

Marketing for Plastic & Aesthetic Surgery in times of crisis

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The 2020 COVID crisis has taken the world in an unprecedented storm of events – it has deeply affected the way we live, the way we work and the way we interact with our peers, and for many of us it disrupted working as doctors and delivering specialist plastic & aesthetic care completely.

Judged by today's view, this situation will endure for a couple more months, depending on your country, and even after it comes to an end, some things may take a long time to go back to the way they were before, and others may even stay changed forever.

Confronted with empty and closed clinics, uncertainty about the future and growing financial worries, many of us may wonder if it is worth to continue to invest in marketing, and even if so, what kind of approaches allow for a continuation of communication with our patients in a way that is perceived ethically and morally in tune with the troubled times we experience at the moment.

In my opinion, continuing the usual marketing strategies centered on the transfer of information about aesthetic procedures, the creation of a desire for having a certain treatment through beautiful faces and perfect bodies is wrong not only from an ethical viewpoint, but as well from an economical one, as it may drive future patients away that would have come to you once the crisis is over, simply because they perceive you as insensitive or income driven.

We may like it or not, but in times where many values are shattered and put under daily questioning, the perceived value of aesthetic surgery for society may not be the same anymore, and the continued pursuit of an outdated value may be a source of bitter critics from patients and peers alike.

Aggressive marketing from some aesthetic surgery franchises has been reported here in Spain, using the crisis as a “special rebate” selling strategy, but I would think that most of us agree on this being a shortsighted strategy aimed on taking over patients from more responsible colleagues, and it may backfire soon.

So it is strongly advisable that you rethink your strategies, and decide if you have the financial resources and adequate personal to carry out something new that adapts to the current situation, or if it is just better to slow marketing down for a while and at the same time maybe cut some associated costs in response to the estimated loss of income of your practice.

You should take in account as well that people at the moment DO have more urgent problems than browsing for information on aesthetic surgery; my servers show a 30 % drop in visitors within the last 10 days. So even if you keep marketing online, your target clientele may be much smaller, and associated costs of investment (Google ads, contracts with platforms etc.) should be adjusted to

this fact. It would be just unwise to spend the same amount of money on certain channels if you know there are just less viewers and potential patients.

Why do I write this reflection, and why do I think it is matter of human resources as well? If you have, like many of us, parts of your marketing sourced out to professional bloggers, social media curators etc., you may experience that they are simply not trained in writing sensitive texts, because they are trained in marketing and in selling, so it may result difficult for them to produce adequate context during 2 months if you don't do it yourself and handpick and control your publications.

You can for sure do one of the countless “*#wearewithyou*” newsletters that we see today from all our societies, providers and major companies, but I always try to measure communication efforts I plan to make against my own perception of the communication of others.

The fact that Apple, Microsoft, Spin or any other company which services I may have used in the past write me newsletters now how much they care and that “they are with me”, only reflects the helplessness experienced within the marketing departments throughout every sector of business, but it does not console me, neither it makes the brand more attractive for me for future buying decisions.

Therefor, in my personal opinion, this is an investment with unclear financial return, and the moral impact is debatable due to its interchangeability, making it prone to get lost in the flood of similar announcements.

So, that all said, where does that leave us? What should we all do during this difficult period to keep our practices alive at least digitally, if they will remain closed for a long time in the real world?

It is a tough question, and I don't believe there is an answer that fits everyone. I can only tell you the changes I already implemented, and share with you the ideas that my marketing department and I came up with:

1. Regarding personnel, I reduced the independent contracts I have with media service providers (Medical Blogger , Social Media Consultant) 50 %, as I anticipate less content and more necessary involvement of myself and my staff.

I will reduce my services for graphic design to 25 % as I do not see any place or impact of print media at the moment.

2. Regarding publications for Social Media and patient newsletter we are planning a regular series on the following subjects:
 - News to share about how COVID changes our lives as care providers, such as you or any of your staff volunteering/being

co-opted to help with the current situation, information about your involvement in the crisis (our clinic for example gave the respirators to the health authorities)

- A initial video where I comment my viewpoint on the actual situation as surgeon and doctor for my patients, comment on the changes of how we are working (or not) at the moment and on my perception of where we are in 2-3 months, what patients can expect, and what we can do for them.
- A piece answering people's questions such as 'when will I be able to schedule surgery?' 'Is it possible to have a consultation?' 'what happens if I book surgery for a future date but it's unable to take place?'
- *#thehumanfactor*, a Q&A series with our clinics surgeons and specialists talking about what they do when they are not working and how they perceive the crisis for themselves
- If you have a dental department: 'How to take care of your teeth while you can't go to the dentist'
- *#takecareofyourself*: A series of 10 medi-spa articles 'Self-care treatments you can do at home during Isolation'
- *#yourdoctorsview*: Regular updates and comments by newsletter for our patients database to help our patients to understand the evolution of cases better , and to get some guidance in the multitude of media coverage which is not always accurate.

3. We will offer free online consultations to patients, either by skype or zoom, and try to create a backlog of planned interventions and treatments for the time when we are able to work again.

Will all of this work? Again, we don't know yet, but even if only some of it works, it will help to keep communication with your patients without being perceived as someone who does not know where to set priorities, and it may even help to make you and your team more human and approachable in the eyes of your patients, which would be the best long-term investment into the marketing of what we truly are: Doctors that care for patients.