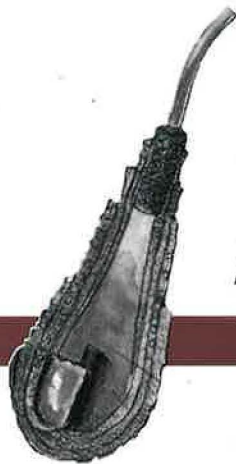




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forum

American Board of Hair Restoration Surgery?

The Argument Against Board Certification

by Robert Haber, MD, Cleveland, Ohio, USA

It is with a measure of reluctance that I write this, as it concerns the position and beliefs of a group of physicians that I admire, and in many cases consider to be good friends.

As you know, the American Board of Hair Restoration Surgery (ABHRS) was inaugurated in 1997, and the first exam and certifications were issued in that year. Ostensibly, the ABHRS and Board Certification were created to address a perceived need by the general public to have a method by which they could identify qualified hair restoration physicians and therefore avoid bad outcomes. This partially arose out of a media inquiry that identified the absence of any regulation of hair restoration physicians.

Over the past year, I wrestled with the ABHRS position and process, and came to the conclusion that although well intentioned, board certification in hair restoration surgery represents the wrong path to achieve the goal of assisting prospective patients in the selection process.

Justification for initiating the board certification process has included statements such as: "We are a specialty, and therefore we should offer board certification," and "Our patients are demanding this." I do not believe these statements are correct.

Unfortunately, inadequate public discussion took place prior to the current board certification process, and I therefore urge an immediate moratorium on further board certification activities until

this topic can be debated appropriately and a worldwide consensus is reached regarding how to best regulate ourselves and address the following concerns.

Obtaining Board Certification in Hair Restoration documents knowledge, not competence. How do we guarantee competence? We must accept that this is not possible. There exists no valid criteria that defines competence. Acceptable variations in technique make adoption of a "universal standard" impossible. Even the current members of the ABHRS adhere to widely divergent views of what a "satisfactory" hair transplant should look like. An intelligent physician, regardless of Hair Restoration experience, could read the necessary texts, attend the review course, and pass both the written and oral components of the exam. Documenting knowledge is laudable, but in no way indicates surgical competence. It is also necessary to document 80 cases in the past year. However, a surgeon could have performed 80 disasters to meet this criterion. Five cases must include operative reports and photos demonstrating "satisfactory" results. A surgeon could have performed only five successful cases to pass this review. In fact, even if the five detailed cases were substandard in quality, the ABHRS would probably have to accept them as valid. Rejecting submitted cases not already proven substandard in court would possibly subject the ABHRS Board to legal action, including defamation and restraint of trade. Therefore, even sur-

geons producing results so consistently poor as to be unconscionable would have no difficulty meeting criteria and passing exams, thereby achieving board-certified status and falsely elevating their reputations.

Hair restoration is not a true "specialty." The American Board of Medical Specialties (ABMS) recognizes only 24 fields of medicine as specialties.

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President's Message

ISHRS Live Surgical Workshops—We Need Them

by Sheldon Kabaker, MD, Oakland, California, USA



Education of physicians and assistants is of the highest priority for the International Society of Hair Restoration Surgery. The strength of our organization has been the *Hair Transplant*

Forum International publication and our annual meeting emphasizing didactic sessions and classroom workshops. The introduction of new concepts and techniques with the review of past experiences is essential for the ongoing education of the practicing physician. Lectures, discussion groups, video and poster presentations, and interaction with exhibitors and vendors are all regular features of our meeting.

Live surgical workshops have been incorporated as optional programs at some of our meetings. However, some of these workshops have been limited as to numbers of attendees depending on the facilities available at the particular meeting site. At some meetings, live workshops are not possible because of legal restrictions at the locality.

From a personal point-of-view, I found the live operating room workshops to be among the most influential experiences I have had in hair restoration surgery. I recall meetings in Hot Springs, Arkansas, in the 1970's under the direction of D. Bluford Stough, III, MD, who deserves the credit for organizing the first such type of educational endeavors in hair surgery. The highlight of Dr. Stough's meeting was a day spent in the clinic operatories. In the actual working situation, the student/surgeon observed operating room dimensions, equipment, lighting, supplies, patient positioning, surgeon's movements, cutter and placer roles and movement, and overall operating ambiance. The three-dimensional

aspects of surgery, which cannot be presented in the classroom or auditorium, are shown in the live operating workshop.

The ISHRS Board of Governors wishes to keep live operating workshops a part of the Society's function. We hope to participate, co-sponsor, or even solely sponsor a meeting which is primarily a live surgical workshop to complement our annual meeting. Presently, the World Hair Society has a spring workshop superbly organized and directed by Dr. Matt Leavitt in Orlando, Florida. This year's meeting held March 3-7, 1999, featured paralleled surgical techniques, the results of which will be featured in the Fall meeting in San Francisco. This live workshop featured comparison studies of techniques, i.e., microscopic follicular units done on one side of the scalp versus mini-grafts and micro-grafts cut by transillumination on the other side, each done by the surgeon who is a proponent of a particular technique. The results of

growth and naturalness should be evaluated by October at the ISHRS Annual Meeting.

This year, the ISHRS gave its official support to the WHS and Dr. Leavitt for the Spring meeting. It is hoped that there will be an ongoing formal relationship between this spring live workshop and the ISHRS. Our Society is officially independent of any other medical organization, and we are undergoing the process to give our own continued medical education credits through the ACCME. Myself, Paul Cotterill, and Jim Arnold will be spending time in Chicago with a surveyor from the ACCME, with the hope that we will be allowed to give continuing medical education credit independently for all of our meetings and not have to rely on affiliated societies. This would mean that our annual meeting and any live surgery workshops could be granted Continuing Medical Education (CME) credit hours by the ISHRS. Look for further announcements in the *Forum* about this. ■

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The ISHRS Golden Follicle Award sculpture, as seen on the cover of this issue, was designed by Francisco Abril, MD. Dr. Abril offers for sale, copies of a small bronze hair follicle sculpture (10" high). For more information, please contact: Clinica Dr. Francisco Abril, PO dela Habana, 137, 28036 Madrid, Spain. Phone 34-1-359-1961 or fax 34-1-359-4731.

Editors' Messages

From Guadalajara to Orlando

by Russell Knudsen, MB, BS, Sydney, Australia



To u c h d o w n Guadalajara, 10 p.m. Friday night. My first visit to Mexico. I have come to spend a few days in the office of Arturo Sandoval "Calm-in-the-arena." Christina and Arturo are wonderful hosts and the small coterie of lucky participants are about to enjoy a Mexican experience without the bull.

Arturo's office is a model of efficiency—4 OR's, 2 consulting rooms, all the latest technology (videomicroscopes, videopresentations for prospective patients, etc.) and lots of staff. He needs this for the 8-9 surgeries he performs each day! No wasted effort here, things are always on the go. Lesson 1: skill and experience can create excellent results in very little time. Lesson 2: in a lower socio-economic setting (Mexico), time efficiency is essential to keep fees at an affordable level.

Live-operating workshops are always fun because we get to see if the theory (what we have heard in lectures) matches the reality (what we see them do in the OR). As well, operating outside your own facility presents the added challenge of not being in your "comfort-zone". Who else was in attendance? David "The Last Emperor" Seager (he has the jade carving to prove it) who achieves an amazing 40+ grafts/mm². O'Tar "Slits" Norwood (the only holes he likes are on the golf course) who, like fine wine, gets better with age. Jim "The Poet" Arnold who is using his sabbatical year to broaden his already substantial fields of interest. Paul "Tequila" Rose, a night owl who revels in the back-lit bars. Ron "Sliver" Shapiro whose every move is under the microscope (and not just in the OR). Piero "Die Later" Rosati who would rather be a hammer than a nail. Mario

"I've got another baby" Mozzarella who doesn't know to quit while he's behind and last, but not least, Marcelo "The Surfer" Gandelman whose wit is dryer than his grafts.

Was it fun? Absolutely! Did we learn much? Indisputably! Small groups encourage open dialogue with less posturing and more admission of fallibility. A most efficient and interactive way to learn. Bravo Arturo!

And so on to Disney World and Matt's Magic Kingdom at the WHS (Wealthy Hair Surgeons) Workshop. This year the psychological torture involved leaving the lecture room at the Heathrow Country Club for sustenance (or the bathroom) and being confronted by happy souls hitting golf balls onto verdant fairways under blue skies.

As usual, a stellar cast, an enthusiastic audience, an intense program (memo to Matt—why not hand out "speed" to the attendees at the start of each day?) and new tricks to learn. The always inventive

Guillermo Blugerman demonstrated a novel combination of scuba diving and underwater graft dissection. Patrick Frechet unveiled a prototype of the "O-Ringed" extender he hopes will allow him to achieve the same alopecia-reducing capacity in one extension. This is good news, because in my hands you can only fool the patient once about the discomfort involved.

It was great to see the "ragged" hairlines most surgeons are now designing. This is particularly useful because most of us couldn't draw a symmetrical line for the hairline if our life depended on it! Much of the research protocols focused on various graft-cutting techniques and the need (or otherwise) for magnification. If willingness to use differing degrees of magnification is regarded as "short-sighted" by the microscope purists, then it is perhaps worth noting that myopia is certainly no disadvantage to those actually doing the cutting! Saw some pretty

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To submit an article or letter to the Forum Editor:

Electronic submissions (e-mail or send a 3-1/2" disk). Or, you can submit articles via hard copy original (faxed copies do not scan easily into the computer), double-space, and use type size 12.

Submit all North American entries (Canada, USA, Mexico) to:

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Hot Springs, AR 71913
e-mail: sstough@cswnet.com

All other entries to:

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Your Opinions Invited

by Dow Stough, MD, Hot Springs, Arkansas, USA



After a flurry of submission of editorials, articles, and photos, the hair transplant community has grown apathetically silent. If any of you have strong

feelings regarding board certification, the use of automated graft cutting devices, universal terminology, pre-op/post-op regimens, etc., it is time to put your thoughts on paper and send your views to us. Yes, it's somewhat of a hassle, but at the end of the day, you'll be glad you participated in the process.

In every issue we would like to announce the upcoming topics, so that you will send us your letters accordingly. We will place a small box in each issue of

the *Forum* that will be entitled, "Upcoming Topics." This should prompt everyone with an opinion to drop us an e-mail and be heard. We would especially be glad to hear from those of you who have not contributed in the past. We will also institute a column entitled, "In the World Literature." We will start listing all of the articles from the various specialties that pertain to hair or have a direct or indirect impact on hair restoration surgery. Dr. Jim Vogel will cover the plastic surgery literature. Dr. Marc Avram will cover the dermatology literature, and Dr. Ed Epstein will cover the ENT literature. Other articles of interest are always welcome. Individuals from any specialty, from psychiatry to internal medicine, who feel they have come across articles that will be of interest to the international community of hair transplant surgeons, are invited to send

these in, with or without their comments.

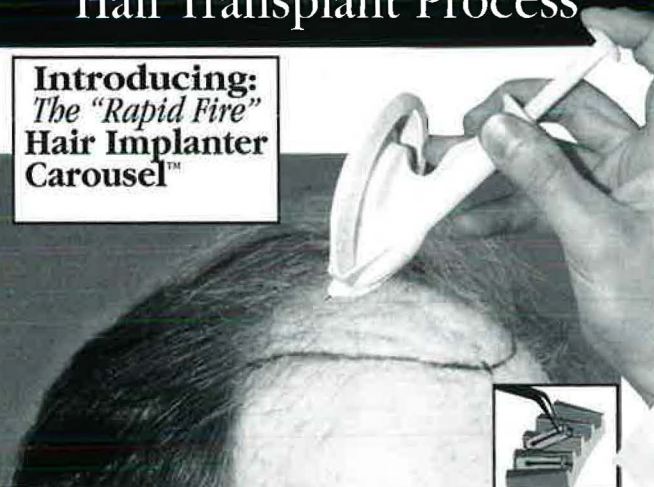
We will occasionally choose one article or editorial from "outside the field" which you will hopefully find interesting. Readers are invited to submit material for this section entitled "In the World Literature."


Finally, Russell and I are both quite excited over the addition of a "sharply opinionated" editorial column known as "The Dissector." This column will be written anonymously. Only Russell and I will know the identity of the author. If you would like to submit a column to "The Dissector," please contact either Russell or me. This column promises to be strongly opinionated, controversial, and possibly offensive to some. We will keep all arguments on an academic and not on a personal level.

I look forward to hearing from you. ■

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good "naked-eye" grafts and wastage (in the off-cuts) seemed more dependant on the identity of the cutter rather than the technique employed.

I have a couple of gripes: why is it only people with prescription lenses end up wearing protective eyewear in the O.R.? Setting a bad example here to new surgeons. Most people use spray bottles to clean the scalp, so aerosol mist is now going everywhere. The video people practiced better hygiene than the attendees! I know the single scrub sink was some distance away, but a little more hand-washing by surgeons wouldn't go astray.

Memo to program committees everywhere: Why is the "Risks and Complications" panel routinely scheduled near the end of the program when most attendees (especially the newcomers) have already left for the airport to catch their planes? This could be the most important discussion panel of the entire meeting and should be high profile and well attended.

Congratulations must go to Matt and his team for yet another outstanding learning experience which, in my view, is the perfect complement to the ISHRS annual meeting with its didactic format. ■



**Don't forget to submit
your Annual Meeting
abstracts now!**