

Why All The Bother About Botox...

Is rejuvenation and cosmesis a need or a want? An emerging breed of doctors don't see ethics being an issue

By Dr. Usha Raman

Every time medical technology makes it possible to introduce a new way to look at the management of health, a host of attendant issues crop up, scientific, clinical and ethical. Often, in the excitement over the new possibilities, the ethical questions are either overlooked or—occasionally—brushed under the carpet.

Oculoplastics, the ophthalmic subspecialty the brushes shoulders with cosmetic plastic surgery, in the past few years has incorporated into its armamentarium treatment modalities that involve Botox injections and collagen fillers, apart from surgical techniques such as blepharoplasty. These have no doubt brought tremendous relief to people living with droopy eyelids, nervous twitches and other neuro-muscular problems that interfere with vision. They have also made it possible to bring in a whole new niche specialty into vision care—cosmetic oculoplastics. Botox for instance not only resolves—however temporarily—eyelid ptosis, but also helps

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melt away the years by removing crow's feet, lifting the sagging skin around the eyes, and smoothing away under-eye bags. So ocular surgeons now find themselves in the business not just of helping people see better or more comfortably, but also helping them look younger.

"It's a good thing, definitely!" says Dr Ramesh Murthy, a fellow at LVPEI. "Yes, we recognize that it's use is mainly functional, but there's nothing wrong with using it for cosmesis as well." He goes on to emphasize that "things are changing, people are more concerned about looking good." Increasingly, ophthalmologists across the age spectrum tend to agree with him.

"I would definitely advocate its use, both for helping medical problems as well as in rejuvenation," says Dr. K.P.S. Mallik, Safdarjung Hospital, New Delhi. "And



India is changing, more Indians can afford to think about rejuvenation therapy, and we do need to address this emerging need."

His colleague Dr Ruchi Goel agrees, adding that the Indian market needs to



Dr. Debraj Shome

be educated and "motivated" to accept cosmetic ocular surgery and options such as Botox.

The questions, however, that plague ethicists are: "Is rejuvenation and cosmesis a need or a want?" and "Should medical practice address needs or wants?"

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"The line between needs and wants is blurring, and addressing cosmetic needs—or wants, if you prefer, is simply a matter of offering choices," says Dr. Debraj Shome of Aditya Jyot Eye Hospi-

tal in Mumbai. "And this line is blurring across medical therapies," he continues. "Take cataract for instance. If a person in Mumbai or Delhi asks for cataract surgery with 6/6 vision because he experiences glare, and because he is aware of the possibility of excellent outcomes with available technologies, would you say you're addressing a need or a want?" He notes that as outcomes become more predictable, more people will wish to take advantage of treatments that offer what they perceive as a higher quality of life.

Dr. Shome is one of an emerging new breed, a small group of doctors who straddle the fine line dividing therapeutic and cosmetic oculoplastics. He does not see ethics as being an issue. "It's very

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clear to see the benefits of Botox and other cosmetic treatments," he continues, illustrating his point with a series of before-and-after photographs. "And why not offer the choice? After all, if a 55 year old has the option to look like a 30-year-old, and can afford the option, why not?"

The ethical questions, he feels, lie not in the treatment itself, but in the way practitioners offer it, and the competence with which it is offered. Dr Shome would himself draw the line at advertising such treatments, though he would not hesitate to tell someone who came to him for a related ocular problem to consider cosmesis. Dr. Noshir Shroff of Delhi's Shroff Eye Clinic too feels strongly that advertising—of any kind—is a definite no-no. "It's okay to create awareness about a new service or a treatment option, but advertising services I think should be avoided—it's just not ethical," he says. With reference to Botox, he says, "I would perhaps stop at making literature avail-



able in patient waiting areas, maybe even showing information videos, inside my clinic, but not beyond that."

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“**T**he Indian market is ready for this kind of service,” says Dr. Shome, an ardent advocate of cosmetic oculoplasty. “People are earning more, they have higher disposable incomes, and they’re willing to spend on things that make them feel and look good.” As for the ethics of using Botox itself, he feels that this is a non-issue. “The amounts in which it is used are far, far below the toxic margins.”

While Dr. Murthy feels that oculoplastic surgeons need to strike a balance between clinical and cosmetic practice, Dr. Shome predicts that gradually there will be a differentiation between the two. “I think there’s a need for a greater degree of specialization—you need



to focus on what you’re doing well, and do it even better.” The ethical questions, for him, reside in the level of practice. “And the market will see to it that only those who do a good job survive.”

But the niggling doubts remain. Is ophthalmology practice about dealing with vision problems and the pathologies of the eye, or is it about something that should belong to the beauty business? Is it okay to use medical and surgical knowledge and skills to indulge the modern mania for eternal youth and the tendency to render ageing into just another pathology?

“But it’s not an indulgence,” insists Dr. Murthy. “For many people, looking good is important.” He cites psychological studies that

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DR. RUSH GOEL

found a correlation between physical attractiveness and perceived competence.

“If the demand comes from the patient, I think it is okay, but I do not think doctors should be the ones to bring up the need for cosmetic surgery,” says Dr. Shroff. “And it’s important to tell them about the cost and the need for repeat injections, not sell it as some sort of miracle cure.”

Returning to the question of ethics, Dr. Shome says that there are many other thorny issues in medical practice that need to be debated and resolved, more important than whether Botulinum toxin should be used for cosmesis or not. “Refractive surgery, for instance, remains controversial,” he says. Dr. Shroff agrees. “Botox use concerns a very small niche population. The ethics of refractive surgery need to be more widely debated, for instance.” He goes so far as to say, “Ethics have not just been ignored, they have been thrown to the winds!”

In the final analysis, it is not the treatment itself that is ethical or unethical, as Dr. Shome points out. It is in the way individuals practice their craft

and in the level of commitment they bring to it. Ethics reside not in the science, but in the individual who applies that science. “The key, then, is to create competent individuals who practice with honesty and a high level of skill. The market then, will take care of the rest.”

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