

Editorial: The Death of Expertise

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The book called “The Death of Expertise” by Tom Nichols should be added to all our reading lists. It symbolizes the effect of social media on our age old tenets of what it takes to be an “expert.” When we were growing up, many of us watched the evening news on TV (yes, the television)—the go-to source for reliable information. With the likes of Peter Jennings, Pamela Wallin, Knowlton Nash, and others, we listened and trusted that these respected and mature news anchors (along with the networks they represent) would filter and distill the news. There were fewer voices, and those that were given a national platform had earned the right and privilege to be a conveyor of truth to the population watching the news. Now for all the good that social media has done by democratizing the platform of information and news sharing, it has also allowed just about anyone to share their views on any subject. The issue lies in what you take to be ground truth and which of these voices are really “experts”? While social media has given voices to many that didn’t have them before (good) it has also made it confusing to understand who actually is an expert (not good).

What is an “expert” and what is “expertise”? Traditionally, these were time-based accolades, logically based on scholarship and experience, that meant you had more knowledge on a given subject than the majority of others around you. Interestingly, whereas the plastic surgery literature has endeavored to define the subject in some depth¹ and introduce us to this topic using an educational framework,² ironically, a recent paper in our journal makes no mention of “expert” being a resident behavior to prioritize according to Canadian Plastic Surgeons.³

Let’s circle this back to Plastic Surgery, and for the moment, aesthetic surgery as a more specific topic. When many of us were residents in training, there were very few websites in plastic surgery and most established cosmetic surgeons achieved their recognition by achieving favorable results, and then through word of mouth. No matter how you distill this process, it was a time-based phenomenon. It takes years for branches of the communication tree to join together as happy patients speak to one another with positive feedback. This word of mouth was the official stamp of approval that led to busier practices and eventually the development of expertise

through personal experience. Because no-one is born an expert, there were inevitably some tough lessons along the way as surgeons learned from their patients’ feedback how to improve and deliver better and more consistent results.

Compare this process to a few minutes on a search engine in any city to explore a particular cosmetic procedure such as a “facelift” only to discover that the “top 5 facelift surgeons in city X” have been in practice less than 5 years, and some less than that. The web doesn’t care about a surgeon’s real expertise—it responds to search optimization and website design.

How does a patient, looking to make an important decision about facial aesthetic surgery discern what is real expertise and what is self-promotion? A relative novice can be transformed into an expert with the clever use of a few keywords and by paying the right people for search engine optimization. The real masters don’t need to do this because they are already busy and hence fall lower down the web search list. As a result, true expertise is effectively erased. A prospective patient whose friend or relative actually had surgery by a particular surgeon and had an excellent outcome can at least hang a hat on a real experience, rather than relying on what a surgeon (or his marketing team) proclaims about the surgeon. Competitive edge is fine, but this is pushing things too far.

Having being trained by true masters in the field of facial surgery (both cosmetic and reconstructive) we simply have too much respect for their years of dedication to developing the real skills to label ourselves –“the best facelift surgeon in Canada” or whatever self-proclamation we might conjure up. We must think about this not only for the respect we owe to our mentors (who ARE the “experts”), but to our patients.

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They too have the right to know who the real experts are. All of us who commit to lifelong learning and quality improvement will get there one day—but it should happen organically by achieving great results over time, leading to a growing practice through word of mouth referrals.

There are many examples in our specialty (and others) that demonstrate this by-product of savvy web marketing and a social media presence. You can say what you want, but the public now has a difficult time discerning who the real experts are. We pride ourselves in a rigorous, competitive admission and training program in Plastic Surgery—so let's not let our own ego and desire to be busy quickly contribute to the death of expertise. We owe it to our profession,

colleagues, and patients to develop the needed skills over time and eventually become the real experts.

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