Establish Boundaries With Cosmetics Patients

BY BETSY BATES
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PORTLAND, Ore. — Getting an ear-
tions on the personalities and motiva-

tions of cosmetic dermatology patients will help avoid negative outcomes, unfair refund requests, and, perhaps most im-
portantly dysmorphic disorder, said Dr. William Philip Wer-

schler at annual meeting of the Pacific Northwest Dermatological Society.

He draws parallels between cosmetic dermatology patients and car buyers: There’s the brand loyalist, a great kind of
person to have, because he always
gets the best thing for your car. But
then there’s the anti-loyalist, or the
negotiator, or the tire ticketer. 

Status seekers fill your waiting room on
their way to the local Jaguar dealership,
and they can be good partners as long as
they are not unduly influenced by the so-

ciety maven down the street or the cover
model on Vogue, said Dr. Werschler of
the department of dermatology at the Uni-

versity of Washington, Spokane.

The special event buyer, on the other
hand, has scheduled her in her prev-

duced book, not unlike the 50th-birthday Ferrarri shopper.

Once you’ve sorted them all out, Dr.

Werschler suggests guarding against the

one thing that is the bane of the car deal-

er’s existence and which could be a com-

mon occurrence: buyer’s remorse.

“It’s not a tent at Cabela’s (camping

outfitters),” Dr. Werschler said. “You can’t

suck it back out and give them a refund.”

Buyer’s remorse can be short circum-

stanced before the procedure by underpromising and overdelivering results, charging fair

prices, and turning down patients who ex-
hibit signs of bad consumer behavior or body dysmorphic disorder.

“It’s okay to say no,” he said. “Plastic

surgeons do it all the time.”

Another tip that dermatologists could

borrow from plastic surgeons concerns re-

funds, which Dr. Werschler said should never be offered just to get a diffi-

cult patient out of the office.

When he encounters a patient who is dissatisfied with objectively good results, Dr. Werschler said he is quick to express empathy without accepting blame. For ex-

ample, he’ll say, “I’ve done my best. The laser did its best. I know you did your best.”

He then describes alternative procedures the patient could invest in to achieve more pleasing results.

However, he won’t operate on patients with body dysmorphic disorder, a so-

matoform disorder in which a person per-

ceives deficits in physical traits that are ac-

ually within normal limits.

Clues to identify such patients may in-
clude: the not to be a viable problems upon examination, incessant self-grooming dur-

ing the visit, and, especially, a history of unnecessary dermatologic and/or plastic surgery procedures.

Dr. Werschler says he believes in using a direct approach with patients who have an underlying psychiatric disorder that drives them to seek repeated procedures.

By asking if they believe they might have a problem, dermatologists may help these patients get off the “ merry-go-

round” of procedure after unfulfilling pro-

cedure, he said.

Thinking About Adding Aesthetics?

1. Are you sufficiently interested to keep up with the field? Cosmetic procedures fall into the category of “fast-moving consumer goods,” like perfumes and hair products, Dr. Werschler said. You need to offer the patient viable problems upon examination, incessant self-grooming during the visit, and, especially, a history of unnecessary dermatologic and/or plastic surgery procedures.

2. Are you capable? Do you have steady hands and good hand-eye coordination? Precise surgical skills are needed to achieve excel-

lent cosmetic results.

3. Do you have a good aesthetic sense? Can you subjugate that aesthetic sense? Can you subjugate that sense? Can you subjugate that sense?

4. Can you handle whiners? Cosmet-

ics patients can be demanding and dif-

cult to please.

5. Can you sell? No cosmetic prac-
tice can succeed unless the physi-

ician turns away impossible-to-

please patients and refuses to cave in to frivolous refund requests.

Source: Dr. Werschler