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Identification of the "Prone-To-Complaints" [PTC] cosmetic surgeons of California

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Abstract

We wish to introduce a method to identify cosmetic surgeons who were involved in unusually large number of serious conflicts with their consumers (traditionally called patients) and were the subject of serious criticism (complaints). The method is based on the collection and publication of the surgeons' court history (publicly available data, lawsuits for alleged "medical malpractice"). This pilot study involved accessing the court files of 1440 licensed cosmetic/plastic surgeons in California (40% of total 3572 specialists) and identified 2414 medical malpractice records (i.e. 1.7 lawsuits/surgeon in average). As few as 25 licensees had more than 10 malpractice records, and they (1.7%) were responsible for 17% of the lawsuits against cosmetic surgeons. However 43% of doctors had no court complaints at all.

Correcting the court data with the number of years the physicians had after graduation (PGY) or after licensing (PLY) we could predict the number of lawsuits which might be expected at the end of their medical carrier and we predicted that 36 additional persons (2.5%) might be expected to have more than 10 malpractice lawsuits.

Eighty six persons in this study (5.9%) had already been the subject of some form of disciplinary actions by the Medical Board of California (MBC). The official MBC records added 72 (5.0%) more licensee to our observation list of controversial cosmetic surgeons. Noticeably, the number of disciplinary actions (remarks) by the MBC is generally less than 5% for doctors working in 6 major medical specialty (anesthesiology, surgery, medicine, gynecology, pediatric and psychology), however it is more than 6% for physicians in plastic surgery and facial reconstructive surgery and it riches to 12-18% (i. e. 2-3 times the average) for those licensed in cosmetic surgery as subspecialty.

The court records and the disciplinary actions altogether identified 133 licensees – 9.2% of all licensed cosmetic/plastic surgeons in CA - as "*Prone-to-Complaints*" (PTC) providers of cosmetic surgery services, there 97 (6.7%) are manifest, while 36 (2.5%) are potential PTC doctors.

These 3 categories of manifest and "developing" PTC doctors are responsible for 859 court complaints today (35% of total) and the prognosis suggests that they will increase the total court-complaint-burden of the cosmetic/plastic surgery by 54 % in ~ 15 years. Consequently some form of restrains (by colleagues, law-enforcement and consumers) on these PTC surgical-artisans should certainly and dramatically improve consumer satisfaction (including medical safety) and clean up the controversies around "beauty-doctors".

Publication of this information on the internet - as a comprehensive, interactive database - might significantly help the potential cosmetic surgery clients in their successful orientation between misleading, marketing 'excesses' and real professional honesty of cosmetic surgery service providers and avoid unnecessary complications (simply by being informed and avoiding these controversial, PTC actors).

Keywords: Cosmetic surgery; Medical ethic; Dishonesty; Greed; Medical malpractice; Court index; Medical Board of California; MBC; Patient complaint; Prone-to-complaints (PTC)

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1. Introduction

We performed a 5-6 year-long study on the *conditions of cosmetic surgery in California* [1]. The original purpose of this study was to collect reliable data to promote cosmetic surgery as a modern way to further improve the life quality of middle-aged men (in addition to the well-known medical methods, like hormone substitution, diet, exercise, et. cetera).

However our initial enthusiasm for cosmetic surgery quickly cooled down when we discovered that the insider reality of cosmetic surgery practices is very much different from the carefully nurtured fabulous external, public image [2]. However some studies on the medical and legal history of cosmetic surgery quickly revealed that controversies around this activity are not new and it's deviant nature (from plastic surgery and traditional medicine) having been in the focus of professional- and media attention many times [3], including several lawsuits and even a congressional hearing [4] and numerous critical publications. The main criticism is directed against the "beauty doctors" for 1) their "blatant commercialism", 2) "deceptive advertising" 3) and the lack of proper and necessary specialist training. These activities are regularly resulting in severe bodily disfigurements and deep, emotional scares to thousands of cosmetic surgery clients who became the *victims* of some unprofessional, unethical activity (that is camouflaged to be a regular, legitimate, medical and humanitarian service in the interest of a "patient").

Cosmetic surgery is a commercial activity after all, there a medically educated and licensed person (who could be a *doctor* if he was treating sick persons) is selling medical/surgical know-how to healthy persons, consumers (who could be *patients* if they were sick) [5]. (But they aren't). The cosmetic surgery consumer selects and purchases a surgery to satisfy his/her ideas of "*beauty*". This is, or should be, formally a regular business transaction like buying a car or ordering a diner in a restaurant. But it isn't. The involvement of the "*white rock*" confuses everybody. It gives status to the service provider: he is a "*doctor*", not a merchant or trader. It gives status to the consumer: he is a "*patient*" who receives a "*treatment*" i.e. something he "*needs*" (and not just satisfies her desires). This arrangement is seemingly good and acceptable for everybody, until something goes wrong. What happens when the product ("the beauty on demand") doesn't show up? There is no *product warranty*, there is no way to *return* the unsuccessful surgery. The consumer might believe that he was dealing with a doctor and files a complaint at the MBC, but this licensing agency will not find any malpractice: an 'asymmetric face', a 'bumpy nose' is not medical malpractice. The unhappy consumer may go to the Courts but the Courts will send her to the MBC (they also believe that everything under the shadow of a white rock is "medical", i.e. not their subject matter jurisdiction). The constitutionally warranted "*day in court*" [6] means 2-3 minutes before a judge in these cases. The citizen can look for an attorney for help, but the plaintiff's attorneys are effectively excluded from most of the medical malpractice cases by MICRA [7]. MICRA caps compensation for what are known as "non-economic" damages – including life-altering situations. It was intended to lower medical malpractice liability insurance premiums for healthcare providers in CA by decreasing their potential tort liability. This law makes the malpractice lawsuits unattractive for consumer attorneys. Consequently most attorneys are representing doctors who have strong legal budget (malpractice insurances).

Large number of medical and legal efforts having been done to adopt cosmetic surgeons and their activities to the regular norms of the American Society (there consumer protection is important), as well as to the historical standards of medical ethics (there the "patients'" interest is paramount and supersedes the monetary interest of the doctors). However it became a depressing reality that organized cosmetic surgeons "*have the power, ability and cohesiveness to stall and frustrate the majority of efforts*" [6, 7] in this direction.

Today, the only way to avoid cosmetic surgery related trouble is to make a good choice and go to an honest and professional surgeon who will really deliver that he promises. That's the key. But. Cosmetic surgery is a business, an activity for profit. Far away from the ethical code of the American Medical Association (AMA) that requests that "*Under no circumstances may physicians place their own financial interests above the welfare of their patients*" [8]. Crocked "beauty doctors" do everything that they can to avoid objective, fact-based comparison. They are simply misleading in their advertisements and during the pre-operative meetings with their potential clients. They are using (misusing) their psychological education and pursue the ignorant public to sign up for a surgery. What happens after the surgery is no longer their problem that is the attorney's and the malpractice insurance company's.

We assume, that it is only about 10% of cosmetic surgeons who are *disturbingly* dishonest, while 90% does good or acceptable job. But the consumer's dilemma remains: how to identify these 10%, potentially very dangerous doctors in time, i.e. before appointing them for a surgery? The MBC knows well who are these controversial actors, but they will not disclose it to the public. Insurance companies are also operating under secretes, the registry of arbitration awards [9] is also closed for regular persons, like consumers.

The consumers are often totally, desperately (and even fatally) on their own when facing the medical-legal monopoly (conspiracy?) of our society.

There is only one single source of information that is still available for the public (after considerable trouble and expanses) and that is the Court Indexes and the related databases. Retrieving the medical malpractice cases is the only way today to estimate the risk for potential conflict with a doctor. Filing a medical malpractice claim on a Court against a doctor is a very serious form to express very strong complaints, no doubt about that. It is not important if the doctor was found guilty for wrongdoing or not, the bare existence of the legal complaint is a serious "red flag" for any future potential clients of the sued doctors.

Here we present our pilot study for this consumer dilemma.

2. Methods and Results

2.1. MBC records

The Physician and Surgeon Database [10] lists (accessed on Nov. 8th, 2017) totally 135,375 persons [11] with "Current" license in California [i.e. the Licensee meets requirements for the practice of medicine in California]. At about 61,196 are active patient care MDs [12]. The licensees are listed under 138 categories, corresponding to their specialties there primary and secondary specialties are separated.

The license's "secondary status" lists the critical "remarks" (disciplinary actions) against physicians in 37 categories (REF_SecondaryStatusCodeModifier). There are 12.707 remarks altogether [~ one remark/11 licensee = 9 %], issued against 8535 doctors [one or more remark/16 doctors = 6.2 %].

The frequency of remarks and the number of disciplined doctors shows a moderate variation around the 5% resp. 3.3% average in the 6 major medical specialties (anesthesiology, surgery, medicine, gynecology, pediatric and psychology). Somewhat higher frequencies are seen in plastic-/facial plastic surgeries. However remarks against cosmetic surgeons are 4-5-times (SIC!) more frequent than the average for the entire "big" medical profession, which is – of course – a highly significant difference. (Table 1. and Figure 1.) Additional information had been provided by the Court records which also support the prominent position of cosmetic surgeons in collecting complaints. (See Table 3).

Table 1 Frequency of "remark" in major specialties in California- 2017

SPECIALTY (PR/SEC)	LICENSE (#)	REMARKED LIC. (#)	REMARK/LIC (%)		SPECIALTY (PR/SEC)	LICENSE (#)	REMARKED LIC. (#)	REMARK/LIC (%)
ANESTH1	8698.0	258.0	3.0		COSMSURG1	296.0	56.0	18.9***
ANESTH2	2139.0	85.0	4.0		COSMSURG2	675.0	81.0	12***
GENSURG1	4182.0	199.0	4.8		FACPLARE1	345.0	28.0	8.1
GENSURG2	1789.0	83.0	4.6		FACPLARE2	595.0	36.0	6.1
INTMED1	18881.0	611.0	3.2***		PLASTSUR1	1870.0	111.0	5.9
INTMED2	12807.0	349.0	2.7***		PLASTSUR2	615.0	41.0	6.7
OBGYN1	6946.0	383.0	5.5		UNI-COS1	174.0	44.0	25.2***
OBGYN2	1771.0	101.0	5.7		UNI-COS2	344.0	50.0	14.5***
PEDIATRC1	11199.0	174.0	1.5***		UNI-FAC1	223.0	11.0	4.9
PEDIATRC2	4359.0	98.0	2.2***		UNI-FAC2	331.0	0.0	0***
PSYCH1	9976.0	428.0	4.3		UNI-PLA1	1431.0	76.0	5.3
PSYCH2	2235.0	98.0	4.4		UNI-PLA2	410.0	21.0	5.1

MEAN:6.6+/--1.1% [S.E.M., n: 24] - ***: p<.001 - significant difference from the group's mean value

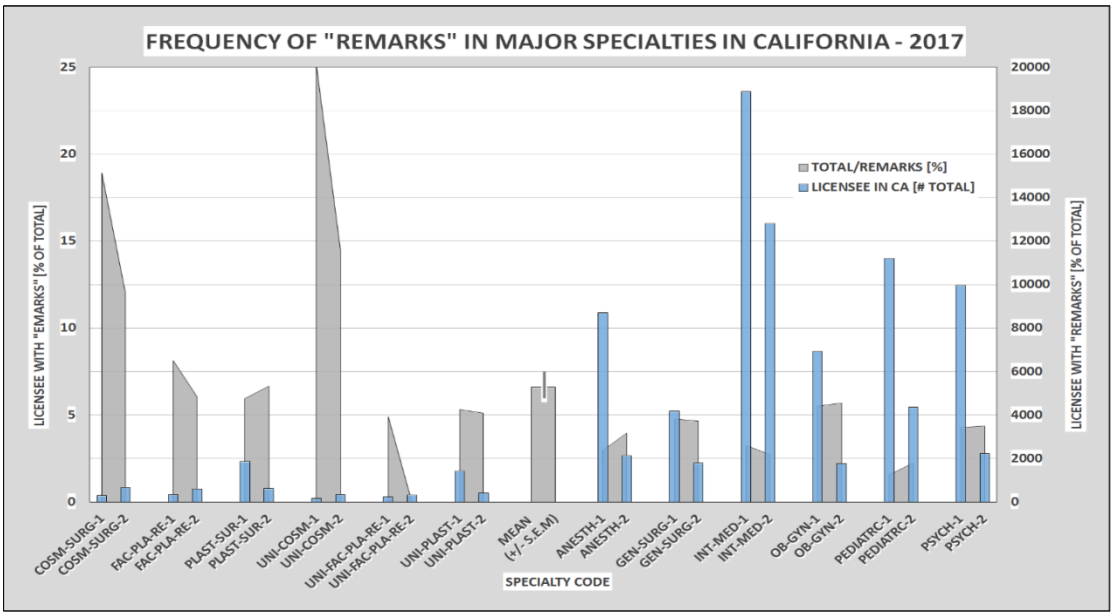

Figure 1 Frequency of "remarks" in some major specialties in CA – in 2017. The number of licensees (blue bars, left axis) and the percentage of licensees with "remarks" (green bars, right axis) are compared. The left blue bars and the left edge of the green bars indicate "primary" while the opposite sides indicates the "secondary" specialties. Data were taken from Table 1,

2.2. Court records

Court Indexes and legal tools are another valuable sources of information about a physician. The Court Index of the Superior Court of CA, Los Angeles [13] and the LexisNexis® [14] - are examples for his approach.

We have accessed the court history of 1440 randomly selected licensees of total 3572 (accessed on 2017.11.15). This is a pilot study, but the result can be regarded as representative, as it involved 40% of the doctors in question. We identified 2414 different lawsuits for "medical malpractice", that is in average 1.67 lawsuits/doctor. [This is certainly less than the real number of lawsuits, as the court databases are geographically distributed and no integrative database covers all courts and all cases].

The distribution of court complaints is not even between licensees, not even close. A few doctors are preferentially sued on courts: 20% of doctors are responsible for 60 % of all complaints and 56 % of surgeons covers all complaints [i.e. 44 % of doctors have no lawsuits at all. The 25 most "Prone-to-Complaints" (PTC) doctors [>10 known malpractice complaints; 1.7%] collected 410 court complaints [17%] altogether. (Figure 2.)

This simple counting of the number of court complaints (#CC) provides a general picture about the recent general complaint-burden of the entire specialty in question. However to evaluate the impact of the individual doctors we need to take into consideration the years of the particular doctor in practice [post-graduate years (PGY) or post-licensing years (PLY)] and the patient volume (working hours, turnover). In our selection the average PGY and PLY were 30.21+/-0.3 and 25.37+/-0.3 years (mean+/-S. E. M.), respectively. PGY and PLY data have been calculated from the year of graduation and licensing (both available from the licensing board, MBC) however the patient volume is very difficult to estimate.

To eliminate the influence of differences in the PGY and PLY of different doctors, we calculated the expected number of court complaints 45 years after the graduation (#CC-45PG) and 40 years after receiving their license (#CC-40PL), using the equations:

$$\#CC\text{-}45PG = \#CC/PGY*45 \text{ and } \#CC\text{-}40PL = \#CC/PLY*40 \text{ or } \#CC\text{-}PX = [\#CC\text{-}45PG + \#CC\text{-}40PL]/2$$

(There the #CC are the number of recent, counted Court Complaints for alleged medical malpractice; PGY and PLY are the calculated years after graduation or licensing, respectively.)

The prediction of expected lawsuits (#CC-PG45 and #CC-PL40) provides, understandably, a different set of PTC persons than the courted #CC values. The persons with high predicted values are in the risk to collect numerous additional "real" complaints - as they have many active years before them - if they don't improve their relation to their consumers. By this way, the #CC are the picture of "today", while the #CC-PG45 and #CC-PL40 values are the visions of the "future".

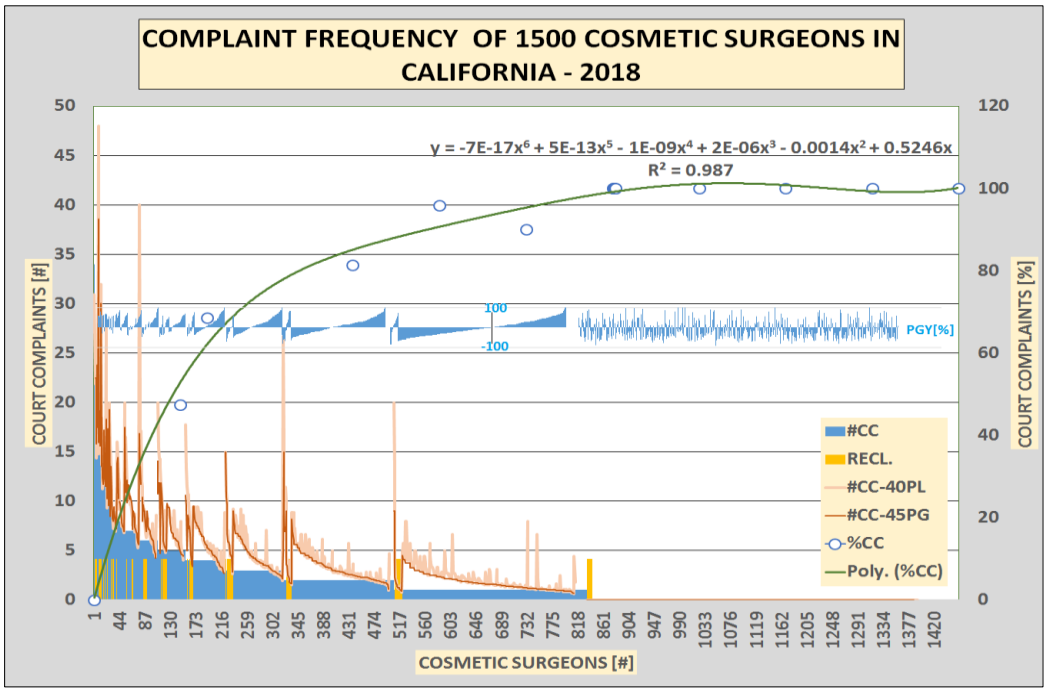

Figure 2 Complaint Frequency of 1440 Cosmetic Surgeons in California – 2018. The number of individual court complaints (for medical malpractice) (#CC) of 1440 cosmetic surgeon were sorted in descending order and compared to the share in the total 2440 (100%) court complaints accumulated by all entire specialty (%CC). MBC sanctions [RECL: 86 licensees] were indicated by yellow bars. The estimated number of future court complaints 40, 45 years after licensing and graduation, respectively (#CC-40PL and #CC-40PG) are indicated by the two brownish lines. The variation of the age of the physicians are indicated by the variation of PGY around the mean PGY=30 years and expressed as PGY [%] (oscillating blue line across the middle of the figure)

2.3. Identification of the "*Prone-to-Complaints*" *[PTC]* Licensees

The actual number of court complaints (#CC) combined with the two calculated prognostic values (#CC-PG45, #CC-PL40, 3CC-PX) might provide a simple numerical approach to identify "established" and "developing" PTC medical service providers. Licensees who already collected (#CC) or have the calculated potential (#CC-PG45 or #CC-PG40 or #CC-PX) to collect more than 10 court complains were regarded to be PTC persons.

We regarded even the doctors with MBC-remarks [RECL.] as PTC personalities (even in the absence of any court record) as the MBC remark is always the consequence of some extremely serious complaint against that doctor. A remark against a licensee doesn't necessarily means that he/she has many court complaint too.

The #CC [>10], #CC-PG45 [>10], #CC-PL40 [>10] and MBC remarks [given value =10] altogether identified 133 licensees. (Table 2. Figure 3).

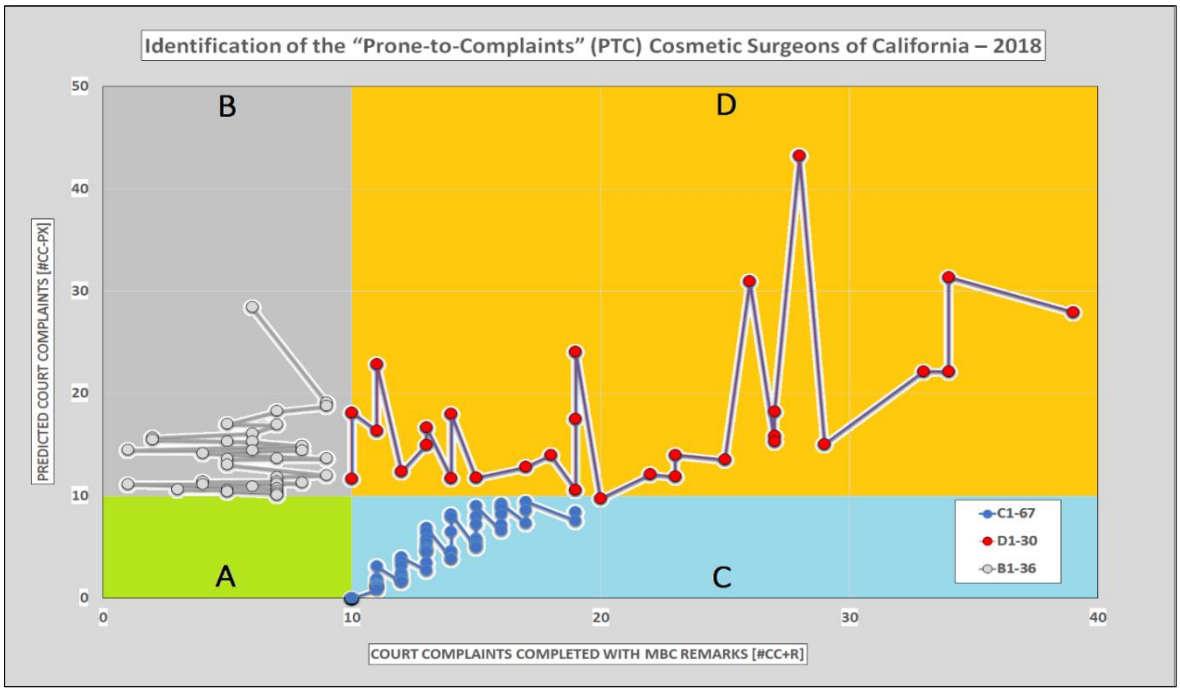

Figure 3 Identification of the "Prone-to-Complaints" (PTC) Cosmetic Surgeons of California – 2018. The recent Court Complaints completed with eventual MBC remarks (#CC-R) of 1440 cosmetic/plastic surgery licensees were plotted against the calculated (predicted) numbers of Court Complaints (#CC-PX). Licensees with 10 or more recent (blue area, C), predicted (grey area, B) or both (yellow area, D) Court Complaints were identified as PTC individuals. This method identified 133 PTC persons [D: 30 (2.1%), C: 67 (4.6%), B: 36 (2.5%)] while the remaining (green area), A: 1307 (90.8%) remained in the non-PTC category (belonging to A), green empty area). Compare to Table 2.

Table 2 Identification of the "Prone-to-Complaints" Cosmetic Surgeons of California – 2018 List of the 133 Identified PTC Licensees [Preliminary*]

CAT.	PTC#	Lic_	INI	City	YOL	R	# CC	#CC+R	#CC-PX		CAT.	PTC#	Lic_		City	YOL	R	# CC	#CC+R	#CC-PX
D1	1	383	NVC	Long Beach	1975	Y	29	39	28		C38	68	836	HHL	BEVERLY HILLS	1997	78	2	12	4
D2	2	272	GTB	CULVER CITY	1974		34	34	31		C39	69	663	RM	RANCHO MIRAGE	1998	70	2	12	3
D3	3	263	WAG	LOS ANGELES	1974	71	24	34	22		C40	70	420	JRY	VAN NUYS	1985	78	2	12	2
D4	4	301	AMS	WEST COVINA	1976	78	23	33	22		C41	71	417	AKC	LOS ANGELES	1985	76	2	12	2
D5	5	274	HGB	NEWPORT B	1965	79	19	29	15		C42	72	319	TTH	SAN JOSE	1978	71	2	12	2
D6	6	845	MO	LOS ANGELES	2003	78	18	28	43		C43	73	334	FA	BEVERLY HILLS	1979	78	2	12	2
D7	7	396	DLM	LOS ANGELES	1979	71	17	27	18		C44	74	252	LAS	WOODLAND HILLS	1973	81	2	12	2
D8	8	302	RKS	LOS ANGELES	1976	71	17	27	16		C45	75	285	RWS	SANTA MONICA	1966	77	2	12	2
D9	9	340	MPS	DEL MAR	1972	79	17	27	15		C46	76	103	SSL	LOS ANGELES	2008	47	1	11	3
D10	10	652	SSO	BEVERLY HILLS	1998	71	16	26	31		C47	77	618	HY	DOWNEY	1997	81	1	11	2
D11	11	262	FS	SAN FRANCISCO	1974	50	15	25	14		C48	78	647	STV	HUNTINGTON B	1998	48	1	11	2
D12	12	389	JBC	SANTA MONICA	1982	71	13	23	14		C49	79	481	SD	DOWNEY	1990	78	1	11	1
D13	13	310	RE	LOS ANGELES	1975	78	13	23	12		C50	80	609	RHC	W. HOLLYWOOD	1987	77	1	11	1
D14	14	357	GMM	BAKERSFIELD	1977	71	12	22	12		C51	81	600	JKB	GARDEN GROVE	1987	78	1	11	1
D15	15	295	TAG	FRESNO	1975	78	10	20	10		C52	82	430	MG	ORANGE	1992	81	1	11	1
D16	16	434	JAA	LOS ANGELES	1987		19	19	24		C53	83	515	HCM	FULLERTON	1983	81	1	11	1
D17	17	297	SMK	LA JOLLA	1975		19	19	18		C54	84	400	MN	HEMET	1983	78	1	11	1
D18	18	411	RAY	VISALIA	1983	50	9	19	11		C55	85	344	GBR	LODI	1979	52	1	11	1
D19	19	845	SCS	LA MESA	1998	70	8	18	14		C56	86	385	MVE	NEWPORT B	1978	71	1	11	1
D20	20	846	PGL	LOS ANGELES	1998	78	7	17	13		C57	87	225	RPG	OAKLAND	1967	71	1	11	1
D21	21	747	JPH	BAKERSFIELD	2001	78	5	15	12		C58	88	525	NTD	SAN JOSE	2006	48	0	10	0
D22	22	576	DMK	SAN DIEGO	1986		14	14	18		C59	89	450	STM	DALY CITY	1981	70	0	10	0

D23	23	158	GMT	W HOLLYWOOD	1968		14	14	12		C60	90	227	PJV	NEWPORT B	1968	71	0	10	0
D24	24	574	HM	BEVERLY HILLS	1986		13	13	17		C61	91	349	DJP	BERKELEY	1977	71	0	10	0
D25	25	113	RMS	LOS ANGELES	2010	70	3	13	15		C62	92	870	JNC	LOS ANGELES	2004	76	0	10	0
D26	26	381	MM	BEVERLY HILLS	1982		12	12	12		C63	93	833	WHB	LOS ANGELES	1996	76	0	10	0
D27	27	865	JTC	NEWPORT B	2002		11	11	23		C64	94	104	JRH	SAN DIEGO	2008	78	0	10	0
D28	28	693	SY	ENCINO	1990		11	11	16		C65	95	517	GGC	SANTA ROSA	1993	78	0	10	0
D29	29	837	RFG	PLEASANTON	1997		10	10	18		C66	96	346	WFK	WINDSOR	1977	80	0	10	0
D30	30	459	VBB	GLENDALE	1989		10	10	12		C67	97	416	WJS	CARLSBAD	2004	81	0	10	0
C1	31	304	AKG	CERRITOS	1976	70	9	19	8		B1	98	121	CNC	GREENBRAE	2012		6	6	28
C2	32	303	TRV	SAN DIEGO	1968	71	9	19	8		B2	99	692	AT	LONG BEACH	1999		9	9	19
C3	33	608	KFC	FRESNO	1987	76	7	17	9		B3	100	723	SJR	DANVILLE	2000		9	9	19
C4	34	536	DGG	BEVERLY HILLS	1984	78	7	17	9		B4	101	874	TKD	NEWPORT BEACH	2004		7	7	18
C5	35	442	GTF	CERRITOS	1981	47	7	17	7		B5	102	102	HL	FULLERTON	2008		5	5	17
C6	36	722	TKP	LA MESA	1991	79	6	16	9		B6	103	774	MMY	SANTA MONICA	2001		7	7	17
C7	37	756	RAS	LA JOLLA	1992	50	6	16	9		B7	104	941	MSE	LA JOLLA	2006		6	6	16
C8	38	686	PEC	DEL MAR	1990	48	6	16	9		B8	105	798	LNN	WARSAW	2015		2	2	16
C9	39	642	CJS	LA MESA	1988	48	6	16	8		B9	106	127	PTN	LOS ANGELES	2013		2	2	16
C10	40	511	DCH	LOS ANGELES	1983	71	6	16	7		B10	107	104	LWT	PASADENA	2008		5	5	15
C11	41	427	ABB	SAN FRANCISCO	1980	48	6	16	7		B11	108	858	ASM	LAGUNA BEACH	2004		6	6	15
C12	42	551	JJS	ENCINO	1995	91	5	15	9		B12	109	845	PSN	BEVERLY HILLS	1998		8	8	15
C13	43	550	TTN	FOUNTAIN V	1995	48	5	15	8		B13	110	143	JYK	WOODLAND HILLS	2016		1	1	15
C14	44	500	YMK	ESCONDIDO	1996	78	5	15	7		B14	111	834	RED	ENCINO	1996		8	8	14
C15	45	439	AAH	OXNARD	1987	50	5	15	6		B15	112	867	WB	LOS ANGELES	2004		6	6	14
C16	46	368	KJO	TEMECULA	1981	91	5	15	6		B16	113	107	MKO	BEVERLY HILLS	2009		4	4	14
C17	47	400	HHA	TORRANCE	1979	91	5	15	5		B17	114	757	RDH	BEVERLY HILLS	1992		9	9	14
C18	48	371	AZ	GILROY	1981	78	5	15	5		B18	115	862	JTL	ELK GROVE	2001		7	7	14

C19	49	319	DNM	OXNARD	1976	71	5	15	5		B19	116	906	JGF	ORINDA	2005		5	5	14
C20	50	872	MLM	BEVERLY HILLS	2004	50	4	14	8		B20	117	873	GDM	LOS ANGELES	2004		5	5	13
C21	51	696	RT	SAN CLEMENTE	1999	47	4	14	8		B21	118	433	PAM	SHERMAN OAKS	1995		9	9	12
C22	52	763	CSV	TORRANCE	1993	71	4	14	7		B22	119	794	RFR	TORRANCE	1994		7	7	12
C23	53	500	SAM	SANTA ANA	1991	71	4	14	5		B23	120	766	GK	BEVERLY HILLS	1993		7	7	11
C24	54	411	RBA	LOS ANGELES	1984	81	4	14	5		B24	121	966	PHL	BEVERLY HILLS	2006		4	4	11
C25	55	374	TES	MODESTO	1978	48	4	14	4		B25	122	503	SJV	SHERMAN OAKS	1992		8	8	11
C26	56	413	FHC	BREA	1979	91	4	14	4		B26	123	748	SAL	BEVERLY HILLS	1992		7	7	11
C27	57	771	MMS	NEWPORT B	2001	49	3	13	7		B27	124	951	MZ	SANTA MONICA	2006		4	4	11
C28	58	752	MEM	BEVERLY HILLS	2001	77	3	13	6		B28	125	135	MAM	ORANGE	2015		1	1	11
C29	59	617	DRS	BAKERSFIELD	1997	71	3	13	6		B29	126	842	SB	NEWPORT BEACH	1997		6	6	11
C30	60	554	BJE	TEMECULA	1995	48	3	13	5		B30	127	534	OIL	BEVERLY HILLS	1994		7	7	11
C31	61	608	WJM	NEWPORT B	1996	53	3	13	5		B31	128	994	SA	WEST HILLS	2007		3	3	11
C32	62	769	BJC	RIVERSIDE	1993	70	3	13	5		B32	129	683	GKL	PALO ALTO	1999		5	5	11
C33	63	532	UR	SAN FRANCISCO	1994	71	3	13	5		B33	130	732	MRL	VALENCIA	1992		7	7	10
C34	64	491	GPM	BEVERLY HILLS	1991	70	3	13	5		B34	131	881	MMK	RANCHO CUCA	2004		5	5	10
C35	65	424	MSR	RANCHO MIR	1988	78	3	13	3		B35	132	494	LMS	LAGUNA NIGUEL	1991		7	7	10
C36	66	339	DMM	BEVERLY HILLS	1972	70	3	13	3		B36	133	673	MAO	LA CANADA	1989		7	7	10
C37	67	723	PVD	LOS ANGELES	2000	78	2	12	4											

IDENTITY: FIRST 3 DIGITS OF LICENSE NR (LIC_), INITIALS (INI), PRACTICE (CITY). YEAR OF LICENSE (YOL) - SCORES: MBC CODE OF DISCIPLINARY RECORDS (R), NUMBER OF COURT COMPLAINTS (#CC); CORRECTED #CC WITH R (#CC-R); PREDICTION OF FUTURE COURT COMPLAINTS, (#CC-PX).

2.4. Specialty profile

The recent collection of 1440 licensees contains 3 subspecialties (cosmetic, COS; facial- reconstructive, FAC; and plastic, PLA) each further divided into two subgroups, primary and secondary (1 and 2), depending on the physicians priority to practice them. These subspecialties are very different from each other, regarding their patients/consumers, priorities, ethical commitments, et cetera. Therefore, it was important for us to examine the possible differences in the frequency of PTC actors. However, many doctors register and practice different subspecialties in combination or alternatingly during their active time as surgeons. Others register, say plastic surgery as primary specialty, but in reality they practice exclusively cosmetic surgery. Therefore the classification for PTC frequency analyses is difficult and has its limitations. However it is still possible to approach the question, with proper caution, because there are 805 physicians in our pool who are registered to practice only one subspecialty [referred as UNI specialists in this study]. They may have other registered subspecialty within other medical discipline, but outside the COS, FAC, PLA group. (Combination of specialties ENT (Ear, Nose & Throat) and COS are, for example, rather popular today). (Fig. 4, Table 3).

The subspecialty search for PTC persons showed one significant difference, namely that cosmetic surgery is heavily populated by PTC personalities. There are more PTC doctors (30%), more complaints (6%) in the COS1, COS2 groups than in in any other groups. The difference is statistically strongly significant, up to 5-fold differences. We found the less PTC doctors and less complaints in the FAC1, 2 groups. Generally there is no difference between primary (1) and secondary (2) specialties regarding the PTC doctors and consumer complaints.

Table 3 Frequency of "PTC" Licensees in different subspecialties

	#CC + RECL								GROUP	#CC - PX								
T	COS1	COS2	FAC1	FAC2	PLA1	PLA2	ALL1	ALL2		COS1	COS2	FAC1	FAC2	PLA1	PLA2	ALL1	ALL2	T
O	6.4	6.1	1.8	1.7	2.3	2.2	2.7	2.3	Mean	5.0	4.5	2.4	2.4	2.7	2.3	2.8	2.5	O
T	1.0	1.3	0.3	0.4	0.2	0.3	0.2	0.1	S.E.	0.8	1.1	0.4	0.5	0.2	0.3	0.1	0.1	T
A	7.7	7.3	2.7	2.7	4.2	3.5	4.7	4.3	S.D.	6.0	6.1	3.1	3.5	4.1	3.1	4.2	4.0	A
L	60.0	34.0	73.0	53.0	477.0	108.0	805.0	1461.0	N	60.0	34.0	73.0	53.0	477.0	108.0	805.0	1461.0	L
P	16.3	16.7	12.5	11.0	16.0	12.5	15.5	15.5	Mean	17.2	17.7	12.8	18.2	15.2	12.1	15.5	15.1	P
T	1.6	1.9	1.5	1.0	1.0	0.8	0.7	0.6	S.E.	2.5	4.8	2.1	0.0	1.3	0.4	1.0	0.7	T
C	6.9	5.8	2.1	1.4	5.7	2.3	5.7	6.1	S.D.	7.0	9.6	2.9		6.8	0.8	6.6	6.0	C
	18.0	9.0	2.0	2.0	30.0	8.0	69.0	97.0	N	8.0	4.0	2.0	1.0	26.0	4.0	45.0	73.0	
	30.0	26.5	2.7	3.8	6.3	7.4	8.6	6.6	PTC [%]	13.3	11.8	2.7	1.9	5.5	3.7	5.6	5.0	

#CC=RECL: VALUE 10 IS ADDED TO #CC [COUNTED COURT COMPLAINTS] WHEN MBC SANCTIONS [RECL.] APPLIED [CALCULATED]
#CC-PX: AVERAGE OF CALCULATED COURT COMPLAINTS 45 YEARS AFTER GRADUATION [#CC-45PG] AND 40 YEARS AFTER LICENSING [#CC-40PL] [CALCULATED]

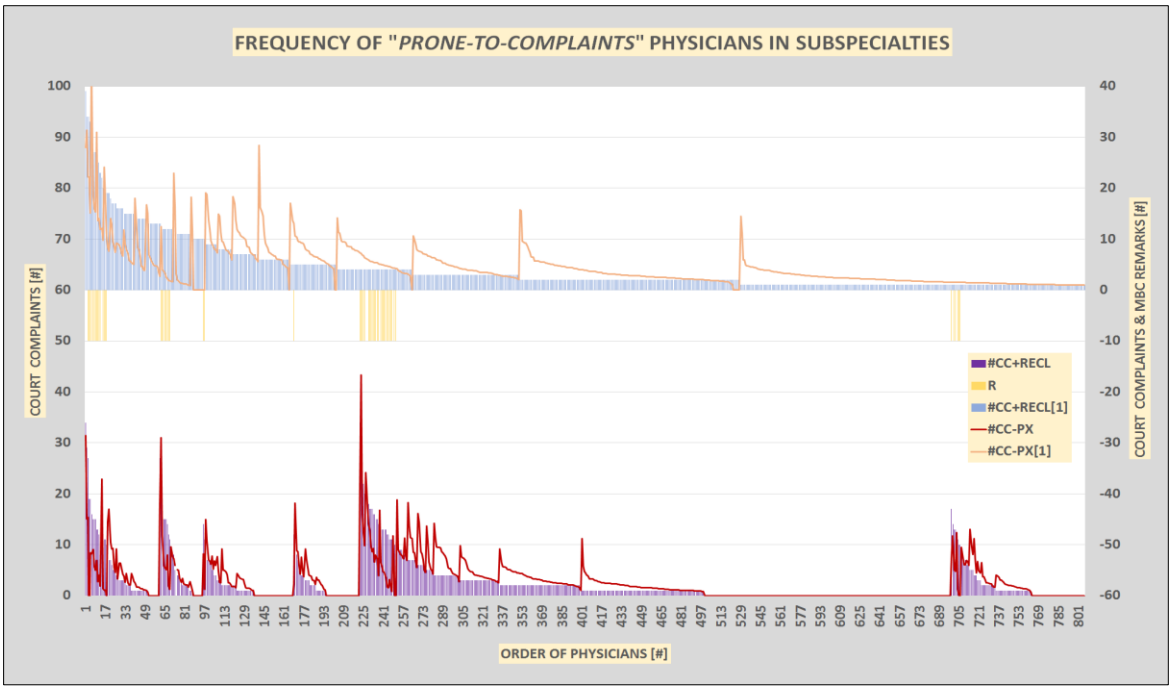

Figure 4 Frequency of "Prone-to-Complaints" Physicians in Subspecialties. The actual and predicted (PGL40) complaint frequencies (#CC) of 805 UNI specialists are plotted together (upper part of the figure) or separated into 6 sub-specialty groups (lower part of the figure in order of: COS1, COS2, FAC1, FAC2, PLA1, PLA2). The presence of MBC remarks (R), (sanctions), are indicated by yellow bars. A value of 10 had been added to the #CC of the affected licensees (#CC+RECL) to combine the information from MBC (remarks, sanctions) and Courts (malpractice complaints) to a single numerical value which is suitable for statistical analyzes. (See even Table ~~IV~~ 3. for statistical evaluation)

2.5. Geographic profile

Investigation on the 10 largest cities in California showed that there is a significant correlation between the number of cosmetic surgeons acting in that areas and the number of actual or predicted number of complaints against them, [R^2=0.85 and R^2=0.87, respectively]. The correlation between the number of doctors and the number of PTC persons or the complaints against PTC licensees is much less significant [R^2=0.67 and R^2=0.59, respectively]. The possible interpretation is that the number of doctors is not the only determinant of the size of the PTC subgroup. The geographic differences are large. As much as 68-73% of all complaints are directed against PTC doctors in Los Angeles and Fresno. At the same timer Sacramento, Palo Alto and Pasadena have no PTC doctor related complaints at all.

Los Angeles is clearly the largest contributor to the PTC doctors and associated complaints. [As much as 14 cosmetic surgeons (13.5%) have already been the subject of MBC investigations and were "awarded" with sanctions].

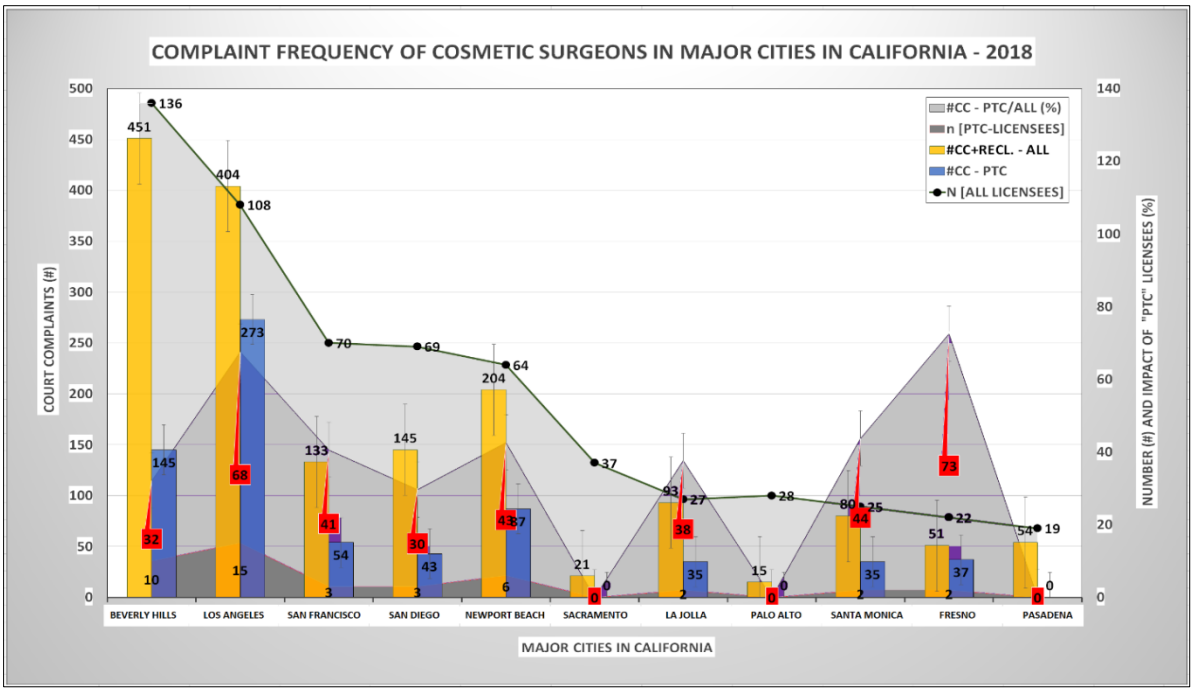

Figure 5 "Prone-to-Complaints" (PTC) Cosmetic Surgeons in California – 2018. The PTC-licensees related statistics for 11 largest cities in CA are sorted in descending order of the number of licensees (N, light grey area). The number of all complaints (#CC+RECL-ALL) and the number of complaints against PTC doctors (#CC+RECL-PTC) are indicated by yellow and blue bars, respectively. The number of PTC doctors (n, dark gray area) and the proportion of complaints against PRC doctors to the complaints against all doctors (#CC-PTC/ALL (%) are indicated by middle-grey areas. A value of 10 had been added to the #CC values when MBC remarks (sanctions) were present (RECL). The inserted numerical values indicate the number of cases and the result of the statistical analyzes (MEAN+/- S. E. M)

2.6. Estimation of the annual medical malpractice risk

Our recent sample of cosmetic/plastic surgeons and their medical malpractice court cases in California contain 1440 licensees, 2414 (100%) court cases altogether. The recent status and outcome of these cases (November 2017) are summarized in Table 4.

Table 4 The "DESTINY" of cosmetic surgery related malpractice complaints california- 2017

COURT ACTION/EVENT	#	%
COURT COMPLAINTS – FOR ALLEGED MEDICAL MALPRACTICE	2490	100
[PTC RELATED]	[410]	[17]
DISMISSED	1821	73
PENDING [DEC. 2017] – 37 FOR JURY TRIAL	335	13
OTHER / UNKNOWN	186	7
COMPLETED WITH ARBITRATION	59	2
VERDICT	53	2
SUMMARY JUDGMENT	36	1

TOTAL # OF PHYSICIANS: 1461; TOTAL # OF DEFENDANTS: 836 [57%];
PTC DEFENDANTS: 25 [1.7%]

The 355 pending cases (on 2017.11.21) were owned by 831 doctors which means that at a given date 831/1462, 57% of all licensees having unsettled, ongoing malpractice allegations. This indicates a very high level of malpractice-

complaint risk for Californian cosmetic/plastic surgeons, considering that the estimated annual malpractice risk in other states is ~13%. [An alternative explanation of this 4.4x difference might be that the transition time of malpractice complaints is much longer in CA than in other states]. However to be sued or convicted for malpractice are two different events: at least 75% a court accusations becomes dismissed without any consequences for the targeted doctor and only a fraction results in monetary sanctions or disciplinary actions.

The "beauty" doctor's attitude to court complaints (and complaints to the MBC) is therefore rather relaxed. *"Complaint? And what? I will be cleared anyway."* The attitude of medical malpractice insurance companies seems to support this view. The Doctors Company, for example, recognized that doctors are spending too much time with malpractice lawsuits (as much as 10% of their professional time) and encourages their members to focus on their work instead and let the Company's aggressive lawyers take care of the court trouble [15]. The company's opinion is that "*the overwhelming majority of malpractice lawsuits are found to be at best fruitless, and at worst frivolous*" [16]. The Doctors Company emphasizes that it provides the most "*relentless*" and "*the industry's most aggressive*" defense of medical malpractice claims against its members, creating an atmosphere in which The Doctors Company has self-proclaimed "*they resolve to fight rather than settle*". The PTC doctors can sleep well in this sunny state.

2.7. Estimation of the future development of malpractice complaints

It is challenging to compare the average recent #CC values with the calculated average #CC-PG45 and #CC-PL40 (which predicts the #CC in about 20 years from now, in 2038) and speculate about a trend for the development of PTC persons in the cosmetic surgery business.

Extrapolation of the recent #CC values suggests that the number of PTC licensee will rapidly increase by about 200% and the malpractice complaints against them also by about 200% - that will be ~ 130% above the ("normal", time related) increase of complaint against the entire cosmetic surgery industry - in CA, during the next 20 years or so. (Table 5.)

Prediction of the feature on the individual level might be difficult, however a statistical look at the future, for a longer perspective, will definitely provide valuable insights. Exercising some friendly and collegial supervision over the developing ("maturing") PTC doctors might initiate some positive changes in their conflicting personalities and slow down the "legal carrier" of these surgical artisans.

Table 5 Prediction of complaints and sanctions against cosmetic surgeons in California in 2033

YEAR	**2017 [RECENT]**		**2033 [PREDICTION]**			**(+)15**
CATEGORY 1 [COMPLAINTS]	RECENT - # CC	%	#CC-45PG	#CC-40PL	% (AVERAGE)	CHANGE [%]
# LICENSEE [ALL]	1461.00	100	1461.00	1461.00	100.00	0
#CC [ALL]	2490.00	100	3626.00	4056.00	146-163 (154)	(+)54
# CC / # LICENSEE	1.70	100	2.48	2.78	146-163 (154)	(+)54
# LIC. [PTC]	25.00	100	61.00	78.00	244-312 (278)	(+)178
# CC [PTC]	410.00	100	934.00	1279.00	228-312 (270)	(+)170
# CC [PTC] / # LIC. [PTC]	16.40	100	15.31	16.40	93-100 (96)	0
CATEGORY 2 [SANCTIONS]	SANCTIONS	%	PRED. 1	PRED. 2	% (AVERAGE)	CHANGE [%]
# SANCTIONS [ALL]	87.00	100	127.02	141.81	146-163 (154)	(+)54

# SANCTIONS / # LIC [ALL]*100	6.00	100	8.76	9.78	146-163 (154)	(+)54
# SANCTIONS [PTC]	14.00	100	34.16	43.68	228-312 (270)	(+)170
# SANCTIONS [PTC] / # PTC*100	56.00	100	56.00	56.00	100-100 (100)	0

3. Discussion

3.1. The cosmetic surgeon's "mission impossible"

Every physician is living in some kind of (manifest or concealed) conflict of interest with their patients. To cure a disease is directly against the personal monetary interest of the physician: a cured patient is a lost consumer, at least temporarily. This conflict is well recognized by the medical societies and that is the origin of the medical ethics. It is clear for most physicians today that ethical rules, like "*don't cause harm*" or "*prioritize the pat's interest"* [above your own] are essential to build good-will, maintain the trust of the patients and promote the long-term prosperity of the entire medical community.

No physician is an almighty God who can perform miracles. The real power of physicians – that is based on science and understanding and not just on empty psychology – is very, very limited. Most patients know that and not expect from their physicians that they will solve every possible and impossible bodily discomforts for them. They can forgive the shortcomings of medicine and their doctors if the relationship between physician and patient is open, transparent and honest. There is only one major source of conflict between doctors and patients and that is *dishonesty*, when the doctor consciously and intentionally lies to his patient [17]. No person can accept betrayal of genuine trust.

Doctors as highly respected professionals are enjoying the duties and privileges of "professional autonomy" [18], which means that they can decide almost everything regarding their profession, nobody can or will interfere. This privilege involve supervision, "regular peer review" of each other and keeping the profession clean from crocked actors. As the "*noblesse oblige*" the professional autonomy has its obligation too.

Can the cosmetic surgery avoid violating the two most important ethical rules of the medical profession? Where is the limit of tolerance - of the society, courts, other "regular doctors" - for that type of misuse of an honorable profession and its well-deserved professional privileges? There seems to exist two major, very difficult dilemmas for our cosmetic surgeons: a) *maximizing profit without hurting too much of their consumers*; b) *be honest with their consumers, without losing them as clients*.

Cosmetic surgery is a commercial activity which is primarily profit oriented, there licensed doctors are selling medical technology and know-how to consumers. It has nothing to do with the traditional doctor/patient relationship, because the doctor is not treating any disease and the consumer is healthy (not patient).

The commercial medicine is a relatively new phenomenon. The difference between the traditional (patient oriented) and the new commercial (profit oriented) medicine is well recognized – and criticized – by the medical experts, but poorly understood by the general public [19]. The most obvious nature of the cosmetic surgery is the excessive and over-promising advertisement, and its ability to gain non-realistic expectations. The patient's interest is not primary for cosmetic surgeons which is against the ethical code of the medical profession. [AMA] [5, 6].

3.2. The consumer's "mission impossible"

Consumers usually want to know exactly what are they buying, and the consumer laws provide effective support for them. Medical services are exceptions. There is no warranty for the outcome of any medical action. The "*doctor always does his best, but the nature and nurture not always cooperate"* – says that – and that is *never* the doctor's fault. Cosmetic surgeons are very skillfully using (misusing) this public ignorance.

California has a very doctor-friendly climate. It is impossible to obtain the complaint history of a doctor.

- The MBC is very slow and bureaucratic organization, there often only public scandals results in necessary actions [20]. The board's collaboration with the HQES-OAG [21], that is necessary to the enforcement of medical laws, is the constant source of frustration for the legislator [22].

- The plaintiff's attorneys are practically banned by the MICRA [23] from the medical malpractice market. An unhappy cosmetic surgery consumer has serious difficulties to find an attorney who is willing to represent him/her before the Court. To be a *pro se* litigant and try to represent yourself before judges is just a wasting of time and emotional resources.
- There are numerous cosmetic surgery related societies. Each one is proudly announcing in their society rules their non-compromising commitment to the quality and high ethical standards. But these are only empty words; in reality the member's loyalty to each other and their commercial success is much higher than their commitment to their consumers, or the Ethical Code of the profession. Complaint to these societies will remain unanswered [9]. (It is a well-known observation by persons in published, media cases as well as the authors personal experience based on investigative contacts with several societies in CA, like California Society of Plastic Surgeons, CSPS or Los Angeles Society of Plastic Surgeons, LASPS; AAAASF; The Rhynoplasty Society, American Board of Cosmetic Surgery in CA, ABCS-CA; Aesthetic Surgery Education and Research Foundation, ASERF; American Society of Plastic Surgery, ASPS; California Society of Facial Plastic Surgery, CSFPS) [3-6].

Consequently the cosmetic surgery consumers are and remain desperately alone in any kind of consumer complaints against the massive, well-organized, professional money-making pact/conspiracy of "beauty-doctors". [3, 4] [This opinion is also based on media references, publicly available rapports (few) and our own very personal and thorough professional investigations] [24]

There are numerous trade organizations in America - which are serving, primarily, the monetary interest of a branch. People are used to it and the consumer laws and associations seems to provide some fundamental protection against the excesses of these trade organizations. However trade organization which are "camouflaged" to Professional Medical Societies are outside of the protective eyes of the legislator and they are permitted to exist and benefit "big" of the public ignorance. People loves and respect their doctors. It is the result of the humanitarian image of the traditional (patient-oriented) doctors, that millions of medical professionals built up under thousands years. The key to this success is the doctors' commitment to the Ethical Code of the Medical profession, most importantly the principle of "*don't make harm*" (Hippocrates) and the *doctors' ability to place their own monetary interest second to the health related interest of their patients [4, 5]*. Cosmetic surgeons [with numerous exceptions, of course] often violate these [and other] fundamental ethical rules.

The 20/80 rule ("*the law of the vital few*") [12] is well recognized by experts monitoring medical activities. It is a well-established observation that a small group of doctors accounts for large parts of all patient complaints. Additionally it is feasible to predict which doctors are at high risk of incurring more complaints in the near future [25, 26]

(The Pareto principle (also known as the 80/20 rule, the law of the vital few, or the principle of factor sparsity) [1] states that, for many events, roughly 80% of the effects come from 20% of the causes)

3.3. Caveat emptor [27]: un-orthodox ways of getting informed about a doctor in California

The "Caveat emptor" is a common law doctrine that places the burden on buyers to reasonably examine property before making a purchase. A buyer who fails to meet this burden is unable to recover for defects in the product that would have been discovered had this burden been met.

However the buyer of a cosmetic surgery cannot examine the expected product before purchasing it and there is no way to return a defective product. Therefore a cosmetic surgery client has to rely on the information about his tentative cosmetic surgeon.

Information about a doctor is extremely restricted for the public. There are public consumer ratings, of course, however these ratings are manipulated by the rated persons and therefore they are serving, mostly, as advertisements. The media frequently picks some extreme cause if the unhappy consumer is laud enough, but these causes have mostly entertainment value and will not change anything. We have experienced that some doctors learned to control the media: their attorneys often effectively threaten the publisher and the negative publication is gone in 24 hrs.

There remains only tree ways to obtain some realistic picture about the real value of a doctor's medical works and develop some legal strategy for public protection. They are *a) utilizing public court databases; b) distributing information via direct, non-mediated (uncensored), personal, social media; c) organizing direct, collective, unmediated public efforts to restrain unprofessional, dishonest surgery service providers.*

We used the available (public) Court Databases and related proprietary services (LexisNexis) to monitor complaints against cosmetic/plastic surgeons in California. This is an effective method, because initiation of a lawsuit against a physician for medical malpractice is certainly qualifying as a serious complaint. The bare existence of a court record is a sign of failure for the targeted doctor (no matter what the outcome of the case might have been).

Utilizing the public information in Court Databases against the medical community has a history in USA. This method was first used by the consumer's attorneys (CAALA) in the battle against doctors over MICRA controversies. In 1985, when a telephone hotline opened up to warn doctors about litigious patients (SIC!), CAALA retaliated by creating a hotline that patients could call to see whether their doctor had been sued for malpractice during the prior 10 years [~~38~~ 28].

We are well aware of the existence of fake claims against medical professionals by claimants who has clearly and only monetary motives. However the malpractice risk according to physician specialty – that exists for every practicing doctor - is statistically measurable. The annual risk for malpractice lawsuit is estimated to be ~6-7% for all medical specialties in America and ~13% for plastic surgery. [~~39~~ 29] The estimated average number of a "normal" plastic surgeon is one claim every 100/13=7.7 years, or ~5 after 40 active years in practice.

The average frequency of malpractice lawsuits is relatively low in our pilot material, only ~1.7 court complaint / cosmetic-plastic surgeon (all times, all ages) [16, 20, 30] and the predicted average max. 40 years after licensing or 45 years after graduation is ~3/doctor. The average time in practice for doctors in our pilot material is ~25.2 years after licensing (1217 licensee) or 30.1 years after graduation (1200 licensee). We certainly underestimated the number of malpractice lawsuits. We identified 25 cosmetic/plastic surgeons who were defendants in 10 or more malpractice lawsuits. However this count didn't take the number of years in practice into consideration. Considering the years after graduation and licensing we calculated the expected number of lawsuits at the end of the physicians' carrier (after 40-45 years in active practice). By this way we predicted, that additional 36 physicians have the potential to pass our 10 Court Complaints / doctor limit some times in the future, during their active period as cosmetic surgeons.

Disciplinary actions against a physician by the licensing agency (with or without the involvement of any Court) are probably the most alarming form of expressed and significant dissatisfaction with the professional actions of a licensee. Generally less than 5% of the doctors have remarks from the MBC, but cosmetic surgeons keeps the "record" with 12-18%.

Disciplinary actions (86) added further persons to our list of PTC physicians, (mostly those who hadn't been identified by their court history, some having no court records at all).

Our 3 way of identifying "risky doctors" lead (all-together) to the list of 133 licensees who we classify as PTC physicians. It is 9.2% of all cosmetic/plastic surgeons in our pilot collection of 1440 licensees.

3.4. Past Behavior is the Best Predictor of Future Behavior

Our statistical data provides information about a large group of physicians and events in the past (malpractice lawsuits, disciplinary notes). The value of this kind of studies to predict medico-legal events at the individual doctor level is, of course, the subject of discussion. [31] The individual predictive value is certainly low for doctors with few (not above the average) complaints, however it is increasing, exponentially, with increasing number of previous complaints. It had been suggested, that recurrence was virtually certain for doctors who had experienced 10 or more complaints, with 97% incurring another complaint within a year. [42]

"Doctors named in a third complaint had a 38% chance of being the subject of a further complaint within a year, and a 57% probability of being complained against again within 2 years (figure 2A). Doctors named in a fifth complaint had a 59% 1-year complaint probability and a 79% 2-year complaint probability. Recurrence was virtually certain for doctors who had experienced 10 or more complaints, with 97% incurring another complaint within a year."

Doctors with PTC label might – and certainly will – argue, that they have especially difficult, complex consumers and they have nothing to do with the high number of complaints against their surgery practices. This argument might work for traditional (patient oriented doctors) who has little or no influence to choose their patients. A commercial (profit oriented) doctor, cosmetic surgeon, has maximal discretion as medical professional to select his clients. The freedom of a cosmetic surgeon to select his/her consumers (healthy buyers of medically not necessary services) is certainly not limited by medical necessity, rather by monetary/profit considerations. The vast majority of cosmetic/plastic surgeons has not this kind of problems, 85% of all doctors on our pilot material has no or less than 3 court records.

[The personal, professional quality of doctors (experience, education, manual skills) is certainly varying. A below average quality doctor can be very valuable for sick patients and under special circumstances, due to the attitude, that "*a doctor with some shortcomings is still better, than no doctor at all.*" It is certainly not true for commercial doctors, there "*only the best is good enough*", i.e. worth for the private money of an already wellbeing consumer. Consequently the worst cosmetic surgeons are under the worst economic pressure and "*need to take any case*". Not surprisingly they will end up as PTC actors.]

Consequently we are confident that our selection criteria is very generous and it pinpoints only individuals who will almost certainly be the subject of further serious consumer complaints.

We want to be on the safe side and not accidentally target anybody, even if the purpose of our pilot study is not to present an absolutely certain prediction of future medico-legal events on the individual physicians level. We want to assist and guide potential cosmetic surgery consumers to select their future cosmetic surgeon, knowingly what they are doing and avoid physicians with documented history of serious consumer complaints, i.e. not falling blindly for the glamorous marketing efforts of crocked actors. This initiative is certainly necessary when the designated authorities (MBC, Courts, HQES of OAG, and Professional Societies) are not up to their duty to supervise the quality of a service provided by licensed commercial doctors and enforce the obedience to the well-established standards of good medical care/service and to the professional Ethical Code of the AMA.

3.5. "Draining the swamps" [32] in California

The medical/pharmaceutical industry developed to the most controversial area of the modern American life. This is a complex area that engages many persons. Everybody has some opinion about it, mostly without knowing what they are speaking about. In such "messed up" situations we can't expect reliable guidelines from medical-, legal- or political authorities. We need to go back to the core facts and start the problem solving from the beginning. The core facts, the statistics, tells us very clearly, that our health care system is sick, the medical organizations often misuse the traditional professional autonomy in their own interest, there is no adequate supervision over the activity of doctors. We should face the facts, that there are some doctors, probably not more than 10% of all, who are not benefiting their patients and without them we ("The People") would feel much better.

There were numerous efforts before to condemn the cosmetic surgery for its eccentric nature and profoundly deviant practices. However all these efforts failed, this specialty grows and gains in power. The services of "beauty doctors" are attractive for the (ignorant) public and the actors are skilled to keep their weaknesses concealed from the potential consumers. Dreaming about beauty can cost whatever it wants to cost. Therefor we prefer a continued positive attitude toward cosmetic surgery as a specialty and will focus our critics toward those doctors who are responsible for most of the bad reputation of this "beauty industry".

Identifying the PTC actors is the first step to clean up this specialty from fraudulent doctors, provide the potential consumers the possibility to make informed decision when choosing his or her "body-sculptor" and, by that way, secure the consumer rights even in this white-rock territory.

4. Conclusion

Motivated by the lessons we learned under our professional study on "THE CONDITIONS OF COSMETIC SURGERY IN CALIFORNIA, 2011-2017" we developed a method to identify "*Prone-to-Complaints*", PTC cosmetic surgeons. The intention is to provide reliable, honest, uncorrupted guidance to potential cosmetic surgery clients to make informed decisions about their choice of cosmetic surgeon and avoid those who were documentedly involved in unusually serious or unexpectedly high number of conflicts (which lead to court complaints for medical malpractice) with their clients. This pilot study is the first step to develop an interactive, web-based and client-managed referral system and consumer based quality monitoring tool.

It might turn out that cosmetic surgery is a PTC specialty. In that case it might be necessary to separate the recently developing consumer (profit) oriented commercial medicine from the traditional (patient oriented) medicine/surgery and, by this way, protect the integrity of the original, honest, ethical medical profession and the safe, secure and humanitarian care of the sick (patients) without continued confusion and unhealthy compromises.

Compliance with ethical standards

Acknowledgments

We wish to express our great appreciation to our numerous friends, supporters and advisors for helping us to walk the 6 years long journey in the swampy landscape of the medical and legal domains of California. We especially thank to Erica Moore for her tireless help with the compilation of the original data from Courts and MBC.

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