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Areas of unethical behavior practiced today

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The following is an article by Dr. William Rassman, one of the most respected senior members of our profession. It should give all of us cause for concern and make us reflect on the damage—firstly to the patient, and secondly to us all—if we allow unethical practices to flourish. Unethical practices have always existed in medicine and cosmetic surgery is regarded as the “business end” of medicine where we are providing services for healthy patients (commonly called customers). If we apply this notion of customers (rather than patients), and argue that the customer is always right, we will allow unwise and unnecessary practice philosophies to develop.

I am disturbed that there is a rise in unethical practices in the hair transplant community. Although many of these practices have been around amongst a small handful of physicians, the recent recession has clearly increased their numbers. Each of us can see evidence of these practices as patients come into our offices and tell us about their experiences. When a patient comes to me and is clearly the victim of unethical behavior, I can only react by telling the patient the truth about what my fellow physician has done to them. We have no obligation to protect those doctors in our ranks who practice unethically, so maybe the way we respond is to become a patient advocate, one on one, for each patient so victimized. The following reflects a list of the practices I find so abhorrent:

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1. **Selling hair transplants to patients who do not need it, just to make money.** I have met with an increasing number of very young patients getting hair transplants for changes in the frontal hairline that reflect a maturing hairline, not balding. Also, performing surgery on very young men (18-22) with early miniaturization is in my opinion outside the “Standard of Care.” Treating these young men with a course of approved medications for a full year should be the Standard of Care for all of us.
2. **Selling and delivering more grafts than the patient needs.** Doctors are tapping the well of the patient’s graft account by adding hundreds or thousands of grafts into areas of the scalp where the miniaturization is minimal and balding is not grossly evident. I have even seen patients who had grafts placed into areas of the scalp where there was no clinically significant miniaturization present. Can you imagine 3,000-4,000 grafts in an early Class III balding pattern? Unwise depletion of a patient’s finite donor hair goes on far more frequently than I can say.
3. **Putting grafts into areas of normal hair under the guise of preventing hair loss.** There are many patients who have balding in the family and watch their own “hair fall” thinking that most of their hair will eventually fall out. A few doctors prey on these patients and actually offer hair transplantation on a *preventive* basis. This is far more common in women who may not be as familiar with what causes baldness and do not have targeted support systems like this forum. They become more and more desperate over time and are willing to do “anything” to get hair. They are a set-up for physicians with predatory practice styles.
4. **Pushing the number of grafts that are not within the skill set of the surgeon and/or staff.**

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