Doctor BECOMES FELLOW

In the year that Botox celebrates its 20th birthday, Marion Falle spoke to Dr John Curran, Lead Physician of the Aesthetic Skin Clinic, who has recently been elected a Fellow of the British Association of Cosmetic Doctors, one of the highest accolades in his field

OULD it surprise you to know that some 7,500 people undergo cosmetic treatments of one sort or another in the Channel Islands every year? And that's just the ones who have relatively non-invasive procedures carried out at the Aesthetic Skin Clinic, where some of the doctors see patients in both its Jersey and Guernsey branches.

That statistic, which I must admit surprised me, is actually just a drop in the ocean when you consider that in 2007 more than 11.5 million cosmetic surgery procedures were performed worldwide, an increase of 50% since 2000. And, according to John Curran, the current recession has done nothing to dampen people's enthusiasm for treatment, with the industry across the UK seeing a 10% increase in business already this year.

In common with all branches of medicine, cosmetic surgery techniques have moved on apace since they were first developed to reconstruct faces damaged in warfare. Procedures advanced considerably during the two world wars of the 20th century and have come on in leaps and bounds since then. Once the prerogative of the rich and famous, who maybe wanted a nip here or a tuck there to delay the ravages of time, medicine in this area has advanced so much that some treatments can now be carried out during your lunchtime.

Until fairly recently, this branch of medicine attracted a certain amount of bad press. Probably because most procedures carried out in cosmetic surgery are done because the patient wants them rather than needs them, there has been a sort of 'nudge nudge wink wink' attitude. And then of course, when things went wrong – several stars and their so-called 'trout pouts' spring immediately to mind – banner headlines added to the opprobrium.

But is the perception changing? 'Yes it is,' says John Curran. 'Cosmetic medicine is now regarded very much as part of everyday life. People want to look better and as part of that they want to restore the features they had before. Is that wrong? Is that vanity? We look after our teeth, we have our hair styled and dyed, why not have our skin treated?'

As the acceptability of undergoing cosmetic procedures has grown exponentially, so the industry, if I may refer to it as that, is getting its act together. 'People want cosmetic treatments but they want them in a safe environment,' says Dr Curran. People want to look better and as part of that they want to restore the features they had before. Is that wrong? Is that vanity?

There are a number of associations under whose auspices qualified doctors and surgeons now provide cosmetic procedures. The British Association of Cosmetic Doctors (BACD) is one of those. Practitioners belonging to this association carry out minor surgical or nonsurgical procedures which, because they are less invasive than traditional 'facelifts' and other major cosmetic surgery, are becoming increasingly popular. These include the injection of muscle relaxants such as Botox, the use of fillers, treatments involving lasers which improve the quality of the skin and peels. These treatments don't require general anaesthetic so, apart from being safer in that respect, do not impact to the same degree on the patient's day-to-day life.

I was interested to find out why Dr Curran had chosen this particular branch of medicine. 'Medicine is medicine and I love medicine,' he explained. 'In this area we are responding to the needs of the patient and, like in any other branch of medicine, we are aiming to reach standards of excellence. People who undergo the cosmetic procedures we provide are generally extremely happy and we get wonderful feedback from them, which, as a doctor, is very gratifying.'

He accepts that there are patients who might become obsessed with cosmetic treatments, a condition known as body dysmorphia, where the patient, rather like someone suffering from anorexia, will always see themselves as imperfect. But as qualified doctors, members of the BACD are trained to recognise this and will refuse treatment in those cases.

John Curran is one of only three Fellows of the BACD, the election to which office he is justifiably proud.

'It is the highest professional honour that your colleagues can bestow,' he explained. The association has some 400 members, all of whom must be registered with the General Medical Council. The association recognises that the field of cosmetic medicine is unregulated so aims, through its mission statement, to provide 'open access to information so that patients can easily source appropriately trained and experienced doctors'.

'The association intends to drive cosmetic medicine forwards, to reduce unwarranted and undesirable aspects of its reputation and gain the respect enjoyed by all specialised branches of medicine.'

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John Curran has been involved with the BACD for some ten years and has been its president for two. His election as a Fellow of the association was based on a number of criteria including excellence in practice, the academic contribution he has made (he was involved in writing the standards for his branch of medicine) and his work in training young doctors.

'It is a huge honour and I am extremely proud,' he says. But there is more work to be done to ensure that cosmetic medicine continues to meet the standards expected by patients and the medical profession and he intends to be part of that work.

