

—Jeffrey M. Kimmel, JD

Not everyone thinks you should go that far. **Dennis J. Hurwitz, MD, FACS**, clinical professor of surgery and former director of the Aesthetic Plastic Surgery Center at the University of Pittsburgh, agrees that if the patient is dissatisfied with the results of your work, good communication skills can mean the difference between defusing a bad situation and making it spiral out of control.

Hurwitz adds that it is always appropriate to express sympathy with the patient's dissatisfaction, but he urges caution when deciding what to say.

"There's a big difference between saying you're sorry that the patient is unhappy and saying you're sorry because you did something wrong," Hurwitz says. "You have to choose your words carefully so that you're not confessing to something you didn't do, just because you were trying to be nice to the patient."

Jeffrey M. Kimmel, JD, a partner at the law firm of Salenger, Sack, Schwartz & Kimmel in New York City, also says you should say you're sorry when appropriate, but you shouldn't go overboard and give the patient's attorney ammunition to use against you in court. You can say you're sorry without admitting fault, he says.

"If appropriate, apologize sincerely but don't say you did something wrong. You don't want to admit wrongdoing, but you can be sorry something happened or someone feels a certain way," Kimmel says. "Make it part of your daily practice to be nice. Be a human being, all the time. Take the time to develop a relationship with your patients, listen to them, and validate their concerns." ■

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Clients vs. patients: Does what you call them make a difference?

Debate about what you should call the people in your waiting room

If you're a doctor, the people you treat are patients, right? What could be more obvious? In plastic surgery, it might not be that simple, according to some business advisors who say you would be better off calling them clients. The suggestion plays into the idea that your plastic surgery practice isn't the same as any other medical specialty, that it is more of a high-end service than simply medical care.

"Consider whether changing the term patient to client can help you create a more client-based environment."

—Anne Cohen

But others argue that calling them clients detracts from your profession. Many proponents of the term clients look at the issue from a marketing perspective. For example, **Anne Cohen**, president of A. Cohen Marketing & Public Relations in Kingston, NY, says she encourages plastic surgeons to use the term clients instead of patients; she thinks there has been a steady trend toward that approach.

Cohen says identifying elective surgery customers as patients might reinforce, perhaps subliminally, some staff behaviors that are more suited to a hospital environment as opposed to the staff behavior that should be encouraged in a plastic surgeon's office. By that, Cohen means that the term patient may encourage the idea that your customers have to be in your office. Instead, you should welcome them and show appreciation for their interest in your services.

"I often note, in visits to my attorney or CPA's office, that I am treated in a manner that reflects a certain value to my having chosen that practice to fulfill my needs. I am immediately asked if I'd like a cup of coffee, or a soda or bottled water. The waiting area is beautifully decorated by a professional, with comfortable seating as opposed to the line of fairly hard chairs I find in my local MD's office," Cohen says. "Discussions about my fees are made in low voices or even whispers, if not in another room entirely. When I phone in, I am directed almost immediately to a staff member who will speak with me, without waiting an

inordinate time on hold. I'm not lost in an eternal phone tree, pushing endless buttons to find a live body."

Cohen adds that the definition of the two words supports using the word client because it implies more of a collaboration with the physician.

Words can affect staff attitude

Anyone visiting your plastic surgery practice should be treated in a similar manner, Cohen says. Unfortunately, that often is not the case, and she says part of the problem is the mentality of thinking of people as patients.

"Unfortunately, I have visited plastic surgery practices where the environment, staff behaviors, and the processes are much the same as in a standard medical clinic. Staff seem rushed and treat the patients or clients in a rushed manner," she says. "Nobody offers coffee, though there may be an urn of unknown-aged coffee and a trash bin full of that day's remains that emits a peculiar dead coffee smell in the waiting room."

In those practices, Cohen says, the TV is turned to a station that fits the needs of the staff person seated most closely to it, sometimes set on a foreign language channel or CNN. After a long wait, patients are taken back to an exam area by a staff person who doesn't share his or her name or job title. The consultation proceeds in a similar fashion, and so does the relocation to the patient coordinator's office. This person, usually responsible for closing the deal by answering any questions and scheduling the procedure, is someone with whom the customer has not previously met nor bonded. As a result, the customer often is not comfortable discussing financial matters.

"It's no wonder the conversion rates are down in such an office," she says. "This is all the result of thinking of people as patients and treating them like patients visiting any medical office where you aren't really trying to sell them services."

Clients expect higher level of care

Cohen says plastic surgeons should reassess not just what word to use, but the entire way in which patients or clients

are approached in your practice. What word to use in referring to them is a good start and can drive many of the other behaviors, she says.

Although staff members need not excessively fawn over clients, Cohen says, in an elective setting, everything from the phone tree, the receptionist, the waiting area, the consultation process itself, and all interactions between staff members and customers should reflect a higher level compared to insurance-based practices. Does your staff behavior match the upscale environment you seek to portray? Have you taken time to educate your staff members about these differences, or do you assume they know the differences? They may not, particularly if their previous job was in a nonelective medical setting, Cohen says.

“Perhaps renaming patients as clients will help you reinforce to your staff that there is a profound difference between you and their previous environment and, therefore, add to the level of professionalism in your practice, resulting in higher conversions,” Cohen says. “Consider whether changing the term patient to client can help you create a more client-based environment.” (See p. 12 for more opinions on which word choice is better.)

Surgeons don't always agree

The idea of using the term client is endorsed by many business and marketing professionals, but surgeons tend to be a harder sell. For example, **Mark Solomon, MD**, a plastic surgeon in Philadelphia, resists the idea. He agrees with Cohen that the choice of words is more than just semantics, but he says there can be a downside to calling people clients instead of patients. A physician-client relationship is indeed different, he says, but not necessarily in a good way. Physicians and their patients already have a unique relationship, Solomon says, one with a significant legal obligation, including confidentiality and a duty to serve the patient above all others.

“No reasonable physician would want to sacrifice the high status of such a relationship, both for the patient's benefit and the physician's. One should consider their patients as clients only at their peril,” Solomon says. “That doesn't mean you can't have a great environment for your patients, although I gave up on water and coffee after the spills ruined my furniture. But we do have music, low lighting, and fresh flowers in the waiting room.” Clients and patients are different,

he says. The physician-patient relationship is not a client-based one and has some very specific legal rights and privileges to both parties. The lawyer-client privilege is similar, he says, but not the same. “The physician-patient relationship is quite special and relates to the fact that physicians have a special place in society, believe it or not,” he says.

“The use of that term would diminish our role as fully trained and licensed physicians, as opposed to cosmetologists or hairdressers, who have clients.”

—*Michael McGuire, MD*

The plastic surgery professional societies are largely silent on the matter, but there is reason to think the client appellation would not be endorsed.

Michael McGuire, MD, a plastic surgeon in Santa Monica, CA, and vice president of communications for the American Society of Plastic Surgeons, says the society has no official position on the matter but that he is opposed to the idea.

“As physicians and surgeons, we take care of patients, whether they are sick, injured, or desiring cosmetic improvements. Lawyers and accountants take care of clients,” he says. “The use of that term would diminish our role as fully trained and licensed physicians, as opposed to cosmetologists or hairdressers, who have clients.”

They might be guests, too

To complicate the question further, some physicians may use the term guest when they are aligned with a medi-spa. **Salvatore DeCanio Jr., OD, FAAO**, the medical director of Viso Lasik Medspas, a LASIK center and medi-spa in West Palm Beach, FL, says the spa-like setting makes it seem odd and counterproductive to call people patients.

“When offering medical services to someone, we take the approach that people are entrusting me and my staff to provide the utmost care,” DeCanio says. “‘Patient’ is a term I find more commonly supported in hospitals. We provide out-of-pocket services that the recipient does not necessarily need to have done, but rather chooses to have done. With that in mind, we regard them in a more intimate fashion, treating them as a guest rather than a patient.” ■

Marketing experts see pros and cons to using 'client'

'Patient' can imply sickness instead of vitality, they say

Marketing and practice management experts don't agree on whether you should use the term "patients" or "clients," pointing out that there can be benefits to both approaches.

Mark Stevens, a marketing expert in Rye Brook, NY, and bestselling author of *Your Marketing Sucks* and *God is a Salesman*, says he favors the term client for plastic surgeons.

"Would you want to be the patient of a hair colorist or a cosmetician?" Stevens says. "It sounds like you are sick. You are at risk. There is danger."

When people seek elective care from a plastic surgeon, they are looking for advice and transformation from a professional beauty advisor, Stevens says. "They want to know it will be safe and perfect," he adds. "They want to be a client."

Alan Stafford, a business consultant in Charlotte, NC, and author of *Making Companies Work*, says his 16 years of experience in healthcare has shown him the value of sticking with the term patient.

Stafford also thinks the word patient is a more accurate description than client, because a client is someone on whose behalf you work, and a patient does not need to be present to be represented by the professional, he says.

"Attorneys and accountants have clients. Surgeons are still held in higher esteem than attorneys and CPAs," Stafford says. "Why not reinforce the status by using the term patient to remind the customer that he is dealing with a healthcare professional?"

Mix of terms might be right

Stafford also suggests that your patients may not respond favorably to being called clients. The term can sound formal and imply that you are keeping them at arm's length, reminding them at every mention of the word client that yours is a business relationship.

"Healthcare professionals have patients," he says. "After all, these are still medical procedures. And no procedure can be performed without the participation of the patient."

Patricia Baker, a marketing consultant and president of The Big Picture Agency in Pittsfield, MA, says that just like surgeons and marketers, patients will have varied reactions to the idea of calling them clients. Some may appreciate the more upscale sound to the term and the idea that they are seeking a service, rather than traditional healthcare. Others may be turned off because they consider plastic surgery a serious endeavor.

The best solution, says Baker, might be a mix of both terms. Use "patient" when providing care that is clearly clinical in nature, but use "client" when providing services that are less invasive, she suggests.

"In the medi-spa environment it does make sense for plastic surgeons to refer to their clientele as clients," Baker says. "The procedures used there are relatively noninvasive and require little or no downtime and minimal risk. There is a psychological benefit for using this term in this situation." ■

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