

*Medical*. Stough DB. St. Louis: Mosby Press, 1996: 147-149.

### **Dr. David Seager Comments:**

In his letter to the *Forum* (Vol. 8, No.3, page 14), Dr. Walter Unger mentioned that if he were to personally undergo hair transplantation, he would do so using only micrografts. I hope that he meant "follicular units" and simply made a typographical error. Otherwise he may experience some of the poor growth to

which densely packed "all micrograft sessions" are prone when not dissected with stereoscopic microscopes. I sincerely hope that Walter understands this important difference.

More significant, however, is his statement, "I still think it is a pity to dump the 'standard' graft into the dustbin of history." It seems to me that they have already been dumped. The vast majority of the world's leading hair

transplant practitioners (who previously used the larger grafts) rarely, if ever, still use them.

Dr. Unger also wrote, "hair survival in standard grafts is 90-110%." I believe that this estimate is highly exaggerated. I have seen such results occasionally with his work and that of other surgeons, but it is certainly not the general rule. I have noticed that he gets "do-nutting" in many of his grafts just like the rest of us. Dr.

**G**reetings! Since we last conversed, two issues have resurfaced as topics for discussion. The first pertains to whether a doctor can refuse to perform a hair transplant procedure on a patient with an infectious disease.

I recently received a call from a surgeon whose office presented a patient with Hepatitis C. Unlike Hepatitis B infection, against which you and your staff can be immunized, Hepatitis C has no such protection to date. Universal precautions are, of course, practiced in performing any surgical procedure and/or any exposure to body fluids; so why would we not treat these patients?

Coincidental to this call, I heard a news report that the Supreme Court of the United States agreed to make a ruling on a case by a woman infected with HIV who was refused treatment by her dentist. She did not have full-blown AIDS, only the virus in her system. Her contention was that she was being discriminated against under the Americans with Disabilities Act of 1990. During the excellent discussion of this topic in Barcelona, it was stressed that it is of critical importance that we, as physicians, provide first for the safety of our patients. Will this elective surgical procedure harm the patient in any way? Will it exacerbate the patient's medical condition? This upcoming US Supreme Court decision can have long-reaching potential concerns for any practicing

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Unger adds the interesting caveat "if they are properly done" to his claim of better than 90% growth. Knowing as I do that he does not always get these figures, are we therefore to assume that he does not always do them properly? Together with other surgeons I have a more generous view and prefer to think that larger grafts will produce do-nothing even if "properly done." I suggest that there are a number of vascular factors which are responsible

physician. If won by the plaintiff, the decision as to whether or not to treat your patients may be ripped from the physician/patient relationship and placed in the courtroom.

I request that patients, who may be put in increased medical risk secondary to their surgery, provide a medical release and opinion letter from their personal treating physician as to whether my procedure would potentially harm them. All concerned must then participate in a discussion as to the benefits versus the risks of moving ahead with the procedure. What experience have you had?

The next issue that has come to light once again is the public perception of our field. It can be very nicely demonstrated in the following:

Recently, I saw a patient in consultation who had been seen in two other offices. He told me what he had been told at these prior consultations. Two consultants indicated that at age 33 his hair loss was stabilized, and he would not lose any more hair! When he asked if the doctors had also evaluated him, he stated "yes" and that each agreed with the consultant's assessment. One of the doctors told him that he would only need one, or at the most two, transplant procedures to achieve a full head of hair. The patient had a Norwood Class VI level hair loss.

The patient was also told that they were running a "special" regarding the cost of

for this, quite apart from the issue of surgical competence.

I do not for one moment mean to detract from Walter's undoubted skill at using "standard" grafts or his tremendous contribution to the art and science of hair transplantation. However, novice readers of the *Forum* need to be informed that even in the very best of hands, standard grafts give inconsistent growth and this is one of the reasons why so many experts have stopped using them.

his transplant if he signed up for surgery right away. Another rather unusual thing that this same consultant told the patient was not to tell any other doctor that the patient had seen him for this original consultation. He was also told that no matter what fee he would be quoted elsewhere, the original doctor would "beat the price." What's most disconcerting about all of this is that he said the doctor was the one who offered this price issue.

These issues created a sense of unease with the patient. His most disturbing comment to me was, "Doc, I've done a lot of research into replacing my hair, and I'm looking for an honest answer because I don't believe what I've been told by some of these doctors and salesmen." This comment struck me as to how, as more and more doctors and laymen have become involved in our field during the last very few years, the public perceives our profession. It is, frankly, disgraceful to observe such behaviors by members of our group. My parting comment to this thoughtful patient was a sincere apology for the unprofessional manner in which he had been treated. Remember these transgressions occurred not only by the physician's employees, but also by the doctor himself.

This true situation should open the eyes of many who are holding neither the medical profession nor the field of hair restoration in highest esteem. In a related situation a doctor called stating that a colleague in his community was advertising credentials about membership in organizations to which he did not belong. Patients told him that said doctor also told them that he had been performing hair transplant surgery for many more years than was true. Don't lie to patients. You not only look bad yourself, but you make us all look bad.

I welcome your comments and further examples of less-than-appropriate behavior by members of our profession toward our patients. ■