

Passing the Torch

by Denise Mann

Tom Wang, MD, looks back on his presidency and ahead toward his future



Sitting outside his Portland, Oregon office on a bright, blue summer morning, Tom Wang, MD (pronounced Wong) is understandably pensive and reflective.

A facial plastic and reconstructive surgeon, Wang is finishing up his term as president of the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) and getting ready to officially pass the torch to his successor, Robert Kellman, MD, at the Academy's annual meeting.

With Portland's aerial tram gliding overhead, Wang looks back on his term in office and ahead toward his future. It's been a tumultuous year for cosmetic surgery and cosmetic surgeons. Media attention on unlicensed practitioners performing often unethical surgeries with dire outcomes pitted specialist against specialist and societies against societies, and even led to calls to ban cosmetic surgery altogether.

For these reasons, much of Wang's tenure focused on improving relations between the different sister specialties, and developing and implementing grassroots solutions to

ebb this burgeoning anti-cosmetic surgery sentiment.

And he did have an impact. "There is much less infighting and much more open dialogue with our sister specialties," he says. "Our natural tendency as surgeons, whether it is earned or not, is that we all feel like we are the best," he says. "To be a good surgeon, you have to have a healthy dose of ego, but that leads to conflict and competition."

Competition is good. Conflict is bad.

STRENGTH IN NUMBERS

"The single biggest issue that we face today from inside, more than outside, is the interspecialty rivalry," agrees AAFPRS President-elect Robert M. Kellman, MD, professor and chair of the Department of Otolaryngology & Communication Sciences at SUNY—Upstate Medical University in Syracuse, NY. (See sidebar on page 13 for more about Kellman.)

Much like his predecessor, Kellman plans to promote harmony over rivalry. "We should all be working together to help educate doctors and encourage those who don't do as well to make a respectful exit."

Toward the end of his term, Wang and then-American Society for Aesthetic Plastic Surgery (ASAPS) President Jeffrey M. Kenkel, MD, put their mutual good faith and camaraderie in writing. "We consolidated our good will and our intent to collaborate and be collegial," he says.

The joint statement was in response to a widely disseminated *New York Times* article called "Ear Doctors Performing Face-Lifts? It Happens." The article contended that only surgeons certified by the American Board of Plastic Surgery should perform facelifts, basically kicking surgeons certified by the American Board of Otolaryngology—including Wang, Kellman, and countless others—to the proverbial curb, and grouping them with a growing list of unlicensed, unqualified providers who routinely perform plastic surgery on the cheap.

And the recent US Supreme Court decision to uphold the Affordable Care Act may inadvertently make things worse. "If the government dictates the criteria for providing health care, it may drive more physicians out of the mainstream and into the fee-for-service realm."

To patients, this means Restylane, Juvéderm, and other filler brochures will be popping up in even more unexpected places. To physicians, this means that the qualified must present a united front to protect patient safety and enforce some order in what is quickly becoming a Wild, Wild West.

The truth is it's a whole new world out there for cosmetic surgeons—and their patients. The rising anti-cosmetic surgery sentiment and interspecialty rivalry are just two of the issues that Wang and his colleagues are grappling with today.

Online review sites are also an albatross around the necks of many seasoned doctors. "All of us are aware of it, and many of us are concerned," he says. Doctors often feel like sitting ducks in the face of dissatisfied, disgruntled parties who have a computer and unbridled access to the 'Net.

"From the surgeon's standpoint, it's a one-way street," he says. "Patients get free range to rant, rave, and review their so-called experience, and physicians are constrained by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)," he says.



"We are spectators as our reputations get polished, buffed, or dragged through the mud," he says. Some doctors, Internet marketing companies, and patients try to game the system with false claims—about themselves or competitors.

"It's untamed."

Anonymity is the cloak that protects the reviewer—and gags the reviewed. "There is no equitable way to determine what is fair or what is real," he says.

The hope is that more informed consumers will recognize this and take the ratings with an appropriate grain of salt. But in truth, if you Google a doctor or surgeon, his ratings will likely rank higher than his or her practice Web site.

MAKING A DIFFERENCE

While there is no panacea for the problems facing the specialty, Wang and colleagues have made inroads in addressing some of the issues head-on and improving the way the Academy and its members are seen within the medical community and the community at large.

This includes supporting evidence-based medicine. Kellman is part of a panel of plastic surgeons working together to provide an evidence-based approach to evaluating new techniques and technologies before the horse gets out of the barn.

"We want to be able to say 'this is better,' and that is not because the company told me so; it is because we have meaningful evidence," Kellman says.



Wang agrees. "I am not someone who is first on a bandwagon. I tend to defer and give myself time to determine the validity of a product or procedure before jumping in. I listen to research and look at results critically. I don't feel that it is right for patients to be an experiment of mine," he says. "Things that sound too good to be true usually turn out to be that way."

To that end, the holy grail of facial aesthetic surgery is still the perfect injection material that's long lasting with no downtime and no side effects.

Fat is probably the closest thing to that right now. "Fat certainly is state of the art," Wang says. "If you are not doing fat, you are behind the times," he says. "It works very well and may have stem cell characteristics."

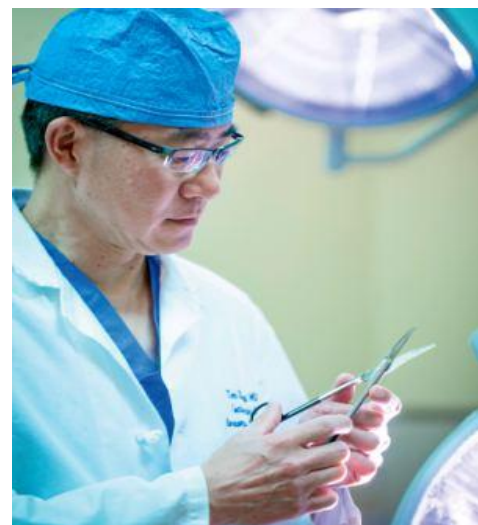
Plastic surgeons are actually at the forefront of the regenerative medicine zeitgeist. "Fat is the first frontier that we have crossed," Wang says. In the future, it may be possible to grow new ears and noses using some of the techniques now being engineered by plastic surgeons across the globe.

Wang's tenure was also spent bolstering Academy initiatives. He helped spearhead a capital campaign to promote member education and research, and provide further structure for Face to Face's humanitarian efforts.

Face to Face encompasses three distinct, but related initiatives including an international arm where US practitioners travel the world to provide care and also teach local surgeons how to perform life-changing reconstructive surgeries. "It's teaching them how to fish versus giving them a fish," Wang says.

Another branch, Faces of Honor, focuses on providing surgery for injured veterans. Soldiers' bodies are better protected today than in older wars, and while protective gear may save their lives, they do sustain brain damage and craniofacial trauma. AAFPRS members provide pro bono reconstructive and cosmetic surgeries to injured veterans, including those who live far away from Veterans Affairs Medical Centers.

The third arm of Face to Face is The National Domestic Violence Project. As part of this initiative, facial plastic surgeons provide free consultation and surgery to people who have been injured as a result of domestic violence. The Face To Face surgeons work with the National Coalition against Domestic Violence to identify individuals in need of their assistance.



Some may view cosmetic surgery as vanity-based, but increased focus on the regenerative and reconstructive side of the field can change how the field is perceived.

In fact, the majority of Kellman's practice focuses on facial trauma and reconstructive surgery. The R in AAFPRS may need a little more attention. "I want to make the R mean a little more."

THE CITY OF ROSES



Wang also maintains a reconstructive practice. "Cleft lip and nose surgery is very challenging because they are not just reconstructive, but also aesthetic as you want to make the nose and lip be as balanced as it possibly can be."

His practice is based in Portland, a city with a chill, alternative vibe where locals are looking for something different out of their cosmetic surgery and cosmetic surgeon than, say, their counterparts in Los Angeles, New York City, or South Beach. "They want to look as good as they can, but they don't want the look or the appearance of having something done," he says. His top procedures are geared toward treating the aging face and neck and rhinoplasty.

As his term draws to a close, he is looking forward to refocusing time and energy on his practice and his family. "It's an honor and a privilege to serve and represent my colleagues across the country, but it does require an investment of time."

Don't mistake this for regrets or complaints. "I knew all of this going in, but it clearly takes me away from my practice and my family with the travel, meetings, and writing."

Kellman is ready, willing, and able to serve. "I am focused on this being an opportunity to do much more than I can do in one practice," he says. "I know I have big shoes to fill."