## EDITORIAL

## The Evolving Doctor-Patient Relationship: The More Things Change, the More They Stay the Same!

Rod J. Rohrich, M.D. Erez Dayan, M.D. Dallas, Texas; and Boston, Mass.

Do right. Do your best. Treat others as you want to be treated.

-Lou Holtz

oday's plastic surgery environment is rapidly evolving into a consumer-driven industry. We are faced with influences from plastic surgery–focused television shows, social media, selfie morphing apps, online consultations globally, and self-reported patient online reviews, all of which function to increase patient expectations. In many ways, this is evolving the sacrosanct doctor-patient relationship in medicine.

Unlike 10 or 15 years ago, patients are more empowered with an online platform to transmit their wishes, expectations, and experiences to the masses. A majority of the time, this is a great opportunity to showcase our work to prospective patients. However, it is more critical than ever to be able to identify and manage patients who may be unsatisfied, or those prone to unrealistic expectations. Whether it is justified or not, a disgruntled patient has far more reach and influence today than ever before. This mandates that we as a specialty and as individual practicing plastic surgeons evolve with the times, in order to be able to best connect with our patients and also ensure the success of our practices and our specialty overall. The following are some considerations that we have used to help optimize overall patient satisfaction (and your satisfaction!). Let's look at the aspects that we can control and improve if needed, based on the experience of the senior author (R.J.R.).

• Your practice is only as strong as its weakest link. More often than not, an unfavorable experience is directed at a component

Copyright © 2020 by the American Society of Plastic Surgeons DOI: 10.1097/PRS.00000000006564

of one's practice other than the physician. For example, a patient of mine was pleased with her face lift outcome, but overall was upset because the valet driver damaged her car during a postoperative visit. Despite a good surgical outcome, this patient may have had a poor experience in one aspect of her care, such as the rude valet or receptionist. The damage to this patient's property also damaged her experience and total relationship with my practice. In all these cases, perception equates with reality and must be addressed immediately. One would think that this may be remote from her overall experience; however, it is not! The key is to always hire people who represent you and your brand of excellence. In other words, always hire great people and surround yourself with great staff who have the same mission as you do! This concept holds true for whoever answers your telephone, from the front desk staff to photographers to office managers, and so on. Everyone must be dedicated to the same level of excellent service and patient care as you are or you will fail!

• Social media exposure for all of us in plastic surgery is becoming essential, much as websites were in the past. We cannot ignore this! The major difference is that social media are dynamic and require continuous

**Disclosure:** Dr. Dayan is a consultant for InMode, receives book royalties from Thieme, and is the developer and owner of wikiplasticsurgery.com. Dr. Rohrich receives instrument royalties from Eriem Surgical, Inc., and book royalties from Thieme Medical Publishing, is a clinical and research study expert for Allergan, Inc., Galderma, and MTF Biologics, is a medical monitor for Merz North America, and is the owner of Medical Seminars of Texas, LLC. No funding was received for this article.

From the Baylor College of Medicine and the Dallas Plastic Surgery Institute, and Massachusetts General Hospital. Received for publication May 26, 2019; accepted August 31, 2019.

content and oversight. They should not be handed off to someone else, as only you can convey your practice philosophy and personality. The key is to bring out what you do in your practice to make it real and authentic. For example, I love teaching and helping patients fully understand what and how I perform the procedure they are having done. Today, many want to know exactly how you operate and what you did during their procedure in layperson's terms, which is totally fine (in contrast to the past!). There is no better vehicle to show this than on social media today. Make sure to be real, be honest, and be sincere! Flashy and fake comes across just that way. Remember that everyone is now famous on their Instagram site; but look at who they really are. Are they truly board-certified plastic surgeons? Do they show more than just intraoperative stories? Where are the longer-term results? Are the results altered or morphed?

Offer a focused, concise consultation. On the initial consultation, the key is to always listen first and gain an understanding of the patient's specific desires and expectations. This so important to the entire overall patient satisfaction process. My goal is to have patients in my practice who are of the same mindset as myself. This way, we can achieve similar goals and expectations together, for a great outcome. I truly want to see if I can help them get the results they want, whether it's rhinoplasty, revision rhinoplasty, or face lift surgery. My consults are focused on the top three patient concerns. It is important to assess whether you can or cannot consistently deliver on these three top concerns. When patient goals are nebulous or not well defined, it sets you up as the physician for an unpredictable and often unpleasant outcome. In the case of rhinoplasty, we ask for the top three things that the patient would like corrected. If their list of three things is vastly different than the three things on our analysis, we reconsider operating on that patient. Similarly, if they list 25 things or if they bring in inspiration photography that is morphed or completely unrealistic, it alerts us to a potential patient whom we may not be able to satisfy. If the patient is incredibly bothered by a deformity that you can barely see, do not attempt to fix it. It is far better to graciously exclude these patients from your practice

early rather than spending the subsequent year (or more) explaining why you were unable to achieve the unachievable. If I do not believe I can make a patient happy, I will tell the patient, "I am not good enough to achieve the result you desire." I simply do not operate on patients when there is a discord between what I can deliver consistently and their desires. You want a successful outcome and a satisfied patient in the end!

- Be empathetic to the patient experience. Always remember the patient's perspective. Preoperatively, they may have waited weeks or months for an appointment, with much built-up anticipation. They may not know what to expect, so having a well-informed patient (preoperatively and postoperatively) is so critical to a successful perceived and real outcome. Postoperatively, patients are in the recovery mode, so we must be very accommodating and empathetic, as they may be sleep-deprived, medicated, or in pain. There is infrequently even an element of "buyer's remorse" after aesthetic procedures in the immediate postoperative phase. They are all normal postoperative expectations that must be discussed with the patient preoperatively; therefore, it is important to be a consistent voice of support, reassurance, empathy, and reason. If you are running late, apologize. Identify how the patient may be feeling and address it. If you are having a bad day or if you are frustrated, do your best to put it aside. Patients feed off of your energy and emotions. One must always stay positive, energetic, and forward-looking at each visit, especially the first and early postoperative visits with you and your staff, as the patients will sense it if you are not confident in what vou do!
- When managing the postoperative care, stay positive. It is so important to keep the patient updated on the status of how he or she is doing at each postoperative visit or follow-up. This is key to helping the patient cope with prolonged swelling or any perceived aspect of the postoperative care they didn't know about or had not read about preoperatively. In rhinoplasty, it is most commonly due to late prolonged swelling, which is normal and commonly seen. The key is to make sure that the patients know that it is within the normal postoperative

course, and if it is not, why and how it will be rectified, or at least improved, by some set endpoint. The postoperative patient needs to be fully informed, have hope, and trust your reassurances so as not to despair.

Despite our best efforts, occasionally we can have less than optimal or even unfavorable outcomes. This is a reality of surgery and nature. It is important to identify if and when the patient's concerns are legitimate. One must have a low threshold for acknowledging a patient concern and take control by providing a plan to rectify any issues as they arise. See patients who are concerned, have a complication, or are dissatisfied after surgery often (daily if you need to). The worst thing to do is become defensive or revert to denial when there are truly areas that could be improved. Take ownership of your outcomes and strive to make them better. Patients appreciate honesty and transparency. They want you to be their advocate, not adversary.

- Have guidelines for operative revisions. Discussing potential complications is an important part of the informed consent process *preoperatively*! This must be part of the preoperative informed consent and a separate signed consent along with the operative consent. Alongside this, you may want to provide guidelines for possible revision work. For example, if the patient is unhappy with the result, are revisions included? Who will cover revision procedure feeds (i.e., operating room cost and anesthesia)? Remember, the end goal is a satisfied patient with a good outcome. In most cases, if a revision is needed after maximal wound healing, the surgeon's fee is waived or minimal with the standard operating room and anesthesia fees.
- Set boundaries. Online review platforms have vastly changed the power dynamic of consumers and patients. The ability to post an anonymous review for the world to see with photographs or video is

unprecedented in medicine and especially in plastic surgery. Often, it seems there is no recourse unless it is so egregious or an outright false review. Everyone has faced or will inevitably face a dissatisfied patient who may be inclined to write a negative review. This can be damaging to one's online reputation and practice. Therefore, one must take a proactive role in managing the dissatisfied patient. Do not let a disgruntled patient take advantage of you by threatening a negative online review. Many marketing companies and reputation managers agree that a few less favorable reviews in the setting of overwhelmingly positive reviews have little to no impact on patients' perception of the physician. In fact, they serve to validate the positive reviews. Since no one who is a real plastic surgeon with real reviews has a 100 percent perfect review set online! Make an effort to respond to online reviews with validated real reviews from your appreciative and happy patients, and always avoid arguing with patients online.

So, has the core doctor-patient relationship changed? Absolutely not! However, in today's everchanging, dynamic, interactive consumer environment, the overall relationship has changed dramatically and reminds us to do our best to provide the best care to all of our patients and continuously raise the bar for patient care for all of our staff. We are all linked to the ultimate patient outcome and total experience. As long as we prioritize patient care and the patient's best interests, we will land on our feet no matter what social media and the Internet may bring. This all starts and ends with a strong doctor-patient relationship based on trust, honesty, and integrity.

## Rod J. Rohrich, M.D.

Dallas Plastic Surgery Institute 9101 North Central Expressway, Suite 600 Dallas, Texas 75231 rod.rohrich@dpsi.org Twitter: @DrRodRohrich Instagram: @Rod.Rohrich