

End to circus in plastic surgery social media videos?

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The circus atmosphere of plastic surgeons donning costumes, dancing and juggling breast implants during live surgery videos on social media may soon change.

The first code of ethical behavior for sharing videos of [plastic surgery](#) on [social media](#)—written by Northwestern Medicine authors—will be published in the *Plastic and Reconstructive Surgery Journal* Sept. 28 and presented Oct. 6 at the American Society of Plastic Surgeons (ASPS) annual meeting in Orlando.

The paper is serving as the foundation for newly proposed ethical guidelines that will be voted on at the upcoming national meeting.

"This the first step in taking the circus tent down and developing ethical rules for making and sharing plastic surgery videos," said senior author Dr. Clark Schierle, a plastic surgeon and faculty member of Northwestern University Feinberg School of Medicine. "There is increasingly vulgar content by a growing number of [plastic surgeons](#) that is not in the best interest of the patient."

No official ASPS guidelines exist regarding video sharing on social media platforms, and the need is growing based on ethical concerns, the authors said.

"We hope this will make its way into the official ethical code of conduct for board-certified plastic surgeons," Schierle said. Board-certified

plastic surgeons who belong to ASPS must agree to abide by its voluntary code of conduct.

Some plastic surgeons have gained large followings on Snapchat and Instagram by broadcasting live surgery videos that include theatrics such as dressing in costumes and dancing and flaunting removed body tissue such as abdominoplasty specimens. One entreated viewers to come for free booze and a DJ at a marketing event, while he was performing live plastic surgery.

A Miami-based, board-certified plastic surgeon was the first to post theatrical videos several years ago. Now copycat plastic surgeons in major metropolitan areas "are jumping on this bandwagon, trying to replicate his success," Schierle said. "The crazier, more obscene and edgy the better as far as grabbing attention on social media."

In one post, Schierle saw a plastic surgeon cradling an abdominal tummy tuck specimen in his arms like a baby and then used a Snapchat filter to put an "infant's" face on it.

"This is inappropriate handling of human tissue for entertainment purposes," Schierle said.

The ethical conduct guidelines, which Schierle wrote with first author Robert Dorfman, a third-year medical student at Feinberg, is based on the four guiding principles of medical ethics dating back to Hippocrates.

The four principles of medical ethics include: 1) respect for autonomy of the patient; 2) beneficence or promoting what is best for the patient; 3) nonmaleficence, also known as "do no harm" and 4) justice. Related principles include disclosure and informed consent.

Finding the line between appropriate and inappropriate behavior isn't

easy, Schierle said. "It's like pornography. I know it when I see it, but how do I define it?"

Ethical guidelines need to consider changing tastes, he acknowledges.

"Something that was distasteful 20 years ago may now be considered commonplace, whether it's tattoos or body piercing," Schierle said. "We live in a sharing society where people are used to sharing online and having their privacy violated willingly."

The challenge is to come up with an ethical framework that bridges "old fashioned" with "hip and cool," Schierle said. "We have to find boundaries we can all agree on as a society that provide a framework for proper [ethical behavior](#) in the setting of patient care."

Many [plastic](#) surgeons question the ethics of broadcasts done more for the purposes of entertainment and marketing than education, the authors said, and have called for the development of more structured oversight and guidance in this area.

The surgeons are not filming the videos for educational purposes. "It's about notoriety," Schierle said. "It's about showing the most outrageous content to attract more viewers and build your business."

Even when surgeons obtain consent to post videos on social media, Schierle and Dorfman question the validity of the consent.

"The relationship between a doctor and patient still remains somewhat hierarchical," Schierle said. "The patient may feel coerced—even if subconsciously—to participate in being filmed in order to be a 'good patient.' There is an inherent power disparity."

Some [patients](#) may request to have their video shared on social

media—particularly those who sought out the surgeon based on his or her social media presence—as a way to experience their own brief moment of fame, Dorfman said.

But patients risk their images being copied, manipulated and redistributed, as well as possible revelation of their identity. They may not realize that a [video](#) on Snapchat, which disappears in 24 hours, may be screenshot and posted on YouTube or any other website where it can live indefinitely, Dorfman said.

He calls for greater transparency about the risks involved including the permanency associated with posting videos on social media and the Internet.

There also is the risk to the patient of having a distracted surgeon. "Instead of focusing on providing the most efficient surgical procedure to help the patient, the surgeon is distracted by hamming it up for the camera," Schierle said.

And the videos can misrepresent the risks involved with undergoing a surgical procedure.

"When surgeons are dancing in the operating room, people may misperceive surgery as this lighthearted event," Dorfman said. "Yet there are risks associated with going under the knife, such as infection, excessive bleeding or possibly blood clots. The videos may be giving some people false illusions of what surgery is actually like."

Provided by Northwestern University

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