



Better Healthcare Newsletter from Patrick Malone



Dear Jessica,

At what price beauty? How about [\\$16.5 billion](#) — that's what Americans forked over in 2018 for 17.7 million procedures to alter their appearance. They paid for bigger breasts, more ample bottoms, tauter tummies, sculpted noses and more. They suctioned the plump out of thighs, hips, arms, necks, and chins, and toned up the skin.

To better their looks, patients let themselves be cut upon, injected, and treated with many different medical devices, some implanted. They were frozen, sanded, blasted with lasers, injected with substances (some toxic), and doused with acids. Women (mostly)

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BY THE NUMBERS

17.7 million

Estimated number of cosmetic procedures Americans underwent in 2018

\$16.5 billion

Estimated spending by Americans in 2018

and men elected this work and paid for it from their own pockets — with zeal and sometimes far too few questions.

But all body treatments, especially the medical kind, carry risks. And, while most patients fare fine with cosmetic therapies, some do not, especially if surgeries and anesthesia are involved. This area of care is fraught with persistent blowups over its quality and safety, with news reports of infections, injury, disfigurement, and even brain damage and death.

That offers an important reminder: It's critical for patients to research as much as possible the people who will treat them. They need to look hard at care-giving facilities. Before undergoing any procedure, they can benefit by knowing what it entails. Ignoring common-sense precautions can be harmful, even deadly.

But the savvy protect themselves — and in this newsletter we detail ways to do so. *

*If you see type in this newsletter with a different color, that indicates there is a hyperlink that you may click on for further information.

Patients can pay hefty price for pursuing 'better' appearance



When patients seek to improve their appearance and the care goes wrong, the results can be dire, as some recent news reports underscore.

- In Florida, the state legislature finally was [prodded into some reforms of medical regulations](#) after newspaper investigations found that [more than a dozen women died after undergoing assembly-line body-sculpting surgeries](#). One patient died when her doctors at a clinic injected fat for a “Brazilian butt lift” so deep into her muscles it traveled and collected, instead, in her lungs. Another patient languished for six hours in a facility’s back room after she went into kidney failure during her plastic surgery. Her mother found and rescued her. A 64-year-old

on cosmetic plastic surgery

8%

Estimated percentage of adult males who underwent cosmetic procedures in 2018

Five

Ranking of most performed cosmetic surgeries (in order): breast augmentation, liposuction, nose reshaping, eyelid operation, 'tummy tuck'

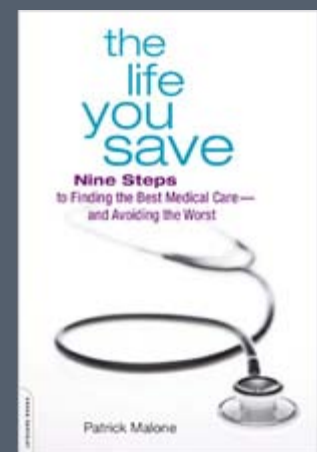
QUICK LINKS

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[The life you save](#)

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woman received lethal doses of opioid painkillers during her face lift. These fatalities occurred over a decade in what became a “hot spot” in South Florida for Latino and black women to get cosmetic operations. A dozen more patients who had these surgeries required hospital care for critical injuries, including punctured internal organs. State health officials repeatedly cited operators for “serious violations ... including dirty operating rooms and sales agents with no medical licenses determining the appropriate surgeries for patients.” Until lawmakers acted, officials lacked the power to shut down the clinics, some of the worst of which were run by felons. But even when lawmakers imposed tougher rules on cosmetic procedures, they cut out requirements that clinic operators get criminal background checks to be licensed.

- In Mexico, at least [one patient died in a Tijuana hospital](#), and [a dozen U.S. residents returned from weight loss and cosmetic surgeries there](#) with infections involving a “rare and potentially deadly strain of bacteria resistant to virtually all antibiotics,” the federal Centers for Disease Control and Prevention (CDC) said in an unusual warning. The “superbug” infections occurred in patients seeking cheaper procedures, including surgeries for their looks, in Mexico — a top 10 site among the estimated 1.7 million, globe-trotting U.S. “medical tourists.” Superbug infections imperil individuals because they’re tough to put down. They also can spread, especially in hospitals where infected patients get treated. The rise of these cases underscores global concern about life-saving antibiotics losing their effectiveness due to overuse and abuse.
- In suburban Washington, D.C., federal regulators found themselves [besieged by angry women this spring when they took public testimony about breast implants](#). The devices have been used in reconstructive operations for breast cancer and other disfiguring diseases. But they also have grown popular to augment breast size. The FDA has been [under fire for decades about implants](#), mostly banned in 1992 but allowed anew in 2005. Experts long have debated whether materials in the devices, notably silicone though not necessarily saline fillings, may harm women’s health. New concerns have developed over their surface texturing, which is supposed to help in the surgery but may [affect tissues surrounding the breast, leading to spikes in reported cases of rare cancers](#). The maker of the textured implant and its collateral materials has [withdrawn them at the FDA’s request](#). The agency is considering new, tougher oversight of the devices, including “black label” warnings about their risks.



Read our Patient Safety Blog, which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



PAST ISSUES

Let's praise medical malpractice lawsuits
All about vaccines: What you and your family need and why
Coping with crushing medical bills
Some insights into eyesight, and how to take care of our aging eyes
Counting the many ways women are mistreated by the medical system

You Can Eat This... But Why Would You?

Looking Ahead: Preparing for Long-Term Care

Managing Chronic Pain: It's Complicated

Secure Health Records: A Matter of Privacy and Safety

Standing Tall Against a Fall

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- In Jacksonville, Fla., lawsuits showed that a [father-son surgical team continue their same problematic plastic surgery practices](#) — this after settling 290 medical malpractice suits that asserted the two men botched breast-implant procedures that left women disfigured and in severe pain. The plaintiffs sued because they said the surgeons put implants in them far larger than they wished, with some women finding black mold in the devices. The Florida Times-Union reported: "Some said the surgeries left them with stabbing pains. Most of them said the surgeries left their breasts hardened, misshapen and uneven. They also pointed to medical records that said they were given ketamine, a tranquilizer, as a sedative — [the surgeons] didn't use an anesthesiologist or a nurse anesthetist, according to the medical records — and subsequently hallucinated or woke up during the surgeries."

Statistically, appearance-improving procedures, when performed by well-trained, experienced, and skilled medical professionals in solid settings (good hospitals and clinics), can [be safe, without complication, and satisfying for patients](#), research shows. But even among celebrities, the affluent few who have helped to popularize “work” to improve one’s looks, [a rising number of voices are expressing doubts and concerns](#), USA Today reported: “A-listers and wannabe A-listers have doled out thousands of dollars for top-notch surgeries, and some have suffered dangerous consequences as a result. In recent years, stars like Sharon Osbourne, Heidi Montag and Yolanda Hadid have become vocal about the lengths they went to with their cosmetic procedures and the ramifications of their plastic surgeries.”

As Hadid, a former star of the Real Housewives of Beverly Hills, posted on social media about her struggles with Lyme Disease and the cosmetic procedures she had: "Living in a body free of breast implants, fillers, Botox, exstensions (sic) and all the [expletive] I thought I needed in order to keep up with what society conditioned me to believe what a sexy woman should look like until the toxicity of it all almost killed me. Your health is your wealth so please make educated decisions, research the partial information you're given by our broken system before putting anything foreign in your body."

Still, the popularity of appearance-focused treatments keeps soaring, with technology changing fast and business models shifting as rapidly. The number of both surgical and noninvasive procedures has increased steadily for the last five years, and there were 250,000 more of them in 2018 than the year before, the plastic surgeons' society says. With the average surgeon fees for a face lift hitting \$7,655 and a chemical peel running in excess of \$660 for one treatment, cosmetic procedures can be lucrative for providers.

That has spread the business in unexpected ways, with patients no

longer relying on doctors and hospitals alone. Instead, treatments now occur in offices, clinics, free-standing surgical centers, and hybrids and crossovers like “medical spas.” Depending on the state and the treatment, procedures may be carried out by doctors, dentists, physician assistants, nurses, nurse practitioners — and, yes, aestheticians.

Anesthesiologists play a key part in more involved cosmetic surgeries, adding the [concerns and complications](#) of their specialized practice. At the same time, practitioners say they are pursuing less invasive treatments that may be provided not only by highly trained specialists like dermatologists but also, perhaps, by individuals with less training and expertise.

This creates challenges: Those who undergo cosmetic work need to be sure they know exactly what they're getting in to in an industry where expectations can exceed realities. If patients are disappointed in results, they may not have legal recourse over aesthetic disputes, as opposed to harm to other parts of the body. But the grays may be getting grayer in this field. If beauty is in the eye of the beholder, can patients forgo surgical face lifts by receiving, instead, injections of fillers or Botox? Products derived from the bacterial toxin botulin are used to deal with wrinkles by temporarily paralyzing facial muscles. If those with cosmetology training can pour caustic chemicals on hair, can they also apply acids to the skin or sand it or zap it with lasers?

Cosmetic care facilities come with their own challenges. Hospitals have become so pricey that practitioners have moved to less costly sites. Maryland and the [District of Columbia](#) cracked down on [med spas after infections](#) — including a death — occurred among patients. USA Today and the Kaiser Health News service have raised [significant questions about the safety and quality of care at free-standing surgical centers](#), where the drive for profits can leave patients vulnerable to harm, including [problems with anesthesia](#) and the facilities' inability to assist patients when dire situations develop. (See the nightmare with [comedienne Joan Rivers in a clinic's care](#).) Regulators and lawmakers may feel as if they are always chasing after changing practices in treating patients' looks. Who, for example, not only will handle the care but also [oversee and take medical responsibility for cosmetic treatments](#) in offices, clinics, and med spas? Must a professional holding a high medical credential be on site, or can one doctor, say, supervise procedures occurring at multiple locations in proximity? [Maryland has wrangled with these issues](#) and has issued regulations on them.

Patients' scramble to find sound information and make good choices about their cosmetic care can be even tougher if they choose — for the sake of cost or convenience, or even because they may be following a trend — to travel in the United States or abroad for their procedures (See sidebar).

Dig in and learn all you can about

doctors, nurses, care facilities



To get safe and excellent medical care, patients may wish to start by researching and finding a generalist doctor they can rely on to provide them sound diagnosis and direct care. Your doctor may refer you to specialists, and you want to have confidence in her judgment.

Finding reliable information about doctors isn't always easy. But the internet has moved key resources online to patients' potential benefit. Uncle Sam provides resources ([click here](#)) that include links to state medical licensing and state medical board complaints.

[Consumer Reports](#), in a [valuable article](#), points out that patients need to know doctors' qualifications by digging to learn where and how they were trained and their hospital affiliations. That's just for starters.

If patients want medical help with their looks, it may be vital for them to learn if their doctors have specialized training in cosmetic operations. Research shows [there's a sweet spot for surgeons](#), where they handle a high enough number of specified procedures to obtain and maintain optimal outcomes. Patients may wish to think carefully about a surgeon with a calendar too open or too packed.

But surgical qualifications have become a freighted topic for those who specialize in improving patients' looks. (There are [dozens of medical groups active in cosmetic or aesthetic treatments](#), by the way — and the list can be daunting.) Details about surgical credentialing are available at the websites for the [American Society of Plastic Surgeons](#) and the [American Board of Cosmetic Surgery](#). (Both groups also assist patients online in finding their certified members, the [plastic surgeons by clicking here](#), the [cosmetic surgeons by clicking here](#).)

The plastic surgeons are part of the [National Board of Medical Specialties](#). The umbrella group is made up of two dozen respected specialist organizations that oversee the training and certification of practitioners including internists, anesthesiologists, pathologists, pediatricians, dermatologists, and more. The state of [California](#), by the way, has [rejected a plea from cosmetic surgeons](#) to advertise themselves in the largest market in the nation as “board certified,” if that qualification comes from the American Board of Cosmetic Surgery.

In brief, there is a notable difference between plastic and cosmetic surgeons: Plastic surgeons, as the cosmetic surgeons agree, must complete for their board certification “an integrated residency training that combines three years of general surgery and three years of plastic surgery or an independent, five-year residency program in general surgery followed by the three-year plastic surgery residency program.”

Compare that with what cosmetic surgeons require: “Each surgeon who is board certified by the American Board of Cosmetic Surgery has completed a one-year, American Academy of Cosmetic Surgery certified fellowship training exclusively in cosmetic surgery. During this fellowship, surgeons receive thorough training in *all* cosmetic surgery procedures of the face, breast, and body, plus non-surgical cosmetic treatments, performing a minimum of 300 individual cosmetic surgery procedures. This fellowship training is in addition to completing a 3-5-year residency program in a related discipline.”

Hint: That phrase “in a related discipline” may mean that cosmetic surgeons may have studied but not specialized in surgery in their medical training. They may be an internist, obstetrician, or a pathologist.

A challenge for patients is to see what experts call practice *drift*: Because many states allow it, doctors may perform procedures for which they may not be “board certified.” They also may medically supervise others in performing certain procedures allowable under the oversight of anyone who is a licensed M.D. Yes, in some states, an obstetrician-gynecologist or a psychiatrist might provide medical oversight for facilities offering a range of cosmetic treatments.

This makes sense, in some ways, perhaps. In times past, a general practitioner in a small American town might do everything from delivering babies to stitching up gashes to taking out tonsils and appendixes. Over time, though, doctors have specialized — to deal with extensive knowledge, training, and experience required in the increasingly complex practice of medicine. But some doctors drift: For many patients, their cardiologists serve not just as their heart specialist but also as their internist or family doctor, handling their overall care.

Many doctors themselves try to be careful about not exceeding appropriate bounds. Their colleagues, medical licensing boards, and hospitals are supposed to provide due restraint. But it’s [worth digging into the case of Christopher Duntsch](#), a doctor who was trained in cancer research but who morphed himself into a back surgeon in Dallas. Nicknamed “Dr. Death,” Duntsch created such surgical havoc for patients that local prosecutors stepped in to halt his maiming spree.

His case provides a reminder that another key check on doctors — their hospital privileges — shouldn’t be taken as an unquestioned plus: Hospitals are supposed to check out the doctors whom they

allow to work in their hallowed halls. But they also can [keep silent about bad practitioners](#) and let them go elsewhere for fear of lawsuits.

That said, when patients check out hospitals, there's a lot more information available on them than, say, many stand-alone or overseas clinics, offices, or other treatment facilities. Hospitals are licensed and subject to regulation and inspection by federal, state, and local officials. Different groups publish hospital quality and safety data, which institutions criticize as unfair because they may not reflect, say, that some hospitals take more and sicker patients. Those issuing ratings include U.S. News and World Report ([information accessible by clicking here](#)), the nonprofit and independent health improvement group Leapfrog ([click here](#)), and Uncle Sam, with data from the federal Centers for Medicaid and Medicare Services (CMS), whose information is available [by clicking here](#).

Our firm on its website provides a map loaded with data on DC [area hospitals' quality and safety](#) ([click here](#)).

States and the federal government both regulate surgical centers and clinics. But information on them hasn't become as readily accessible as the hospital data has — the hospital information gets published with institutions kicking and screaming that it gives an unfair picture of their work. Leapfrog has begun a program to [better inform the public about the quality and safety of free-standing surgical centers](#), with a report planned this year with overall, industry data. Public breakouts of information about individual centers, Leapfrog has said, won't be available until at least 2020.

Beauty may be fleeting. But patients want their health to be strong, long lasting



Sure, it appeared in a part of the New York Times devoted to style, fashion, and the lives of the coolest urban denizens. But what to make of the recent story headlined: "Are You Ready for Drive-Thru Botox? A new wave of beauty bars aims to make injectables as easy as a Drybar blowout." The piece's many breathless observations included this one:

“In 2018, injections of Botox — the No. 1 aesthetic procedure since 1999, according to the American Society of Aesthetic Plastic Surgery — were up 16.3% from the year before. Fillers were up 12% in the same time frame. Both procedures require regular top-ups. With that popularity comes, almost inevitably, a wave of places that specialize in these injections, aiming to make them as accessible (walk-ins welcome!), acceptable and fun (in name, if not in needle) as a Drybar blow-dry.”

The piece goes on to describe the rise of “beauty bars” in New York, Los Angeles, and Miami. At these enterprises, the trendy drop on average a few hundred dollars per visit and can choose among services such as the \$1,099 “Instaready Cheeks” or \$240 “Goodbye Gummy Smile.” At the tail end of this yarn comes important information that might raise your eyebrows — if you can after all that Botox:

“What may get lost in all the merriment is that these are medical procedures with risks, and not all places have a doctor on-site. Rules about who can inject vary from state to state; New York allows physician assistants and registered nurses to do so. Grant Stevens, the president of the American Society of Aesthetic Plastic Surgery, said he is less concerned about Botox than fillers. Complications can include a Spock eyebrow or a dropped lid from injecting the wrong muscle, but the effects are temporary. Still, he notes that living with facial asymmetry even for a few months can interfere with one’s work and quality of life. Fillers, however, can be injected into the wrong place — between blood vessels, for example — resulting in complications that can include blindness. ‘It’s not as rare as we would all like to think,’ said Dr. Stevens ... he suggests asking, at the very least, if your beauty bar of choice has a ‘crash cart,’ which includes vials of a ‘doggone expensive’ enzyme called hyaluronidase that can reverse an inadvertent intravascular injection of hyaluronic acid fillers like Restylane and Juvéderm. Fillers like Radiesse, which are made of other substances, are not reversible, he said. ‘Give it all the cute names you want, but it’s not a hair salon,’ Dr. Stevens said of the new breed of beauty bars. ‘It’s the practice of medicine.’”

Indeed. And that means that as the number of cosmetic procedures rise, so, too, do the health risks and consequences. [Medical errors already claim the lives of roughly 685 Americans per day](#) — more people than die of respiratory disease, accidents, stroke and Alzheimer’s. That estimate comes from a team of researchers led by a professor of surgery at Johns Hopkins. It means medical errors rank as the third leading cause of death in the U.S., behind only heart disease and cancer. Patients, of course, may elect all manner of medical services, but they may wish to remember that [the list of medical issues that can arise in cosmetic procedures](#) include bleeding, bruising, infection, nerve damage, and scarring. Invasive or non-invasive, treatments for looks can leave patients in pain and discomfort, with bloat and inflamed areas (highly visible on the skin). They may put themselves out of commission (work and socializing) for stretches as they recuperate. They may [weaken relationships](#), for

example, by losing due to fillers or repeated Botox treatments the facial plasticity that's a key part of human, nonverbal communication.

As practitioners push the boundaries in cosmetic treatments, experience shows it can take time for patients, regulators, and lawmakers to take stock of harms:

- In California, it took two years before officials, lawsuits, and customer unrest brought down a big-advertising chain of centers that promised to improve patients' appearance by [lap-band weight-reduction surgeries](#). The centers were implicated in deaths, infections, unsanitary operating conditions, and risky procedures.
- Practitioners, patients, lawyers, and regulators nationwide had to [sound alarms over liposuction procedures](#) involving local injections of numbing lidocaine, [the risky "awake" version of this cosmetic procedure](#). Proponents claimed this reduced the costs for and potential harms of full anesthesia. But lidocaine is no simple painkiller. Too much of it injected into a patient's system can get into the heart and numb nerve fibers that transmit the electrical impulses that make the heart beat. This can cause the heart to stop or develop a rhythm disturbance, as occurred with a client of our law firm who went into an irreversible coma after a neck-and-chin liposuction.
- Multiple medical organizations in the cosmetic field now are [expressing wariness about a fad associated with the ubiquitous Kardashian clan: the posh posterior](#). Experts have posted online that the "popular Brazilian Butt Lift procedure has resulted in an alarming rate of mortality, estimated to be as high as 1:3,000, a rate of death far greater than any other cosmetic surgery." The operation, which involves grafting significant amounts of fat in one area of the body, is more complicated and demanding than some surgeons may estimate, the experts warn. Patients also are suffering marked rates of post-surgical complications.

Although Americans may be among the global leaders in their obsession with looks and spending money on them, [other nations also are seeing cosmetic procedures burgeon](#) and dealing with the consequences. Leave it to the British to be thought leaders. Under the banner of the [Nuffield Council on Bioethics](#), a UK [blue-ribbon group looked hard at plastic and cosmetic treatments](#), saying:

"We believe that a key ethical concern with respect to the provision and use of cosmetic procedures is the role played by a commercially driven industry in a social context of significant dissatisfaction and distress about personal appearance. By developing invasive cosmetic procedures that are marketed in line with prevailing appearance ideals, the industry plays an important role in reinforcing those ideals.

In doing so, it contributes to the public health harms associated with poor body image. Such appearance ideals are a further source of concern where they feed existing negative and discriminatory attitudes with respect to factors such as age, gender, race, class, and disability.”

The British experts said it was confounding to see so much spent by individuals, though, “it is important that people have the opportunity to make free, individual choices about the procedures that they might wish to consider. However, the social pressures [for cosmetic work] have the potential to limit, rather than extend, the choices that individuals see as being open to them.”

Modern medicine has recognized that patients can go overboard in altering their appearance. They may suffer from a [mental condition known as body dysmorphic disorder](#) — “a relatively common and disabling psychiatric disorder characterized by excessive and persistent preoccupation with perceived defects or flaws in one's appearance, which are unnoticeable to others, and associated repetitive behaviors (e.g., mirror checking).” Patients who seek frequent and excessive treatment for their looks may be referred by [surgeons, dermatologists, and dentists for mental health assessment](#), with the popular E! Entertainment cable television show “Botched” a [graphic explanation why](#).

But maybe, especially with our pop culture so powerful, we Americans all need to look in the mirror and rethink our emphases on youth, beauty, and physical appearance? The standards for all these shift rapidly, and what may be desirable today may change in a blink. What global cultures fancy as looks to die for — like the elaborately made up geisha — may not appeal elsewhere. Is skin-deep beauty worth risking our health, well-being, and wealth for? Of course, here's hoping you and yours know how gorgeous you are in your own way — and you stay fit and full of vim throughout 2019 and beyond!

Cosmetics can pose risks, too



Thinking about traveling to a foreign country for cosmetic treatment? Read this first.



American consumers can put their health at risk

with cosmetics too. This is a [\\$532 billion industry](#), with goods described this way by the [federal Food and Drug Administration](#):

“Products intended to cleanse or beautify are generally regulated as [cosmetics](#). Some examples are skin moisturizers, perfumes, lipsticks, fingernail polishes, makeup, shampoos, permanent waves, hair colors, toothpastes, and deodorants. These products and their ingredients are not subject to FDA pre-market approval, except color additives (other than coal tar hair dyes). Cosmetic companies have a legal responsibility for the safety of their products and ingredients.”

Cosmetics not only [carry high costs](#), but due to “a lack of federal regulations, the watchword for consumers of cosmetics and personal care products should be caveat emptor: Let the buyer beware,” Jane Brody wrote recently in the *New York Times*.

Citing a [recent editorial in the Internal Medicine publication of the Journal of the American Medical Association](#), Brody said that, despite a [\\$26.3 million lawsuit settlement involving 200 women](#), a hair-care maker continues to tout the benefits and safety of its products, about which federal regulators have received more than 20,000 complaints of hair loss or scalp damage. She says the incidents involving the WEN product line show the flaws of relying on makers to voluntarily report “adverse” results with “articles intended to be rubbed, poured, sprinkled, or sprayed on, introduced into, or otherwise applied to the human body ... for cleansing, beautifying, promoting attractiveness, or altering the appearance.”

This differs significantly from more stringent (yet not always effective) federal measures requiring, say, drug and medical device makers to report cases in which patients are harmed or worse.

[Northwestern University researchers, analyzing a dozen years of voluntarily submitted complaints by consumers and health care professionals about beauty products](#), found about 400 beefs filed annually, with “the three most commonly implicated products were hair care, skin care and tattoos,” and “significantly higher than average reports of serious health outcomes” involved products for babies, personal cleanliness, and

It sounds alluring: Dash off to Argentina, Brazil, Costa Rica, the Dominican Republic, Malaysia, Mexico, the Philippines, Poland, South Africa, South Korea, or Thailand. And while the family or significant others relax and play, why not undergo what may seem to be lower-cost procedures for your looks?

Experts say [patients should think hard about traveling elsewhere](#) to get major medical services.

It’s true that doctors, hospitals, and clinics overseas can be first-rate. They may seem more affordable because the health systems they operate in aren’t burdened with the many complex factors that make American medical care the most expensive on the planet. But the prices patients may be quoted may mislead, and they don’t address challenges that medical tourists or vacationers may encounter.

You may not, for example, be able to research and verify the credentials of the medical personnel who will work on you. You may get information on key personnel. But you can’t be sure that licensing and regulatory standards across the globe will as rigorous as you may find stateside. Once you’re under anesthesia, how can you know if a less skilled associate will perform your surgery, while the marquee pro wanders from operating suite to suite “supervising.” What will you know about one of the key specialists in the operating room: the anesthesiologist or the nurse anesthetist? And how well-trained are the nurses who will provide much of your front-line care?

That raises other issues about medical travel: If you will be in a non-English-speaking area, how will you communicate with medical staff — and how well will you understand their explanations of procedures and recuperative steps?

Speaking of which, how safe is the hospital, clinic, or care facility you plan to visit? What information can you find about their rates of infections — an important measure to know if you’re going under the knife. What do you know about medical equipment and devices that may be used, even implanted in you, during a cosmetic procedure? Are they safe, proven, and of highest quality? Are they compatible or familiar enough so if issues develop later, an American specialist can deal with them?

hair care.

Indeed, a recent study published in the medical journal “Clinical Pediatrics” warns adults that kids find them alluring and get into cosmetic products — including nail polish, perfume, hair relaxer, moisturizer, skin oil and deodorant — in distressing numbers, requiring emergency room care.

Consumers may talk to friends and neighbors about their cosmetic complaints. They may turn to doctors and nurses. But when most Americans have problems with beauty items, they rarely turn to the federal Food and Drug Administration or other regulators, the researchers found. The FDA would like to change that and is encouraging more voluntary reports.

Meantime, Consumer Reports says that it has scrutinized the abundant products that claim to “help stave off thinning hair, fine lines on the skin and dry, brittle nails. Among these are a slew of dietary supplements, some topping \$100. These commonly contain antioxidants such as vitamins A, C and E, or coenzyme Q10, as well as biotin, a B-complex vitamin. The minerals manganese and selenium are often found in supplements marketed for healthy hair, along with fatty acids such as fish and flaxseed oils.” The bottom line? “For healthy people, there’s no good evidence that supplements can make a difference,” despite the huge sums Americans spend on them.

Cases are still working their way through the civil justice system. But consumers may wish to pay attention to growing evidence of health harms when products get applied to the skin. Johnson & Johnson is fighting hundreds of suits and has been ordered by judges and juries already to pay sums as large as \$29 million to individuals who allege they got cancer from longtime use of talc. Plaintiffs say the talc was tainted with asbestos, a known cancer cause. Asbestos and other problematic substances have been found in cosmetics, including those from Claire’s, a line popular with young people.

Monsanto is fighting a sizable number of lawsuits asserting that patients got cancer due to exposure, including by absorption through the skin, to its popular herbicide sold as Roundup. The FDA itself is talking differently about sunscreens. They provide important safeguards

Where, too, will you recuperate, and how much post-op care can you expect? Patients may underestimate how demanding medical treatments may be, failing to realize the pain and discomfort and physical drain that can accompany major surgery. Medical tourists may find their situation more uncomfortable if their accompanying loved ones expect them to leap out of bed and go hiking, snorkeling, or on other strenuous adventures in a novel venue. (Think long and hard before you do these things if you just had surgery.)

Before you take the leap for medical travel, it may benefit you to talk with your primary care doctor. You’ll need her help, too, to ensure you have a copy of your medical record for that conscientious overseas specialist to pore over. You’ll need vaccinations appropriate for the area you plan to visit. You, of course, need your home doctor’s green light about your current health and whether you’re a suitable candidate for a procedure, including your doctor’s counsel on issues you may need to think about with long and potentially difficult air travel these days.

Your home doctor may want to schedule time to check in on you as soon as you’re back. And, by the way, you also may wish to discuss with her another key contingency: If an emergency occurs, how will you get home (there are specialized services and insurance for this) and who might then assist you?

against users' getting harmed by the sun and its UV rays. But investigators also have found that chemicals in the products seep quickly into the blood and are detectable at higher than accepted levels. Sunscreens are still deemed safe, and experts say they should be used for their beneficial results.

Recent Health Care Blog Posts

Here are some recent posts on our patient safety blog that might interest you:

- Neil Armstrong served as a naval aviator, test pilot, federal administrator, and a university professor. He earned his place in history as the first astronaut to walk on the moon. The American hero, who spoke the legendary phrase about “one small step for man and one giant leap for mankind,” also now offers [a textbook case about malpractice in health care](#). [Can others avoid these by learning about what happened to him?](#) As the nation celebrates the 50th anniversary of Armstrong's Apollo 11 flight, an anonymous tipster has disclosed information to two news organizations that his death was due to botched care. His family, which included a lawyer who represented their interests, reached a \$6 million settlement with the community hospital involved.
- Would passengers want to be aboard a jet whose pilot flew just once a year? If rigorous tasks benefit from regular, quality practice — and they do — then [why do hospitals allow low-volume surgeons to undertake procedures they rarely perform?](#) That's a tough question posed by new research from the Leapfrog Group, a national nonprofit organization seeking to improve the quality and safety of American health care.
- For kids, women, and seniors, the three letters U, T, and I long described an uncomfortable, inconvenient, and embarrassing condition. The time, though, may have past for the swift and easy relief that diagnoses of urinary tract infections once might have brought. Instead, doctors are expressing concern that [the bugs that cause all-too-common UTIs are becoming different and antibiotic resistant](#). As the New York Times reported, the shifts already are meaning “more hospitalizations, graver illnesses and prolonged discomfort from the excruciating burning sensation that the infection brings.”
- Even as the nation grapples with an opioid- and drug-overdose crisis, alcohol, one of the oldest intoxicants known to mankind, causes significant harms, including to as many as [a fifth of American grownups who have suffered harm due to drinking by others and not themselves](#). A newly published study, based on data from a survey of 8,750 men and women, finds that as many as 53 million American adults experience any of a dozen

designated harms due to boozing by others, CNN reported. The injurious actions include: harassment; feeling threatened or afraid; having belongings ruined; having property vandalized; being pushed, hit or assaulted; being physically harmed; being in a traffic accident; being a passenger in a vehicle with a drunk driver; having family or marital problems; and having financial trouble

- The blame and shame for the opioid-drug overdose crisis that kills tens of thousands Americans annually has moved to yet another set of individuals and institutions now — judges and courts that handled Big Pharma lawsuits and may have been too quick to seal from the public information that would have warned of painkillers' addictive and lethal characteristics. Makers' false claims about opioids and their problematic practices in promoting, selling, and distributing the drugs were hidden, too, in the "pervasive and deadly secrecy that shrouds product-liability cases in U.S. courts, enabled by judges who routinely allow the makers of those products to keep information pertinent to public health and safety under wraps," Reuters reported

HERE'S TO YOUR HEALTH!

Sincerely,

A handwritten signature in black ink that reads "Patrick Malone". The signature is written in a cursive, flowing style.

Patrick Malone

Patrick Malone & Associates