

## Love the New Lips! From the Mall?



Misty Keasler for The New York Times

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### DALLAS

**AMANDA JACKSON**, a 32-year-old insurance account manager, lay on a white leather recliner in a pristine exam room, holding an ice pack to her face. A nurse practitioner had just injected Ms. Jackson's forehead and eye area with Botox to smooth her wrinkles and had plumped her lips with injections of Restylane, a gel-like material.

Two years ago, Ms. Jackson might have been waiting her turn in a dermatologist's office with patients being treated for acne and cancer. But last month Ms. Jackson was able to receive her injections at a medical office inside a new beauty emporium called Klinger Advanced Aesthetics that also offers haircuts and spa treatments. It is in the NorthPark Center, a luxury mall in Dallas.

"It's not necessary for me to do this in a hospital," she said. "It's right here at the mall, and they are trustworthy doctors."

Klinger is hardly the first company to offer cosmetic injections in a mall. And it will hardly be the last: cosmetic medical procedures, a fee-for-service field, is worth \$12 billion a year, and pharmaceutical companies predict exponential growth.

But the recent opening of medical offices in Klinger boutiques at NorthPark, and at The Collection mall in Chevy Chase, Md., has sent ripples through a medical community that is struggling with questions about where it is acceptable to administer beauty injections, and who should do the injecting.

That Klinger has a medical office in its full-service beauty emporium — virtually attached to a Sephora store — has generated charges that it is blurring the line between beauty and medicine.

But what really has the medical community riled up is Klinger's partnerships with the University of Texas Southwestern Medical Center and Johns Hopkins Medicine, giving it and its entire business model the imprimatur of academia.

Further, Klinger intends to take that business model, which includes using nurse practitioners to do injections, and sell it to physicians who won't necessarily have dermatology or plastic surgery training.

Klinger and its partners see their venture as convenience medicine.

“We are in an era of medicine where we have to go to where the consumers are,” said Dr. Rod J. Rohrich, chairman of the plastic surgery department at University of Texas Southwestern Medical Center and director of medical services at NorthPark.

But critics, including Arthur L. Caplan, director of the Center for Bioethics at the [University of Pennsylvania](#), fear that the advent of Klinger will institutionalize the malling of Botox, hastening cosmetic medicine’s move to retail locations and making it seem more like a beauty counter makeover than a medical discipline.

“Either Botox is so safe and simple that barbers should be doing it,” said Dr. Caplan, who holds a Ph.D., “or it is a surgery in which you put a needle with bacteria into someone’s face, a procedure that might cause complications and should be done only by a physician.”

One may think that debate has been resolved, given the proliferation of so-called medi-spas in strip malls and storefronts around the country. Even when they are supervised by doctors, these spas often convey the message that a Botox injection is no more a medical procedure than a bikini wax.

“Botox Emergency? ... Call us immediately!” reads a video monitor in the window of Tribeca Skin Care, a medi-spa in Manhattan owned by a plastic surgeon.

A youth-obsessed public is responding. Americans had about 3.8 million Botox treatments last year, a 388 percent increase since 2000, according to the American Society of Plastic Surgeons.

According to Robert Grant, the president of Allergan Medical, a division of Allergan Inc., the company that makes Botox, one million Americans use antiwrinkle injections. But the potential audience is 27 million, Mr. Grant said in a recent speech to plastic surgeons.

Yet for all the promotion of Botox, the drug is a muscle-paralyzing, wrinkle-relaxing toxin. And cosmetic injections can occasionally

cause problems like bleeding under the skin or a nervous-system reaction that causes fainting, requiring medical care.

For that reason, most of the injections have been administered by doctors in their offices — though among medical associations, and the state medical boards who regulate the practice of medicine, there is disagreement about whether nurse practitioners and others should also be able to evaluate patients and administer cosmetic injections and laser treatments.

Klinger Advanced Aesthetics Inc., based in Norwalk, Conn., is emerging just as the medical community is grappling with many of these issues.

Klinger's goal is to create an office model to sell to practitioners like gynecologists and cosmetic dentists who want to enter the lucrative cash-for-services field of aesthetic medicine, said Richard Rakowski, Klinger's chief executive.

The company has a contract to pay several million dollars in consulting fees to Johns Hopkins Medicine. Mr. Rakowski said Hopkins has helped it develop the protocols for its aesthetic medicine offices and supplies the doctors at its Chevy Chase site. Under a separate agreement that does not include a consulting fee, Texas Southwestern has opened its own satellite plastic surgery office within Klinger at NorthPark.

Signs at the NorthPark medical office underscore its academic bona fides. One reads: "UT Southwestern Medical Center, Plastic Surgery." Another: "Johns Hopkins Medicine reviewed and approved the protocols and safety standards for all cosmetic medical services at this facility."

Dr. John D. McConnell, Texas Southwestern's executive vice president for health system affairs, said that NorthPark represents the university's attempt to set higher standards for "consumer driven" medicine.

“If this kind of medicine is going to be evolving, we would rather influence it in a positive way, by providing world-class physicians and an evidence-based medical practice, than to see it evolve without academic influence,” Dr. McConnell said.

But Dr. Caplan, and others, disagreed.

“This is a troubling shift toward the demedicalization of cosmetic medicine, turning it into a customer service akin to haircutting and toenail trimming,” Dr. Caplan said.

NorthPark is the kind of luxury mall where exercise devotees in pastel velour Juicy Couture tracksuits arrive at 7 a.m. so they can window shop while they power walk; where mothers in Tory Burch flats, carrying quilted [Marc Jacobs](#) handbags, take their daughters after school; where crowds gather for personal appearances by designers like Manolo Blahnik.

Klinger is across from a new Barneys New York store. Clients can find Texas Southwestern’s medical office by walking into Klinger’s bright foyer, past shelves stocked with face creams, past a hair salon, past massage and pedicure rooms, past a corridor leading to a Sephora.

Mr. Rakowski called the store an alternative for consumers who hate to be surrounded “by pathology and disease,” but who demand top-notch medical care.

The facility is a full-fledged medical office, supervised by Dr. Rohrich, a past president of the American Society of Plastic Surgeons and one of the most respected authorities in his field. The standards he maintains in his university office apply equally at NorthPark, he said.

No one, for example, can walk in for on-demand Botox. Every patient must first consult with a doctor or a nurse practitioner, who decides on the appropriate course of treatment; and everyone must sign up for a follow-up appointment, he said.

But Klinger also uses marketing similar to that of medi-spas. “Cosmedical” or “light medical” services are Klinger terms for medical procedures like Botox and Restylane injections. And its aestheticians, along with those at the neighboring Sephora, are trained to promote the medical procedures to customers, even escorting them to the medical office to set up appointments.

Some industry analysts said they are concerned about mixing medical professionalism with beauty sales techniques.

“The placement of a doctor’s office at what amounts to the end of a cosmetics counter is an advertising and marketing tactic,” said Nancy Tomes, a professor of history at the [State University of New York at Stony Brook](#) and the developer of “Medicine and Madison Avenue,” a research project. She called the Klinger model “a cash cow with a fig leaf of academic respectability.”

Dr. Rohrich said that aestheticians just provide information. “They are encouraging people to migrate from one place to another, but they don’t make any diagnosis,” he said.

He said he holds plastic surgery consultations at the mall office for about five hours a week and, when he is not on site, maintains close contact via phone and e-mail. Meanwhile Kay B. Banks, a nurse practitioner who previously worked in family practice and as Dr. Rohrich’s operating room nurse, evaluates most of the patients, decides on the appropriate procedures and administers injections and other treatments.

Mr. Rakowski said the Klinger model of doctor-supervised, nurse-practitioner-delivered aesthetic medicine raises the bar on medi-spas because it standardizes training, treatments, safety protocols and efficacy.

But Dr. David A. Colbert, a dermatologist in Manhattan, called practices such as Klinger’s — off-site doctors, nurse-delivered care, beauty marketing tactics — “McDermatology.”

Dr. Jeffrey S. Dover, a dermatologist in Chestnut Hill, Mass., said that he has refused offers from entrepreneurs to franchise his practice because he considers the idea unseemly and unsafe.

“We would never open a satellite office at a mall with nurse injectors where a doctor pops in once a week,” Dr. Dover said.

Dr. Roy G. Geronemus, a dermatologist in Manhattan and a clinical professor of dermatology at [New York University Medical Center](#), said, “Having a nurse in a mall inject someone without direct physician supervision trivializes the potential complications that could occur.”

Dr. Rohrich disagreed, saying that Ms. Banks’s advanced education, experience and training under his tutelage made her highly qualified and able to handle any emergency.

At a time when aesthetic medicine is moving away from doctors, Dr. Rohrich said, the Klinger paradigm provides safe, effective and reputable care. “If you are going to do it anyway, you might as well do it right and do it safe,” Dr. Rohrich said. “If we are providing a model for that, then I am all for it.”

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