

Minor Surgical Interventions and Mental Disorders

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Aesthetic plastic surgery may substantially benefit some individuals, by increasing their self-confidence and improving their social life. Cosmetic surgery can help improve one's appearance, but it is not for everyone. Those who seek cosmetic surgery generally have a positive self-image despite being focused on one or more aspects of their appearance. There are no studies proving that most people can expect to enjoy dramatic improvements in their psychological well-being, and if one is struggling with depression for example, cosmetic surgery is unlikely to relieve it [1].

From the mental health perspective, some individuals may not be appropriate candidates for cosmetic surgery, such as those with unrealistic expectations, individuals undergoing severe personal crises, or patients suffering from mental disorders such as body dysmorphic disorder or persons who obsess over very minor aesthetic defects. Reconstructive surgery patients often also seek psychological stability and a better appearance that is acceptable to society. Life satisfaction, self-esteem, and body image of the individual who seeks aesthetic plastic surgery have been a special concern in the plastic surgery literature. Plastic surgeons are aware [2,3] that psychosocial evalu-

ation of candidates for aesthetic and reconstructive surgery is sometimes necessary in order to achieve optimal results from the surgical intervention. However, a person who suffers from a mental disorder should not be denied potentially beneficial plastic surgery. Comprehensive guidelines that would require psychiatric evaluation of all candidates for surgical procedures are unrealistic. However, psychiatric evaluation should be considered when plastic surgery may potentially exacerbate a patient's psychopathology.

This paper focuses on a legal case in Israel, where the plaintiff claimed that the hair transplant he had undergone was responsible for his onset of schizophrenia. The District Court ruled in favor of the plaintiff. The surgeon who performed the transplant appealed, and the case reached the Supreme Court, which overruled the District Court in favor of the defendant [4]. This case raises questions such as:

- Should all candidates for cosmetic surgery be required to have a psychiatric evaluation before undergoing even a minor surgical intervention? The issue becomes even more relevant when the intervention is elective.
- To what extent is the surgeon responsible for clarifying the psychiatric background of his/her patient?
- Does the surgeon, who is not a psychiatrist, need to be well versed in psychiatry?
- Is every mental disorder that emerges immediately following a medical intervention necessarily an outcome of that intervention?

PATIENT DESCRIPTION

The plaintiff (male, age 55), wishing to improve his external appearance, responded to an advertisement that offered hair transplants. After receiving information concerning the procedure, he completed and signed the required forms, which included his personal details and his state of health. The nature and the process of the transplant were clarified and the patient provided written informed consent for the treatment. The transplant took place on the appointed day. The patient later claimed that his functioning became severely impaired from that day onwards. He claimed that he could no longer work and spent most of his time at his parents' home. A few days following the transplant he complained to his family doctor that he suffered from extreme tension and anxiety. He received medication, but when his condition did not improve he was referred to a psychiatric hospital where he was admitted on several occasions. He was subsequently evaluated as having 100% psychiatric disability.

The District Court (Tel Aviv District Court: Anon v. Dr. 933/92 a.) ruled that there was a connection between the medical intervention and the onset of his psychiatric illness based on the plaintiff's employment history. This ruling was made despite the fact that he had a prior psychiatric history, which included one visit to a psychiatrist in the distant past and a further record of anxiety, probably due to a post-traumatic syndrome that led to a reduction in his military medical profile. Prior to the minor surgical intervention he had remained within functional limits.

The court ruled that without the traumatic event of the minor cosmetic surgery, the plaintiff's medical history, including his previous mental impairments, did not constitute sufficient grounds for the outbreak of the psychiatric condition. The court emphasized that there was no medical documentation to support the defendants and as a consequence the onus of providing proof fell on them. The court ruled that the defendants should have performed a preliminary examination of the patient including questions about his mental state. The court based its decision concerning the incompetence of the surgeon and the facility that employed him on the inadequacies of the medical records and the lack of preliminary medical assessment including questions relating to the plaintiff's present and prior mental states.

In his appeal the surgeon claimed that it had not been proven that there was specific cause for extraneous caution to be used in the pretreatment evaluation of the plaintiff. There is no known or reported knowledge of a connection between hair transplants and the outbreak of schizophrenia. Consequently, if schizophrenia emerged following a hair transplant, it would be an unexpected event, with the origin of the illness most likely prior to the surgical intervention. The Supreme Court (The Supreme Court sitting as the Appeal Court for Civilian Cases, *Dr. v. Anon 5586/03*) upheld the doctor's appeal on three grounds:

a. Not every omission in a medical document transfers the onus of responsibility for providing evidence to the defendant. In this case, there was no disagreement over the method and course of the treatment and therefore there was no responsibility on the part of the doctor to defend the accusation of incompetence. There was no claim made that the practitioner had acted incompetently during the treatment.

- b. It is not possible to claim physician incompetence based on the fact that no preliminary medical tests had been carried out. The doctor had no training in the field of mental illness and it is doubtful whether any test he performed would have uncovered the mental problems of the plaintiff.
- c. The court felt that it would have been appropriate to ask the plaintiff questions about his mental state, past and present. However, in this case there was no proof that there was a link between the hair transplant and the schizophrenia and it was also not proven that a prior examination by a psychiatrist would have led him/her to conclude that the proposed procedure was contraindicated.

COMMENT

This case raises several important issues. It illustrates the importance of the medical evaluation, both as part of the appropriate medical procedure and as documentation for the defense of the physician in the event of a potential malpractice suit. While the Supreme Court ruled that there were not sufficient grounds for establishing negligence, in the District Court the absence of medical records served as grounds for a suit against the physician. The case emphasizes that not every mental disorder that emerges in chronological proximity to a medical intervention necessarily indicates negligence in the treatment process.

When a patient seeks cosmetic surgery and does not volunteer information concerning mental impairments, how far is the surgeon obliged to investigate sensitive issues that were raised by the patient as a matter of course? The central issue is: to what extent should the psychiatric history of a patient be established before each surgical intervention? This question is especially relevant when the planned intervention is elective for cosmetic purposes.

In the case presented, the Supreme Court ruled that no link could be established between the transplant and the emergence of schizophrenia. In this case, even if the surgeon had been aware of the psychiatric history of the patient and even if the patient had been evaluated by a psychiatrist prior to the decision to perform the procedure, it was not certain that the physicians would have decided not to perform the hair transplant [5].

The free will of an individual to improve his/her appearance is both logical and legitimate, so why should the psychiatrist intervene? On the other hand, the surgeon should be fully aware of the surgical candidate's complete medical history. The Supreme Court ruled that the psychiatric past of the patient should have been evaluated. Patients with impaired mental states might have unrealistic expectations of cosmetic surgery that could lead to disappointment and psychiatric reactions.

The authors agree that the psychiatric history of the patient should have been evaluated. This could be achieved using a background check including a number of questions relating to psychiatric background, psychiatric diagnoses, past treatments, psychiatric hospitalizations and treatment with psychiatric medications. Psychiatric and complete medical history should be available to the surgeon prior to surgery in order to assist him/her in making treatment decisions and, when necessary, to refer the patient to a psychiatrist for a more comprehensive assessment prior to elective surgery. Just as a cardiologist is consulted when there is evidence of a history of heart problems, a psychiatrist should be consulted when there is evidence of a psychiatric disorder. This does not mean that people suffering from psychiatric disorders should be denied elective procedures. On the contrary, individuals with psychiatric illnesses have the same rights as others. A timely psychiatric examination,

however, could alert the surgeon to cases in which the desire for elective procedures stems from pathological reasons or unrealistic expectations. The psychiatrist may also assist in the emotional preparation for the operation and help the patient through the procedure process, when necessary.

When the surgeon inquires about mental disorders and the patient discounts their presence, the surgeon has fulfilled his duty and is not expected to diagnose that which is not revealed.

The fact that mental disorders appeared after a surgical procedure does not necessarily mean that there was a cause and effect relationship.

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