

An alluring business

The face of American medicine is getting some work done as more doctors trade specialties they worked years on for cosmetic procedures.

By LISA GREENE

Published March 19, 2006

TAMPA - Dr. Jay J. Garcia spent 30 years delivering babies and treating gynecological problems.

But that's not why he has Tampa talking.

Garcia has started a weight-loss program so popular that there's a two-month waiting list. "Almost every female real estate agent in Tampa I know is going to see Dr. Garcia," said Tampa surgeon Ed Farris jokingly.

That's not all. If it can make you prettier, chances are Garcia does it.

He can Botox your frowns away or laser you hairless. Plump up your lips with collagen or erase your laugh lines with Restylane.

Even his Web site is appropriately named: beautyinaflash.com.

Garcia is part of a larger trend. In the Tampa Bay area and across the nation, more and more doctors are turning from specialties they spent years studying to perfect. Instead - or sometimes, in addition to - they're performing work that saves faces, not lives.

Call them the beauty doctors. Some say they're doing it because it's what patients want, or fulfills a longstanding interest. Others say that as insurers pay them less and their costs rise, they have no choice but to try such new procedures.

With the change has come controversy. Many doctors trained to specialize in cosmetic procedures, such as plastic surgeons, dermatologists and ear, nose and throat surgeons, say other doctors often lack the training to perform such procedures well.

"In the field of plastic surgery, some people think the practices look deceptively easy, when they actually require years of experience and finesse," said Dr. Darrick Antell, a New York City plastic surgeon and spokesman for the American Society of Plastic Surgeons.

"I have a stethoscope, but that doesn't make me a cardiologist. Buying a laser doesn't make you a plastic surgeon.

"I'm concerned that some doctors might be putting profit ahead of patient safety."

But the new breed of beauty doctors say they are well-qualified, especially for performing low-risk, nonsurgical cosmetic remedies.

"That's just sour grapes," Garcia said. "I do injectables just as well as any plastic surgeon in town. I'm a surgeon. I did difficult

surgeries for 30 years. I know how skin and tissue interact."

Either way, these doctors are changing how medicine is practiced. The family doctor no longer does house calls.

Instead he does laser peels.

When Jeremy McConnell was 12, he decided he wanted to become a doctor when he grew up, so that he could help people. McConnell, the first in his family to go to college, won scholarships and took out more than \$200,000 in loans to finish medical school.

Three years ago, he and a colleague finished graduate training at Bayfront Medical Center in St. Petersburg. Together, they borrowed \$500,000 and set up a family practice in the Westchase area of Hillsborough County.

At its core, McConnell said, his dream matches his youthful vision. He helps make his patients better and does his best to listen to their problems and soothe their fears when he can't.

But in other ways, McConnell's dream has taken an unexpected turn. Last November, he and his partner gutted half their office. Fluorescent bulbs became recessed lights and anemic green walls turned faux-finish taupe. Then came granite counters, hardwoods, scented candles and soothing music.

Westchase Medical Spa was born.

McConnell, now 31, has become medical director of two weight-loss clinics as well. He's proud of all three ventures, says he practices good medicine, and tries to treat the whole person, not just the illness.

But McConnell works 70 hours a week and wishes he saw more of his wife and two children. He loves what he does, but some nights he lies awake asking himself if medicine was the right choice.

"I've got a 3 1/2-year-old son, and I wonder - am I going to have my \$200,000 medical school loan paid off by the time he starts college?" he said.

Part doctor, part entrepreneur - McConnell may be the new face of American medicine.

In the past few years, the number of minimally invasive cosmetic procedures performed by doctors - from Botox to lasers - has exploded.

"It's a very lucrative area," said Dr. James M. Spencer, a professor of clinical dermatology at Mount Sinai School of Medicine who practices at St. Anthony's Carillon Outpatient Center in St. Petersburg. "The baby boom generation is moving into their 50s and 60s. There's tremendous demand."

At the same time, doctors are squeezed by declining insurance payments and rising costs for malpractice, office space and other expenses.

"People want to go into cash-on-the-barrelhead business because the insurance companies are squeezing you harder and harder," said Dr. Daniel Greenwald, former chief of plastic surgery at Tampa General Hospital. "There's also something appealing about when a patient comes and says, 'I choose you,' as opposed to you're in some book on some (insurance) plan somewhere."

In 2002, more than 6.5-million procedures were done. By 2004, there were more than 9.2-million, says the American Society

of Plastic Surgeons.

In 2002, plastic surgeons performed nearly 1.1-million of those procedures. In 2004, they did nearly 2-million.

The numbers show other doctors are jumping on the bandwagon faster. During the time that plastic surgeons' procedures grew by about 900,000, dermatologists and ENTs added more than 1.7-million.

That's not a complete picture. The plastic surgeons' group doesn't count the procedures done by other kinds of doctors, or by nurses.

But many of the longtime cosmetic specialists are leery of other doctors performing such work.

"I don't think we're in an era anymore where the plastic surgeons can stand up and say, 'I'm the only one qualified to do this,'" Greenwald said. "The worry is the untrained doctor who has gone out and started liposuction or bought a laser or is buying injectables. In some cases, all it takes is to hang out a shingle."

Greenwald worries that other practitioners can't educate patients about complications or whether another procedure might suit them better.

"What we're seeing is more people doing procedures, the complications of which they can't adequately treat," Greenwald said.

Botox can freeze the wrong muscles. Lasers can burn. Some treatments in the ever-expanding menu of cosmetic options may do little at all.

Such new procedures as thread lifts and mesotherapy are especially controversial. Critics say they often do little other than empty a patient's wallet.

"I've had patients who spent \$6,000 on their thread lift and six months later are getting their facelift," said Farrior, a facial plastic surgeon and former president of the Hillsborough County Medical Association. "You can spend a lot of money, and it doesn't work."

Board-certified plastic surgeons have at least five years of graduate surgery training and at least two specifically doing plastic surgery.

An untrained doctor may do an okay job, but not a great one, some specialists said.

"Yes, Botox is not that hard," Spencer said. "But doing it well is."

Tampa resident Noemi Miranda, 43, feels differently. She went to a dermatologist to get spider veins on her legs treated and said she got scars. She went to the Westchase spa instead, where nurse practitioner Denise Merdich has performed several procedures.

"I think they don't want to think there are other people" who can do the work, Miranda said. "I love the results."

Dr. Dan Stein originally trained as an ob/gyn, but moved to practicing primarily cosmetic procedures in the early 1990s. He's concerned the new doctors aren't always getting enough training. But the idea that cosmetic performers should be only plastic surgeons is "a bit self-serving," he said. What plastic surgeons miss is a whole different philosophy, he said. The new procedures often give better results than surgery, he said.

"A feather lift, or a thread lift, gets 50 percent of a facelift and lasts 50 percent as long," he said. "It also costs 50 percent as much. These tend to be subtler, more natural enhancements. . . . Less is more. You don't have to do everything all at once."

When it comes to the popular new weight-loss clinics, such as Garcia's, doctors come from a variety of backgrounds. But the more traditional practitioners include endocrinologists, internists, and, perhaps, family practitioners.

But what's the best way to lose weight? That's still hotly debated.

Some are critical of Garcia's structured diet. He starts out limiting patients to a few days of 500 calories a day, and gives most patients vitamin injections and appetite suppressants. Others were more supportive, saying even though the plan is restrictive, Garcia's patients are closely supervised.

"An ob/gyn, they don't know any more than I do," said Spencer, who wasn't referring specifically to Garcia. "And I would never counsel anyone on weight loss."

Garcia sees it as a natural move. Many of his female patients with gynecological problems also had weight problems, he said.

Still, as more doctors shift into cosmetic care, some doctors say the trend could have broader effects. Some essential fields, such as general surgery, already face shortages.

"You go to a medical aesthetics seminar, and you look around the room," McConnell said, "and the majority of the doctors are ob/gyns, and you wonder - who's going to deliver all the babies?"

© 2007 • All Rights Reserved • St. Petersburg Times
490 First Avenue South • St. Petersburg, FL 33701 • 727-893-8111
[Contact the Times](#) | [Privacy Policy](#) | [Standard of Accuracy](#) | [Terms, Conditions & Copyright](#)