

Elective Report : Decatur ENT – Cosmetic Surgery , Decatur, AL, USA

- What are the prevalent trends in facial cosmetic & reconstructive surgery in the USA? How do they differ to the UK
- How are cosmetic surgical services organized and delivered in the USA? How does this differ from the UK?
- What social and cultural factors are involved in the decision to approach cosmetic surgery in the USA
- Reflection assessment on my progress.

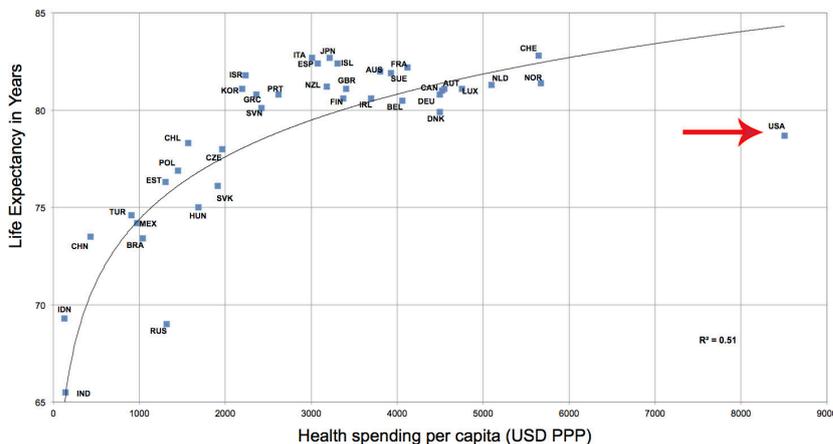
Facial cosmetic surgery is approached in a fiercely capitalistic, and privatized system in the USA. The privatized nature of healthcare delivery in the USA, has given rise to a number of private providers of cosmetic surgery, which has also in turn created more demand. Services offered, have created more demand, through public awareness, disposable income, and concentration on appearance.

To fully appreciate this we need to examine the nature of healthcare and its delivery in the USA.

The USA have one of the most advanced systems in the world. With a total population of over 300 million people, and the average life expectancy of between 76-81 makes the US one of the best places to live in the world. Healthcare however is a very different story.



Using OECD data, we can see how much money different countries spend on health care per person, charted against life expectancy in each of those countries. There is a close relationship between health-care spending and life expectancy. Except for one very, very notable country, the USA.



Among this group of big countries, the U.S. spends far and away more on health care than any other. And yet it has among the lowest life expectancies of any developed country. People live longer in pretty much every country in Europe, including Greece, where the economy

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May 2014

has been wracked by austerity for years.

The U.S. ranks 46th among 48 developed economies in health-care efficiency, according to a Bloomberg ranking, below China, Iran, Colombia and, most other nations.

So why is the American system so poor? Largely because it is built for profit. Unlike many other countries, the government has no role in either providing care or setting prices, and so prices skyrocket. It's also too complex, which is one reason the Affordable Care Act, President Obama's signature reform law, has gotten off to such a bad start.

Until now, people would pay for private healthcare insurance. Many employees would expect to receive benefits from their employers by way of having health insurance. Premiums are paid, as a lump sum either monthly or annually. They offer the patient cover for x amount in case of ill health. However, patients are liable for a "deductible", known in the UK as an excess. This system, like in car insurance, requires the plan owner to pay for the initial premium, and the initial cost of treatment until a certain limit, after which the insurer will pay. Once the deductible limit has been reached, all subsequent costs are then free to the patient.

The insurance plan that people purchase will naturally vary depending on premium, options, and pre-existing conditions. Some insurers will allow you to see any doctor you want, but most require that you see only preferred doctors that insurers have pre-approved. In a free market, where regulation is at a state level, physicians undergo an additional validation processes by way of approval by insurance providers. Poor doctors will be rejected as a preferred provider, and hence a system now exists where regulation works by threat of not being paid by insurers.

If a specialist is required, a primary care doctor/internist will be involved to make the referral and this signposting is usually required though not always.

In 2013 the Affordable Healthcare Act aka 'obamacare' was initiated into US Law. It keeps insurance companies active but has had the effect of forcing some people out of their insurance plans. This is often because of massively increasing deductibles/premiums. People who liked their plans, premiums, and doctor, are being forced, to drop their plans as their premiums have soared by hundreds/thousands of dollars. Furthermore, Obamacare is not accepted by all doctors, and patients who have this plan, can be refused treatment as physicians are often not repaid.

The aim was to get 40 million Americans insured however, due to all the problems, and errors made, many people may now be insured, but cant find a doctor to see.

The British National Health Service however operates differently. The NHS Systems are primarily funded through central taxation. They provide a comprehensive range of health services, the vast majority of which are free at the point of use for people legally resident in the United Kingdom.

Cosmetics are offered as a purely private venture, which are not covered by insurance in the UK or USA. They operate under a demand-supply model and evidence of work done and results will add credence to the quality of the surgeon. This will indeed mean that the best surgeons, will get more business and the worst will lose business. This is largely the same in the UK. However, due to the lack of regulation on both sides of the Atlantic, we are now seeing more non-specialist physicians offering cosmetic procedures, e.g. cardiologists offering botox.

We live in a society obsessed with looks and yet the very women who are worried about their own appearance shield the lengths they're prepared to go to change the way they look. People have surgery not only to impress others, they do it to impress themselves. For many people, it's about getting their confidence back. This I think is universal, and is a feature I have seen in the UK and USA.

The idea of growing old gracefully - wrinkles and all - seems anathema to a growing number of Britons.

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The cosmetic procedures industry is booming. It has undergone an estimated five-fold increase in turnover in a decade. At any period that would be astounding growth - in the teeth of a recession it is all the more astonishing.

In particular, there has been a surge in non-surgical treatments, such as dermal fillers and Botox. An independent review has revealed a shocking lack of regulation over these 'injectables', and it called for a range of measures to protect patients.

On reflection, seeing the availability of cosmetic providers in the UK and USA, it is clear we are becoming a society more focused on aesthetics and looks. I do not think we should ever judge people for undergoing cosmetic procedures, as it may be a confidence building exercise. I have learnt techniques, best practices and good ways to increase my chances of a successful cosmetic clinic of my own.