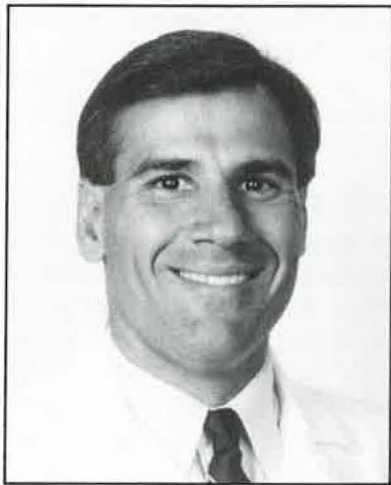


President's letter

by Robert T. Leonard Jr., DO, Cranston, Rhode Island

Spring has finally arrived! Your society has been working diligently throughout the last two months to solidify the didactic and social programs for our upcoming Nashville conference. I specifically commend the tireless efforts of Dr. Russell Knudsen and Carol Rosanelli in their endeavors.



You all – or as they say in Tennessee, y'all – should have already received our Call for Abstracts. This year, we will provide oral presentations as well as poster presentations for those accepted to participate. I encourage all members to submit your ideas.

During the last two weeks, I have received about 15 telephone calls, faxes and letters from members who have been quite upset. Their concerns stem from promotional materials sent to patients and prospective patients that severely criticize other members of our society. What is particularly disturbing is that the criticism does not deal with specific issues of malpractice; instead they are a general and vague critique of transplant techniques.

There are strong implications that specific hair restoration medical groups care more about their own monetary gains than about their patients. Unfortunately, such

statements will be inferred by the public to encompass all hair restoration surgeons, which not only is untrue, but quite unfair as well.

Patients are being encouraged to sue their current hair transplant doctors. You know from my previous addresses to you that I in no way advocate protection of physicians who are unqualified and incompetent. It appears, however, that competition for patients has caused deterioration to less than accurate information, inflammatory statements and questionable ethical behavior by some physicians in marketing their professional services

to the public.

It is also apparent that infighting among specific medical groups that spills over into the public domain can only promulgate more confusion about hair restoration surgery. This ultimately will cause significant harm to our profession.

We truly must look beyond our individual needs as businesspeople and keep high ethical standards intact as physicians.

As I stated during my presidential address in Las Vegas, physician heal thyself...

As always, please feel free to contact me with your concerns. ■

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Editor's notes

A plea for greater scientific accuracy in promotional materials

by Richard C. Shiell, MB, BS

As the world of commerce and medicine become ever more entwined, some of the worst features of commercialism are creeping into medical advertising and publicity reports. Worse, some exaggerated claims are not detected early enough and are appearing in textbooks.

This tendency to play fast and loose with the truth exists in a spectrum with mild exaggeration and over-optimistic observation on one side and deliberate deceit and outright lying on the other.

Such occurrences are becoming daily events. Of course, it is often difficult to know the difference between fact and fic-

tion, and it is this blurred margin that enables the advertising and public relations industry to thrive. Occasionally, however, an operator will so overstep the mark to the extent that his or



her "facts" become an object of mirth among his or her geographically distant colleagues and of outrage from nearby competitors.

Infomercials and TV documentaries present physicians with a dilemma in that publicity is desirable but they do not have control over what is finally presented. Many doctors cannot resist playing to the sensationalism so loved by the media. The initial report can be taken up by other media outlets or cut and distorted further. It is therefore very important to assure the original report is scrupulously factual.

I welcome further examples from our readers; and perhaps in time we can

shame clinic owners into keeping closer control on their publicity machines.

Example 1

In a beautifully illustrated six-page article in the October 1995 issue of the Italian monthly magazine "Salve," a German doctor is mentioned and quoted in several passages along with some very interesting information about the Sharplan Silk-touch laser. The article was translated from Italian to English and sent to me. Readers may like to compare this information with some of the recent scientific studies from Walter Unger and others.

"It is possible to make between 15 and 20 holes per square cm within a few seconds..."

"Using the knife, one has to proceed step by step, not making more than 3 to 4 holes per sq. cm..."

"With the laser, one needs 1-2 sessions to eliminate baldness..."

"Only in cases of extensive baldness is a second operation necessary..."

"Another aspect in favor of the laser is that it guarantees such precision as to allow working between single hairs."

"There will be no scars, only a slight reddening, which disappears the following day."

"More than 95 percent of the implanted hairs grow normally. It starts growing after a period of 3-4 months."

Just in case readers are still not convinced that the laser is not the greatest invention since sliced bread, how is this for gentle persuasion?

"... the major difference lies in the instruments which are used instead of the laser ... one of them is a surgical shovel-scalpel ... with this instrument, the surgeon performs a task which is similar to the one carried out by a farmer: the surgeon pierces the tissue and pushes upwards. Another type of knife is the one with a spiral top (a sort of drill or corkscrew) ... with the help of this technique

the opening for the graft is prepared but one cannot deny the cruel nature of such a procedure. A considerable loss of blood is only one of the inconveniences. Not only is the surface of the graft not clean, but the opening also tends to close itself spontaneously, thus forcing the doctor to proceed quickly with the implants ... with this technique it is only possible to make 4-5 openings per sq. cm, as a result of which only a moderate aesthetic effect is achieved..."

Example 2

The spring newsletter of a well-known U.S. hair replacement organization raised the hackles of many ISHRS members in North America. In an article on Ethics and Money, the writer suggested that dissatisfied clients who felt they had not been adequately informed about the surgical process should sue their doctors.

There is nothing new about this information. It is seen regularly in ads for litigation attorneys, but it was a little surprising coming from a hair replacement group aspiring to national leadership.

The writer should realize that litigation depends more on luck and numbers of cases performed than on sins of commission from the operating room. Irrespective of how good his technique and informed consent form may be, the surgeon may expect litigation at some time in his career. Such is the society in which we live today, and additional encouragement to patients to sue their surgeons is not at all helpful in the current climate.

We need to pull together toward the common good. Look again at advertising and promotional material and see if you can remove negative copy and provide positive material only.

Forum welcomes further discussion on this subject. Please fax or e-mail your letters to me at 011-613-9866-3596 (fax) or hairman@werple.net.au (e-mail). ■