

## The Dangers of Oversimplifying Facial Anatomy in Aesthetic Education

Steven Harris, MBBCh (SA), MSc (UK)\*; Marina Landau, MD†; Mohamad Goldust, MD‡

We are concerned about the increasing trend of oversimplifying facial anatomy in aesthetic education, which we refer to as “dumbification.” This trend, found in training programs and educational materials, misrepresents the complex nature of human facial anatomy and poses risks to patient safety, especially in injection procedures.

The human face consists of complex and highly variable structures, with significant differences among individuals and even within the same person. Despite this complexity, many current training programs and educational resources rely on overly simplistic models and aesthetic codes that do not accurately represent anatomical variability. Although these simplified approaches may be suitable for beginners, presenting them without proper warnings about their limitations is problematic. This can create a false sense of security and lead to dangerous assumptions about “safe” injection zones.

Additionally, the excessive reliance on aesthetic codes and formulaic approaches in aesthetic medicine overlooks the individual needs of patients. This has led to what we call “alienization,” where standardized treatments produce uniform, unnatural results that lack the individuality and refinement of true beauty. Aesthetic medicine should enhance unique features rather than mask them under a homogenizing approach.<sup>1-3</sup>

To address these issues, educational resources should prioritize advanced training and continuous learning. Although aesthetic training can be undertaken by a broader range of healthcare professionals, incorporating specialized training elements would significantly enhance practitioner competency. This could include focused curricula on facial anatomy, physiology, and aesthetic techniques, ultimately aiming to reduce complications and promote higher standards of care. Furthermore, Practical experience, such as body donor dissection and the use of ultrasound technology, should be essential components of any comprehensive curriculum. Simplified anatomical information should always be accompanied by clear

warnings about its limitations to ensure that practitioners understand the importance of detailed anatomical knowledge. Additionally, practitioners should prioritize individualized patient assessments and real-time techniques such as ultrasound guidance over generalized injection guidelines.<sup>4,5</sup>

The primary aim of aesthetic education should be to equip practitioners with a deep understanding necessary to perform procedures safely and effectively while respecting the unique intricacies of each patient’s anatomy. Anything less not only risks patient safety but also undermines patient trust, leading to complications and dissatisfaction.

It is crucial for the aesthetic medical community to confront the issue of dumbification directly. By advocating for more rigorous training standards and emphasizing comprehensive anatomical knowledge, we can pursue a future where patient safety and natural-looking outcomes are key. We call for a more detailed and individualized approach to training that respects the complexity of human anatomy and the unique characteristics of each patient. By promoting advanced training and the use of real-time techniques, we can ensure safer practices and more personalized, natural results in aesthetic medicine.

Steven Harris, MBBCh (SA), MSc (UK)

Aesthetic Medicine

Private Practice

London, United Kingdom

Email: [info@harrisclinic.co.uk](mailto:info@harrisclinic.co.uk)

E-mail: [steveharris001@icloud.com](mailto:steveharris001@icloud.com)

### DISCLOSURE

The authors have no financial interest to declare in relation to the content of this article.

### REFERENCES

1. Harris S. Alienization. *Plast Reconstr Surg Glob Open*. 2022;10:e4025.
2. Schelke L, Harris S, Cartier H, et al. Treating facial overfilled syndrome with impaired facial expression-presenting clinical experience with ultrasound imaging. *J Cosmet Dermatol*. 2023;22:3252–3260.
3. de Maio M. MD codes™: a methodological approach to facial aesthetic treatment with injectable hyaluronic acid fillers. *Aesthetic Plast Surg*. 2021;45:690–709.
4. Kumar N, Rahman E. Effectiveness of teaching facial anatomy through cadaver dissection on aesthetic physicians’ knowledge. *Adv Med Educ Pract*. 2017;8:475–480.
5. Schelke L, Farber N, Swift A. Ultrasound as an educational tool in facial aesthetic injections. *Plast Reconstr Surg Glob Open*. 2022;10:e4639.

From \*Aesthetic Medicine, Private Practice London, UK; †Arena Dermatology, Herzliya, Israel; and ‡Department of Dermatology, Yale University School of Medicine, New Haven, Conn.

Received for publication August 26, 2024; accepted September 23, 2024.

Copyright © 2024 The Authors. Published by Wolters Kluwer Health, Inc. on behalf of The American Society of Plastic Surgeons. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.

*Plast Reconstr Surg Glob Open* 2024; 12:e6306; doi: [10.1097/GOX.00000000000006306](https://doi.org/10.1097/GOX.00000000000006306); Published online 11 November 2024.