

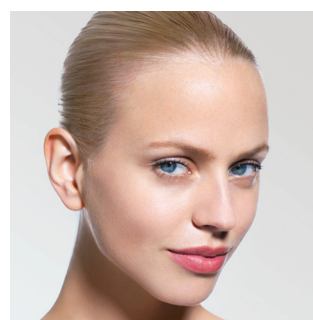
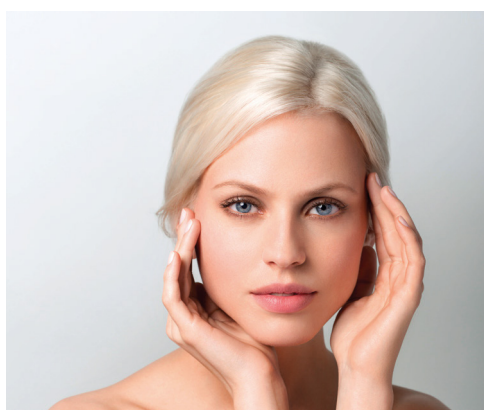
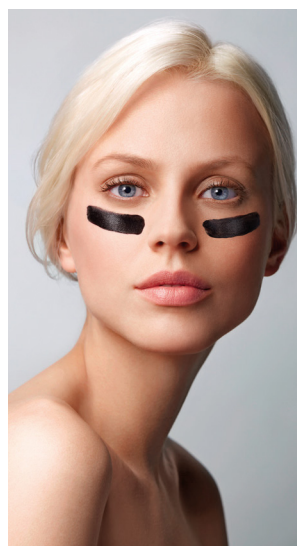
Aesthetics

MONTHLY JOURNAL FOR MEDICAL AESTHETIC PROFESSIONALS



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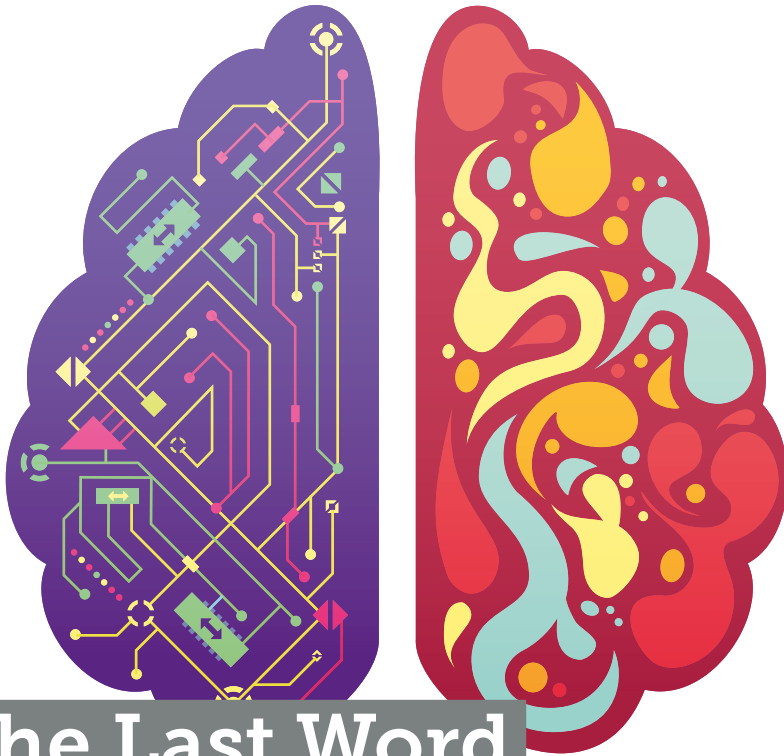
Practitioners discuss the impact of various filler properties in younger patients

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Introducing Treatment Pricing

Clinic owner Kerri Lewis advises on successful pricing strategies



The Last Word

Dr Dev Patel argues why it's more appropriate to use the term 'patient' rather than 'client' in aesthetics

I have considered the 'patient' vs. 'client' debate on many occasions. I am sure most would agree that the aesthetic environment we work in is somewhat unique. For the medics amongst us, this is far removed from working within the NHS and seeing non-paying 'patients' presenting with more established symptoms of physical and mental illness. If you say 'client' for an antiageing case, do you still use 'client' for an acne case seeking chemical peels? After all, acne is an established skin condition.

Definitions

Let us first examine the respective definitions of 'client' and 'patient' as given by the English Oxford dictionary:¹

Client: a person who uses the services or advice of a professional person or organisation. I can certainly see how this fits with what goes on in my own clinic – I am a professional person – a doctor in my case – providing services to people.

Patient: a person who is receiving medical treatment, especially in a hospital or a person who receives treatment from a particular doctor, dentist etc. Clearly, this also fits with what I do and my occupation is specifically stated within the definition.

If both definitions work on the surface, we need to consider the modern connotations of these terms. As our 'customers' come first (yet another term we could arguably use), let us first consider the connotations of each label. Assistant professor at Northwestern University Prosthetics-Orthotics Center John Brinkmann wrote an article on this very topic, examining the differences between 'client' and 'patient'. In **Table 1**, Brinkmann gives an opinion on how

| Term | Focus | Defining question |
|----------------|--|-------------------------------|
| Patient | Care – the practitioner is responsible for providing care | What care do you need? |
| Client | Expertise and service – the client is hiring a professional to do something for him or her | What are you paying me to do? |

Table 1: Brinkmann's opinion on how the terms 'patient' and 'client' communicate differing levels of care²

these two labels communicate differing levels of care and personal involvement in the relationship.²

The Latin routes of these terms (**Table 2**) should also be considered, but it is the third column that is most relevant: what the possible connotations are and what does each term 'say' to the end-user? Additionally, I think it is just as important to consider what the use of each term implies to the practitioner; I have never had a single patient – and I will now use that term as I usually would – question my use of this label; not one.

Even in mainstream medicine, we have evolved from the paternalistic relationship model, which focuses on the doctor's agenda rather than the patient's. In fact, one of the four biomedical ethical pillars is based on respecting patient autonomy; a principle I have been tested on in many medical exams over the years.³ In an aesthetic setting, I would even argue that when aesthetic practitioners were purely doing what patients asked of us, the patient did not often end up looking their best. We have almost moved in the opposite direction to mainstream medicine's model of communication; now, the patient asks for lip fillers and I may have to tell them they need their chin treated instead. Practitioners have had to claim back some autonomy, to ensure we give the patient what they need and not what they want.

Most importantly, it reinforces to my patient that the treatment they have is a medical treatment, which brings established risks with it

| Term | Origin | Definition | Possible connotations |
|----------------|--|---|--|
| Patient | From the Latin word <i>patiens</i> ; originally meant one who suffers; to undergo suffering or to bear | A person receiving or registered to receive medical treatment; synonyms: sick person | Can be construed as stigmatising as its usage may enhance perceived disability and impairment; connotations of passivity and deference; can be interpreted as paternalistic, evidence of inherent power inequities, and a reflection of the dominant biomedical approaches |
| Client | Latin root meaning dependent; Latin <i>cliens</i> meaning follower, retainer | One that is under the protection of another; one who engages the professional advice or services of another | Carries connotations of an agency relationship, whereby one individual purchases professional services from another; specifically selected to avoid a connotation of being sick or ill; linked to financial remuneration |

Table 2: The origins of the terms 'patient' and 'client'. Table adapted from Brinkmann²

Whether my patient brings a disease of the body or mind or not, they are seeking advice and usually treatment for their skin's health and wellbeing, and, in turn, their mental wellbeing

Why do practitioners use 'client'?

One repeated argument in support of using 'client' has been that use of the word 'patient' implies a lack of autonomy on behalf of the customer.³ Another common argument for 'client' is that our customers are not – in general – ill. I think this is a fair point; in fact, we are unlikely to treat someone with a chemical peel or dermal fillers for example, if they are acutely unwell. However, I believe it is short-sighted to consider this point alone. Whether my patient brings a disease of the body or mind or not, they are seeking advice and usually treatment for their skin's health and wellbeing, and, in turn, their mental wellbeing. For me to consider their concern, even if it is just a frown line, I must call upon my cumulative clinical experience to establish rapport, glean a thorough history of their concern and their general health. I must then examine their skin and the issue at hand, before discussing treatment options and deciding on a mutually agreed management plan. When the time comes, I will need to obtain informed consent for whichever treatment is due to be performed. I will then administer the treatment, keeping in mind practices established in mainstream medicine (e.g. infection control).

Why I only use 'patient'

So, what is it I am highlighting here? The fact that by using the word 'patient' I am reinforcing in my own mind the responsibilities of the role I have in this patient-practitioner relationship and the standards and ethical principles on which it is based. I also wish to remind the patient of this. They are walking into a confidential environment where they may offload their grievance at their frown lines as well as any 'mental baggage' that comes along with it. This may, in turn, influence the course of our consultation and ultimate treatment plan. It reminds them that giving me a thorough medical history is important and cannot be quickly skipped over, as one does when visiting a spa for a massage. Most importantly, it reinforces to my patient that the treatment they have is a medical treatment, which brings established risks with it; for example in the case of dermal fillers, potentially rare but catastrophic complications such as blindness can occur, which certainly needs medical attention. I should add that the same applies to my team of aesthetic therapists; they are told from day one the significance and importance of using the term 'patient'. They are also seeing patients presenting with medical concerns such as pigmentation and acne and need to make

the same careful assessment, before utilising corrective treatments such as laser or chemical peels.

We have all encountered cases of sub-standard practice in aesthetics with little or no consultation and almost everything else that follows being equally as shocking. In these cases, I am sure it is a 'client' walking through the door and the relationship is very much transactional (no offence intended towards any respected colleagues who favour 'client'; it is a matter of personal choice). At the other end of the spectrum, I work in a CQC-registered clinic and whether I am faced with a rash or a person wanting lip enhancement, I am a doctor throughout, utilising my clinical experience to diagnose and ultimately ease the suffering of a rash or improve the self-esteem of my patient. Either way, not one aspect of my principles of practice from clinical to ethical, can be dismissed. The care, trust, level of intimacy and responsibility within the medical practitioner-patient relationship is unique and calling my patients 'patients' reinforces this subconscious message to all involved.



Dr Dev Patel is founder and medical director of the multi-award winning Perfect Skin Solutions. He has previously served as both a Naval doctor and NHS general practitioner. He is a UK and global KOL and speaker at various international aesthetic events and recently led the first communication workshop for Merz UK.

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2. Brinkmann, J. 2018 (Apr). Patient, Client or Customer: What should we call the people we work with? The O&P Edge. <<https://opedge.com/Articles/ViewArticle/2018-04-01/patient-client-or-customer-what-should-we-call-the-people-we-work-with>>
3. Beauchamp and Childress; Principles Biomedical Ethics, OUP, 5th edition 2001.