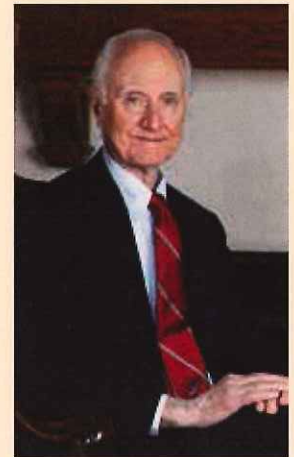


# Penn's Center for Human Appearance... How a Revolutionary Idea Found a Home

By: Alan Miceli, MA

It seemed like a perfectly good idea, although no one in the world had ever tried it. Dr. Linton Whitaker – a plastic surgeon at the Hospital of the University of Pennsylvania – thought that treatment of problems of appearance should be a team sport that would include a highly skilled group of psychologists, dermatologists, oral and maxillofacial surgeons and ophthalmologists.



Back in the '70s and '80s, he was on the cutting edge in the field, being one of the first plastic surgeons in the United States to perform craniofacial surgeries on infants. He was one of only a handful of surgeons who went to France to learn the techniques of the surgery, that involve “this capacity to reform the entire face from inside the skull – pushing the brain back, rearranging the bone,” he said.

“The craniofacial way of doing things, and the ability to do reconstruction based on a complex intracranial approach, became a very big deal in the '70s, '80s and '90s, transforming a big part of the world of plastic surgery.”

Transforming the world of plastic surgery is something Dr. Whitaker's been doing his entire career. Which takes us back to his idea of bringing several disciplines together under one roof. In 1983 he asked colleagues at Penn and the Children's Hospital of Philadelphia, to join him in creating a more effective program to help children and adults who have facial deformities. Four years later, his intense lobbying effort directed at the University of Pennsylvania Medical Center paid off. The university agreed to the formation of the Center for Human Appearance (CHA).

Five years after that, the Edwin Hall II Foundation awarded CHA with funding that allows it to carry out state-of-the-art research and education in the field of plastic surgery.

The Edwin and Fannie Gray Hall Center for Human Appearance's mission statement calls for "research and education to assist children and adults to achieve the most ideal normal appearance through medical, surgical and psychological measures." The center also partially funds treatment programs in Eastern Europe, Mexico and Africa.

"Appearance is fundamental and key to our interactions with others," Dr. Whitaker said. "To appear normal, and to improve on what we think of as a normal appearance is a basic human desire."

He said the interdisciplinary nature of the center is designed to bring about a patient's healing of both body and mind. "CHA physicians advance ideas with each other through phone calls and meetings about joint approaches, sometimes, in the operating room working on a shared case, and during regular clinical conferences. The conferences produce a lively exchange of ideas. The center is a place of synergy and intellectual stimulation."

Along with being the founder of the Center for Human Appearance, Dr. Whitaker continues in his role as director. He has recruited specialists whose patients have appearance problems in addition to medical and functional problems. The specialists also have had to demonstrate a willingness to accept the give-and-take world of teamwork. The team he has assembled has allowed Dr. Whitaker to expand his efforts to help children and adults recover from excruciating facial injuries and deformities.

"These deformities from birth defects, tumors and injuries are devastating for families," he said. "A lot of families end up adjusting pretty well, but it's an issue that just never goes away. The face is so visible to the world."

CHA offers an intense program of physical and psychological healing. "Many children are seen by a psychologist. Some children manage the deformity well and are not followed by a psychologist for indefinite periods of time. Others are followed for long periods of time. The family also often needs ongoing counseling."

Dr. Whitaker says the Center for Human Appearance has worked remarkably well because it has been able to get gifted physicians to work together, who if they were in the medical world outside the center, would most likely be competing with each other. He says the funding from the Edwin Hall II Foundation has played a crucial role. "If you get the money every year and it's a substantial amount that enables you to do research in your specialty, it's the glue that's a very strong inducement to stay."

One of the projects funded by the foundation is the Craniofacial Program Portrait Project, which *Philadelphia Medicine* highlighted in its last issue. The program is an effort to help children's emotional recovery from plastic surgery, by getting their portraits painted by Philadelphia's Studio Incamminati artists.

"The initial idea involved the artist, Nelson Shanks, who was a very close friend of mine," Dr. Whitaker said. He brought the idea to Shanks, after learning of a similar program in England that focused on adults with deformities caused by trauma.

The center would probably not exist if Dr. Whitaker had stayed on his initial path in medicine. "I wanted to be a surgeon for as long as I can remember, but my first interest was neurosurgery. I was fascinated with the brain. After my internship, I was drafted and served at a large military hospital in Germany. There, I found that successes in neurosurgery were often defined by a patient being paralyzed on only one side of his body, instead of both sides. For me, there were a lot of bleak moments in neurosurgery.

"I'd always been interested in art. I studied it, and did some painting before my work as a surgeon left me little time for it. When I came back to the U.S. to do my residency, I began seeing plastic surgery as a good fit. It combined the world of art with the artistry of surgery. It was a natural for me."

Dr. Whitaker says the art of plastic surgery is often what attracts people to the field. "Much of plastic surgery is about appearance. There's never just one way – say you have a child with a deformity – it's never just go in and fix something and you're done with it. Every patient is quite different, even though they may have some similarities."

He mounts a strong defense for the cosmetic surgeon, which has been criticized in some quarters for dealing with the superficialities of appearance, and taking advantage of the vanities of some patients.

Dr. Whitaker did a lot of cosmetic surgery before stepping out of the operating room for good, in 2011. He argues that cosmetic surgery offers a great deal to the patient and the surgeon. "If you take the broad spectrum of plastic surgery, and break it into the four things I've been talking about – birth defects, post-trauma, post-cancer and cosmetic – it's all a spectrum.

"For surgeons who do only the cosmetic end of the spectrum, there's nothing wrong with that," he said. "It gets too much hype and bad publicity.

"For a good part of my career, I divided my work pretty evenly between adult and children's surgery. The work with kids centered entirely around major birth defects. I felt that having the knowledge and experience with cosmetic surgery made me more able to give a better result with the birth defects. It helped me make the result look a little better, more normal. The goal is always normalcy in birth defects. That's your end point.

"With cosmetic surgery – say someone has a sagging face that's really bothering them. The facelift is really getting back to an earlier normalcy, although it may be better than normal for that age group." •