

You're a what?

Medical aesthetician

by Kathleen Green

Michele Taylor works in a hospital, and patients in her charge sometimes fall asleep. But she's not a nurse and doesn't administer anesthesia. So, as Michele herself often must clarify, she's not an *anesthetist*—she's an *aesthetician*.

Aestheticians are licensed skincare specialists. They treat facial skin to maintain and improve its appearance. Medical aestheticians, like Michele, work with patients whose skin or appearance is affected by trauma or medical procedure, such as surgery. In the integrative-medicine program where she works, Michele also offers stress reduction and relaxation. It's during these treatments that patients are most likely to drift off. "I do put people to sleep, but not with anesthesia," she says. "Some people just get so relaxed, they fall asleep."

Anxiety reduction is a large part of Michele's job because of where she works: in a Cleveland hospital's radiation oncology department. Cancer patients who call Michele to schedule an appointment find out about the services available. Then, Michele asks them questions to help them identify their needs. "Do they want relaxation? To feel better about themselves? Some people start out not really knowing," she says. "With chemo patients, for example, all they

know is they've lost their hair, their eyebrows, their eyelashes—it can be very stressful for them."

Patients who want to enhance their appearance spend about an hour with Michele, learning how to choose and apply appropriate makeup colors and products. The products they start with are usually colorless. "I'm teaching them how to take care of their skin," says Michele, "so cleansing and moisturizing are always first." This is especially important instruction for patients undergoing treatments such as radiation, which sometimes causes skin irritation.

Next comes foundation. Michele shows patients how to choose products for their skin types and to select the best matches from a variety of colors. Then, she applies foundation to one side of the face, explaining technique as she goes. The entire process—color choice, application, technique explanation—is repeated for the eyes, cheeks, and lips. Only after the patient is satisfied with the results, even if it means removing the makeup and starting over, are they duplicated on the other side of the face. Lastly, Michele applies finishing powder and suggests complementary colors for clothing.

In the basics of skincare and makeup application, Michele's job is similar to that of most other aestheticians. But helping patients apply makeup after medical treatment presents special challenges, she says. For example, chemotherapy patients must learn how to measure their natural browline so that they can draw eyebrows to replace the ones lost to treatment. And hair that

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has fallen out sometimes grows back in a different color, affecting the choices for makeup colors that patients might consider.

Still, Michele leaves final decision-making to each patient. "I make suggestions, but I go with what people feel comfortable with," she says. "I want them to feel healthy." Letting patients make their own decisions serves another purpose, too. "An illness or injury can make people feel like they lose control," says Michele. "Teaching them about makeup and skincare gives them some control, over how they look and how they maintain their skin."

Although women are the only ones who request makeovers, they're not the only patients Michele sees. Facials are popular with men, who, Michele says, "are more concerned about their skin than many people realize." And adults and children alike enjoy her stress-reduction and relaxation treatments.

Aestheticians' and medical aestheticians' jobs vary, depending on where they work. Aestheticians are employed in places like beauty salons, spas, and specialty sections of department stores; medical aestheticians, also called paramedical aestheticians, often work for licensed healthcare providers, including offices of plastic surgeons and dermatologists. According to the Bureau of Labor Statistics, there were about 25,000 skin care specialists, which includes aestheticians and medical aestheticians, in 2002. They had median annual earnings of \$22,450, with medical aestheticians often earning more.

Because she is employed in a hospital, much of Michele's work differs from that of other medical aestheticians. Duties of those who work in offices of plastic surgeons, for

example, include providing pre- and postoperative skincare treatment. Medical aestheticians under the supervision of a dermatologist may perform exfoliation or other procedures. Those who work in burn units might teach burn-recovery patients how to apply makeup to conceal their injuries.

In fact, it was Michele's desire to work with burn victims that led her to a medical aesthetician career. She worked in a hospital and knew she liked the challenge of caring for wounds. Then, she saw a TV newsmagazine program that described medical aestheticians and mentioned a need for them. Michele began researching the occupation and enrolled in cosmetology school. She earned a diploma in aesthetics, took an exam administered by her home State of Ohio, and became licensed. She also has earned several professional certifications related to her work.

Training, licensing, certification, and continuing-education requirements for aestheticians differ by State. Aestheticians complete a program in skincare at an approved school, usually one that is regulated by the State's board of cosmetology. Program quality varies, so each student should investigate schools' curriculums. Most aesthetician training is general; specialties may require additional education or on-the-job training.

Medical specialization for aestheticians often is defined by self-direction. Prior to enrolling in the aesthetician program, for example, Michele had taken some college-level science courses—she recommends biology and anatomy coursework for aspiring medical aestheticians—and had worked in a medical setting.

She had planned to work with a plastic surgeon but, while providing

skincare services to radiation patients, saw a need for medical aestheticians in cancer treatment.

Michele was aware of an existing look-good, feel-better group program for cancer patients, sponsored by the American Cancer Society. She developed the integrative-medicine program, which the hospital then created, to provide patients with a one-on-one alternative to the group setting.

Willingness to accept and design alternatives has been a plus for Michele in her work. "If you do someone up and she looks great, but she doesn't like it," says Michele, "you have to let it go and defer to her preferences. You have to be able to take constructive criticism." Openness, empathy, and an ability to communicate are also important for medical aestheticians, she says.

The biggest drawback to Michele's job stems from the population she works with: many of the people she sees are terminally ill. "A lot of my patients die, so I have to work with that reality," she says. "It's hard, especially with the kids."

But Michele is a firm believer in integrative medicine, which suggests, in part, a link between patients' health and their feelings about themselves. The transformation from self-perceived beast to beauty overwhelms some patients to the point of tears, she says. For Michele, knowing that what she does can positively impact their recovery, their overall health, and their sense of self makes it worthwhile.

