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AESTHETIC DAMAGE VS. COSMETIC SURGERY IMPLICATIONS IN CIVIL LAW EVALUATION

Abstract: Taking as an example the case study presented in this paper, we intend to discuss whether the availability of plastic surgery, as a form of improvement of traumatic lesions, should be taken into account during clinical assessment of aesthetic damage, or whether each patient is entitled to refuse this specific therapeutic, considering the risks it involves, like any other form of treatment.

Introduction and objectives

Nowadays, society is consumed by stereotyped images that media, with the help of numerous advertising and marketing campaigns, diffuse all around the world. As a result, appearance has actually become vital to its individuals that are devoured by the need of compulsive consumption in order to correspond to those creations and please others.

Hence, it is not at all surprising, that aesthetic damage is considered susceptible of monetary compensation following trauma in civil responsibility cases.

Medical experts are thus, expected to be familiar with this field so as to produce precise clinical evaluation that will be the foundation on which the judge can determine each individual compensation.

In the case study presented, we intend to discuss the problematic of plastic surgery as a form of correction of traumatic lesions and whether or not its availability should be taken into account during clinical assessment.

Case Study

In this case, we studied an 18 year old, female student, victim of a car accident in 01-04-2001. She suffered dislocation of the right shoulder, bifocal fractures of the right humerus (figs. 1, 2 and 3) and pelvis (fig. 4), second degree burn of the left thigh (fig. 5) and generalized abrasions throughout the body. The fractures of the arm were surgically treated, whilst the ones of the pelvis were treated conservatively.

As for the lesions on the thigh, the patient was submitted to a skin graft, derived from the ipsilateral leg, which then formed a queloid (figs. 5, 6, 7 and 8).

One year later, two expandable prostheses were placed beneath the healthy skin of the left thigh and were periodically filled, consequently increasing the amount of normal skin (figs. 9, 10 and 11).

They were then removed and the scared segment was excised, leaving a much narrower scar on the external aspect of the knee and lower thigh. The scar was surgically revised two more times measuring in the end, 25cm longitudinally per 5cm in its widest portion (figs 12, 13 and 14).

In the end, aesthetic damage was evaluated as 4 in a scale of 7 degrees, of increasing severity.

Discussion and Conclusion

When observed by the medico-legal expert, the patient had by far, a more discreet scar then initially, a fact that positively influenced the end result of the evaluation. Taking this example into consideration, two main questions arise. Firstly concerning the time elapsed between the traumatic event and the moment of observation. It is essential, for final conclusions, that the sequels are considered consolidated before examination. And secondly, one could be tempted to argue that in all cases, in which cosmetic surgery intervention could be of assistance in the resolution or minimization of the deformities produced by the traumatic event, it should be compulsory for the patients to accept such treatment. However, like any other form of medical management, it involves specific risks and each individual is entitled to determine which therapeutics presented should or not be accepted.

Therefore, would it be reasonable to slightly devaluate the sequels presented in cases of refusal of further cosmetic treatment?

Due to its controversy, it was concluded that it depends on each individual evaluator to determine whether in any given case, it would be reasonable to slightly devaluate the sequels presented when the patient refuses further cosmetic treatment at disposal.

References

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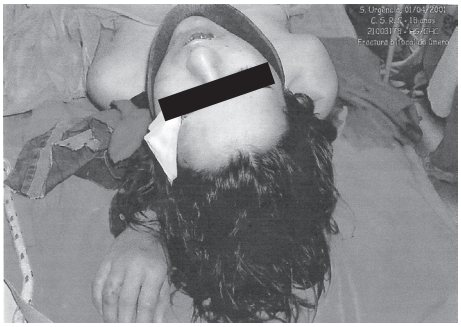

Figure 1 – Patient in the emergency room

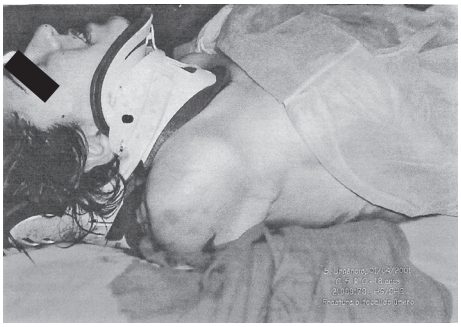

Figure 2 – Closer view of the dislocation of the shoulder in the emergency room

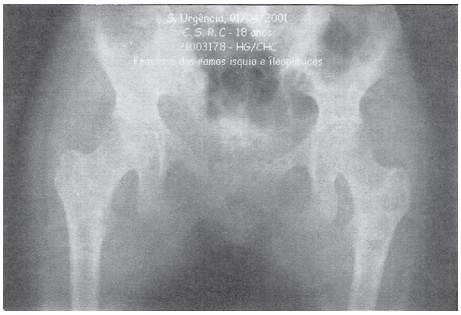

Figure 3 – X-ray of the fractured pelvis

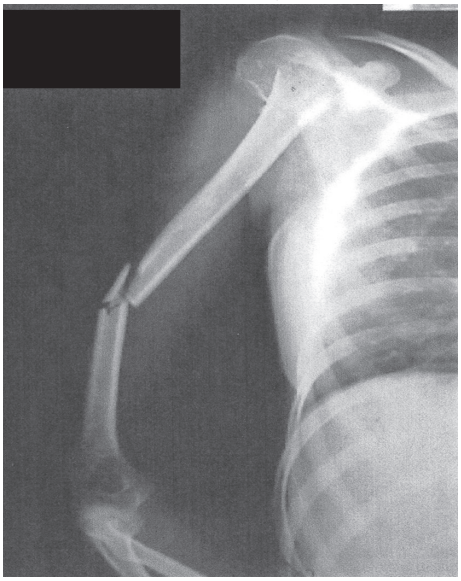

Figure 4 – X-ray revealing the bifocal fracture of the right humerus

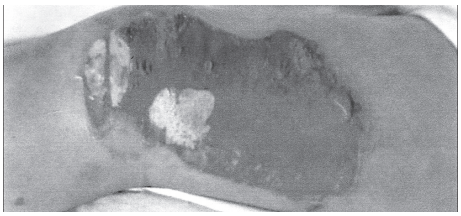

Figure 5 – Close view of the second degree burn of the left thigh

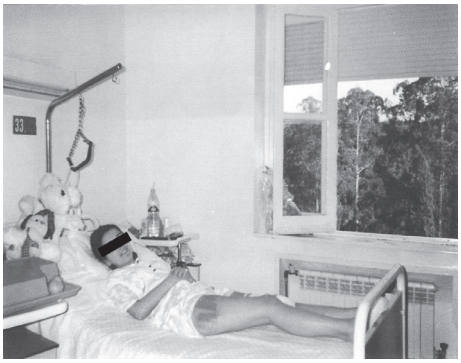

Figure 6 – Donor region of the skin graft on the right thigh.

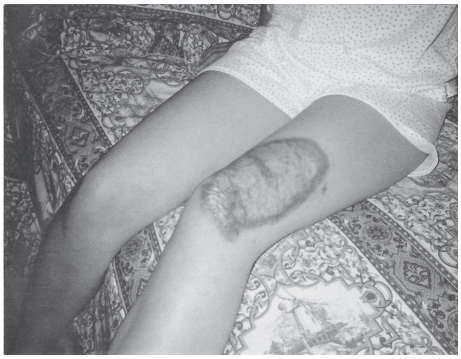

Figure 7– Healing of the lesion after the receiving the skin graft

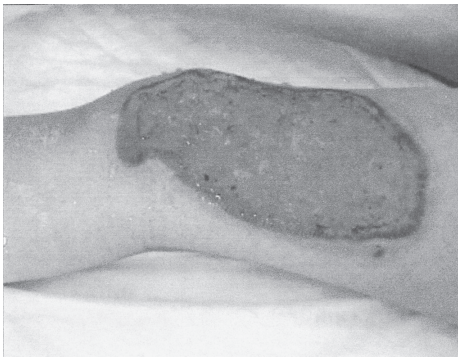

Figure 8 – Closer view of the healing tissue

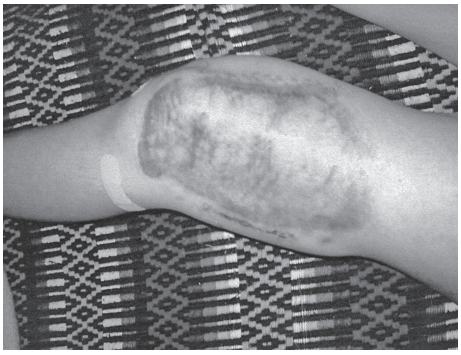

Figure 9 – View of the expandable prostheses placed beneath the healthy skin

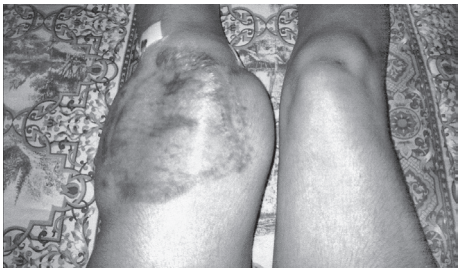

Figure 10 – Expandable prostheses fuller than before, increasing the amount of normal skin

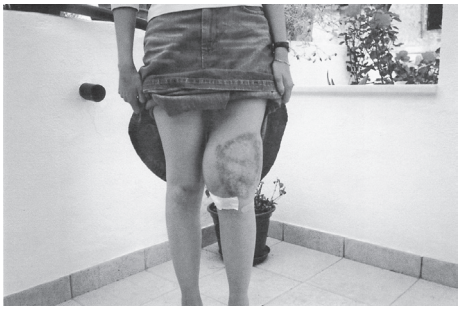

Figure 11 – Prostheses at maximum volume

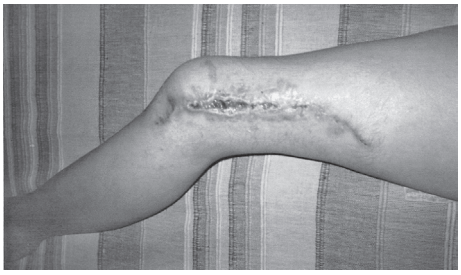

Figure 12 – Scar after the first corrective surgery

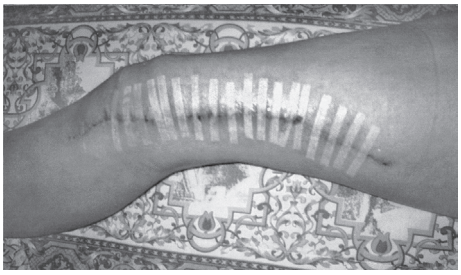

Figure 13 – Status after the second corrective surgery

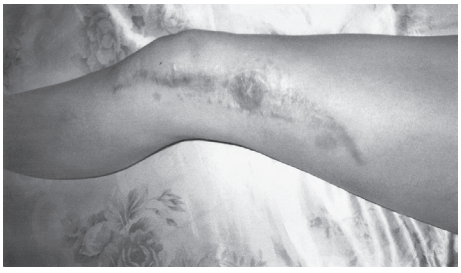

Figure 14 – Final result after plastic surgery intervention