In “Patients’ Perceptions of Cosmetic Surgery at a Time of Globalization, Medical Consumerism, and Mass Media Culture: A French Experience,” Lazar and Deneuve have provided valuable insight into the psyche of the French cosmetic surgery patient and market. The study included a number of interesting questions that were posed to a group of patients seeking cosmetic surgery in a public-sector hospital. However, we must note that this self-selected group carries an inherent selection bias. The perceptions of these patients may differ from those of patients in the private sector or general public, or those who did not wish to participate in the survey. Despite this limitation, some interesting differences are demonstrated for cosmetic surgery practice in France.

The first question addressed the decision-making process for seeking a cosmetic surgery consultation. In France, the general practitioner (GP) was the most important factor in seeking a consultation (40.8% of patients). Word of mouth from friends and family (38.5%) and the media (33.0%) also were important. The authors highlight that in France, all patients must have a referring GP. In the United Kingdom, patients are also referred by their GP to the public-sector hospitals. Public-sector aesthetic procedures in the United Kingdom have significantly declined, with most hospitals no longer providing such services. The private sector remains an open competitive market comprising a number of large private organizations and independent surgeons. Patients can self-refer to the private sector without any involvement of their GP in the United Kingdom. Interestingly, a study by Walden et al in the United Kingdom showed that among patients who seek breast augmentation, only 1% sought information from their primary care physician. Most patients used the Internet (59%) as their primary source of information.

The authors of the present study also examined the most influential factors in selecting a cosmetic surgeon. In their group of patients, the quality of preoperative information (69.3%) and the patient-physician relationship (65.4%) were the most important factors in surgical decision making, followed by results seen in friends and family (46.3%). However, Walden et al noted that the most important factor in selecting a surgeon for breast augmentation was the surgeon’s website.

Some striking differences in the practice of cosmetic surgery between France and the United Kingdom or United States may be largely attributable to the fact that advertising of cosmetic surgery is prohibited in France. There has been much discussion and debate in the United Kingdom about prohibiting cosmetic surgery advertising. A UK study demonstrated that 95.5% of independent hospitals have used some form of advertising, with the main forms being newspaper and Internet listings. Concerns also have been raised about “unethical” behaviors emerging in advertising and on the Internet, such as prizes, offers, and other incentives. These behaviors go against the codes of conduct laid out by national organizations such as the American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons. The risks of such advertising and marketing campaigns could result in patients being exposed to unsuitably trained practitioners or inappropriate facilities.

In France, the provision of cosmetic surgery is restricted to authorized units undertaken by specially qualified and registered specialists. To identify appropriately qualified surgeons, the United Kingdom utilizes the specialist register for plastic surgery, and the United States has listings of board-certified plastic surgeons. Despite these safeguards, any medical practitioner can undertake cosmetic surgery in the United Kingdom or the United States. It was interesting to see that the population of the French study was generally aware of the qualifications required to undertake cosmetic surgery. Most of the study population also was...
aware that the potential risks with cosmetic surgery were similar to those of other forms of surgery. It would be interesting to see if these findings would be similar for a patient population in the United Kingdom or United States.

Finally, it is interesting that the vast majority (93.3%) of patients in this study expressed no interest in having cosmetic surgery performed abroad. In a public survey conducted in the United Kingdom, 97% of patients considering cosmetic surgery would travel abroad to have it done. The main reason for this is cost. Studies from the United Kingdom and United States suggest that surgeons are seeing an increase in the number of complications from procedures performed abroad. However, the trend for cosmetic tourism is likely to continue since the providers lie outside the jurisdiction of local regulations; hence, they are able to advertise and promote themselves. This phenomenon was noted even by the authors of the French study, despite the very stringent regulations in France.

In conclusion, the French appear to have a well-regulated cosmetic surgery market. Consequently, patients appear to be better informed, and the link with their general practitioner may be crucial in terms of safety and guidance. In the study by Lazar and Deneuve, patients were also more aware of the qualifications required of a cosmetic surgeon. The prohibition of advertising of cosmetic surgery in France also reduces the risks of exposure to unethical and undertrained practitioners or inappropriate facilities. Such factors may contribute to the relative paucity of litigation and low desire to travel abroad for surgery. These are valuable lessons to be learned and applied to the United Kingdom and United States, where better regulation of cosmetic services is certainly needed.

Disclosures

The author declared no potential conflicts of interest with respect to the research, authorship, and publication of this article.

REFERENCES