

Commentary

Commentary on: The Impact of a Plastic Surgeon's Gender on Patient Choice

Simeon Wall, Jr., MD, FACS; and Holly Wall, MD, FACS

Aesthetic Surgery Journal
2017, Vol 37(4) 472–473
© 2017 The American Society for
Aesthetic Plastic Surgery, Inc.
Reprints and permission:
journals.permissions@oup.com
DOI: 10.1093/asj/sjw277
www.aestheticsurgeryjournal.com

OXFORD
UNIVERSITY PRESS

Editorial Decision date: December 21, 2016.

The authors of “The Impact of a Plastic Surgeon's Gender on Patient Choice” are to be commended for their well-designed and executed study on an important aspect of the drivers and marketing of elective aesthetic surgery.¹ The overwhelming majority of patients seeking aesthetic surgery in the United States are females,² with no prior study addressing specifically whether these patients prefer gender concordance with their surgeon. Ideally, in order to isolate for gender preference, a sample of females actively seeking aesthetic surgery would be asked whether they preferred a male or a female surgeon, with all other surgeon factors being the same. This sample would be difficult to execute in practice, given that rarely are all the other surgeon factors the same, or nearly the same, which is why this particular study is so interesting, and valid. The authors' unique practice environment allowed for the reduction or elimination of several potentially confounding factors in this study. The authors, FLC and HJF, have an almost identically matched practice in terms of surgeon age, training, time in practice, practice mix, and reputation.^{3,4} In effect, this well-matched “couple” differs almost exclusively in gender, allowing them to answer the question, “Do female patients prefer a woman surgeon for aesthetic surgery?” Like the authors of the study, the authors of this commentary are another “couple” who are likewise well matched in all of the identical factors.

Drs Furnas and Canales utilized their entirely aesthetic surgery practice, consisting of one female and one male surgeon, to prospectively sample two hundred consecutive patients (all female) inquiring into the practice, to determine if they preferred a male or a female surgeon. They found that 46% of patients had no gender preference, 26% requested a female surgeon, and 1% requested a male

surgeon, which was statistically significant ($P < 0.001$). The remaining 27% requested a specific surgeon by name before being asked whether they preferred a male or female surgeon, with these numbers being roughly equivalent between those preferring the male surgeon (14.5%), and the female surgeon (12.5%), with no statistical significance between the two ($P = 0.683$). The authors contend this cohort of patients requesting a surgeon by name is representative of patients who chose a surgeon on the basis of reputation alone, not gender, so they were effectively negated from the overall number of patients with a gender preference. This would indicate that a majority (73%) of women have no gender preference in their surgeon, and those who do overwhelmingly prefer a woman, at a ratio of 26 to 1.

Although we do not know definitively how many of those patients who chose a surgeon by name used gender as a factor in their choice, it would be reasonable to assume gender of the surgeon played some role in their choice. If all of these patients were attributed to a gender preference group, those preferring a female surgeon would increase from 26% to 38.5%, and those preferring a male surgeon would increase from 1% to 15.5%. Those without a gender preference would remain at 46%. It is interesting

Drs Wall and Wall are Assistant Clinical Professors, Department of Plastic Surgery, University of Texas Southwestern Medical Center, Dallas, TX; and Assistant Clinical Professors, Division of Plastic Surgery, LSU Health Sciences Center at Shreveport, Shreveport, LA.

Corresponding Author:

Dr Simeon Wall, Jr., 8600 Fern Avenue, Shreveport, LA 71105, USA.
E-mail: swalljr@wallcenter.com

to note that these recalculations suggest that most women do have a gender preference (54%) in their surgeon, with a preference for females at a rate of 2.5 to 1, lessening the authors' preference rate of 26 to 1 for female surgeons drastically. These recalculated numbers actually correlate highly with the gender preference patterns we've seen in our own practice over time, with the exception of inquiries for female genital surgery, which have a preference for a female surgeon almost exclusively. That said, these recalculated numbers still do not challenge the valid conclusions the authors make that when there is a gender preference, women surgeons are highly preferred over male surgeons.

Like the authors, we have found surgeon reputation to be the single most important factor in how patients choose a surgeon. For better or worse, online surgeon reviews and ratings have served ever increasingly as proxies for surgeon reputation. In the data provided from the largest patient review service for board-certified plastic surgeons, RealPatientRatings (Seattle, WA), female surgeons had an average rating of 4.93 out of 5 stars, vs male surgeons at 4.65, a difference of 26% (minimum rating, 4.0; maximum rating, 4.98). Additionally, when considering the entire surgical experience, female surgeons had a 6.02% higher overall satisfaction rate than male surgeons. This data was based on 297 surgeons with at least 30 ratings to maintain statistical validity (M. Olesen, personal communication, December 2016).

The combination of the authors' excellent study and the RealPatientRatings data give some valuable insights into the role gender plays in aesthetic plastic surgery, both from the standpoint of patients as well as of their surgeons. Given that the overwhelming majority of patients seeking aesthetic surgery are females,² it would seem reasonable to surmise from this data that not only do women prefer female surgeons, but that those who choose female surgeons are more highly satisfied with their surgical experience overall, resulting in higher ratings for female surgeons over male surgeons as a group. This "aggregate" statement makes some assumptions that cannot be supported entirely by the data, but would at least lend some credence to the presumption that women seeking gender concordance with their surgeon can lead to better outcomes, at least from the standpoint of the patient. This statement is sure

to cause some element of disbelief or even indignation by some surgeons, and surely further study would be needed to validate this supposition, but when one considers the opposite argument of male patients and their gender preferences, it would seem almost an axiom to plastic surgeons of both genders that males overwhelmingly prefer a male surgeon, and are potentially more satisfied because of their choice of gender concordance. Our experience in a practice of 14% male patients confirms that this counter argument is very valid. Virtually all of our male patients specifically request a male surgeon, regardless of surgeon availability. Recent statistics show an ever-increasing number of males seeking aesthetic procedures in the United States,² with some surgeons capitalizing on this increased demand to great success (W.G. Stevens, personal communication, April 2016).

The authors are to be congratulated for this important and thought-provoking contribution to the plastic surgery literature. We look forward to additional studies by Drs Furnas and Canales.

Disclosures

The authors declared no potential conflicts of interest with respect to the research, authorship, and publication of this article.

Funding

The authors received no financial support for the research, authorship, and publication of this article.

REFERENCES

1. Huis In 't Veld EA, Canales FL, Furnas HJ. The impact of a plastic surgeon's gender on patient choice. *Aesthet Surg J*. 2017;37(4):466-471.
2. Cosmetic surgery national data bank statistics. *Aesthet Surg J*. 2016;36(Suppl 1):1-29.
3. Dr. Heather Furnas—Verified Reviews. <http://www.real-patientratings.com/Heather-Furnas>. Accessed December 19, 2016.
4. Dr. Francisco Canales—Verified Reviews. <http://www.real-patientratings.com/Francisco-Canales>. Accessed December 19, 2016.