

Michael Jackson's Surprising Health Care Lesson

Michael Jackson is back in the headlines. The superstar was buried Thursday night in Glendale, Calif., nearly a week after his June 25 death from cardiac arrest was ruled a homicide by the Los Angeles County coroner's office. Observers speculate that Jackson's physician, Conrad Murray, could be charged with involuntary manslaughter in the star's death, caused by the powerful anesthetic propofol and other sedatives. Murray admitted to administering propofol, commonly used to sedate patients before surgery, to help Jackson sleep.

It's been decades since anything about Michael Jackson's life bore any resemblance to most Americans. Why *wouldn't* a man who owned a pet chimp and his own amusement park employ a live-in physician to shoot him up with a drug most people don't encounter outside an operating room?

Yet the oddness of Jackson's choices doesn't mitigate the tragedy of his death, or prevent those choices from offering lessons to others — even in regards to the health care debate. Or so suggests Washington, D.C.-area cosmetic surgeon Monte Harris, who believes the medical lapses that resulted in Jackson's untimely death, as well as the star's eccentric appearance, could be instructive to many.

Like Jackson — and me — Harris hails from Gary, Ind. His fascination with the entertainer began long before he became one of the Washington area's foremost surgeons specializing in rhinoplasty (nose jobs). Growing up, Harris was mesmerized by the neighborhood kid barely older than himself whose talent and record sales made his hometown famous for something besides its murder rate. "How many little black kids have a global impact?" he asked.

Yet the older Jackson grew, the more his behavior puzzled Harris. Eventually, it even affected his surgical practice, as rhinoplasty patients from as far away as London, Kenya and Iran invariably expressed concerns about Jackson's ever-shrinking nose,



Gareth Cattermole, Getty Images

asking, "You won't make me look like him, will you?" It was frustrating, seeing a man he'd admired receiving "clearly sub-par care in an area in which I have expertise," said Harris, a member of the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS).

After Jackson's death, Harris began questioning the star's other professional relationships. "The problem with his face was obvious. But when Michael Jackson died, we saw his medical, legal and money problems with people who'd positioned themselves as experts," Harris said. "A cardiologist shouldn't have been delivering (propofol) through an IV outside a hospital setting. Few cardiologists have the expertise...anesthesiologists do that."

Harris's bottom line: "Jackson's life was filled with people who didn't produce the results he'd want...You could say he was abused his entire life."

OK, I'll bite. How could Jackson's bizarre

life and death be linked to ordinary Americans' health care? He was a wealthy celebrity; universal care would provide medical assistance to the poorest Americans. The singer had countless doctors and received a smorgasbord of drugs; many uninsured Americans can't afford to see one doctor, let alone obtain endless prescriptions for medications they know to be risky. Unlike many 50-year-old men, Jackson didn't avoid doctor visits; checkups and screenings were presumably part of his daily routine.

What was Jackson's health care connection to everyday people?

Harris points out that in fact, the star's unlimited medical access and wealth did nothing to protect him from receiving inadequate health care — not just in the last days of his life, but for decades.

Jackson's troubled interactions with the medical community illuminates an oft-overlooked factor in health care reform dis-

cussions, Harris said: the emphasis on cost and coverage over quality of care. The discussion should be broadened to focus on three factors clearly missing in Jackson's case: Clinical expertise, as in skilled doctors and other professionals making life-supporting choices, ethical accountability, and cultural sensitivity. "Any reform to our health care system that ignores these three is destined to expand disparities instead of getting rid of them."

That Michael Jackson received poor clinical care seems certain. His facial issues and drug abuse showed what can happen when doctors abandon "first do no harm" in favor of what Harris calls a "client-contractor" relationship with patients. "It doesn't work, having a doctor who'll do whatever you want because you're paying him," Harris explained. "That might work with your stylist or your hairdresser, but not with health care. The discussion should also be about what it means to be a doctor."

As for ethical accountability, it's illegal for doctors to prescribe drugs in the name of anyone but the intended user; those who flout the law risk prosecution. Last month, sources told *The Los Angeles Times* that Jackson had been prescribed drugs in the name "Omar Arnold" before his death; at least five doctors who wrote prescriptions for him are being investigated. (Other celebs have used pseudonyms. After her 2001 shoplifting arrest, Winona Ryder was found to have used six doctors to fill 37 painkiller prescriptions.)

Of course, medical blunders in one area of Jackson's life were impossible to ignore. Who didn't question the devolution of the entertainer's handsome, identifiably black male face into a pinched and androgynous mask?

In June, Courtland Milloy of *The Washington Post* quoted Scott Spears, chairman of plastic surgery at Georgetown University, as saying the star was "a black man who wanted to look like a white Diana Ross." Asked if Jackson's strange face resulted from surgeons' failures, Spears responded, "No, it's because Michael Jackson could not be made happy."

That may be true, but Harris thinks it lets the star's facial surgeons off the hook. His notion of cultural sensitivity suggests that plastic surgery's traditional, one-style-fits-all aesthetic never worked for minorities, and is changing before our eyes.

"The concept of beauty is evolving internationally," said Harris. In fact, we're all aware of cultural aesthetics, of "things that black or white or brown folks think look good; of what's consistent within our ethnic identity," he continued. The thin-nosed Eurocentric ideal that once informed people's facial surgery choices "is becoming more embracing of a more global interpretation of beauty...The surgeons involved in Michael Jackson's care didn't seem to have a true sensitivity for what looks good on a black face...Michael himself may not have had a good sense of what he wanted to look like — the confusion we saw in his relationships was visible on his face."

The evolving new aesthetic presents fresh challenges for doctors. For decades, the ideal in rhinoplasty was a nose "that was narrow, sleek and with a high bridge," Harris said. "Today, one that's low, flat and broad can also be beautiful," and is likely to look more natural on a black or brown face. No wonder the broader, rounded noses of Jennifer Lopez and pop star Rihanna are the most requested by Harris' patients. "Old constraints are being shattered."

This global shift came too late for Jackson. By the time he died, "the man in the mirror" bore no resemblance to the star the world fell in love with. But the change means that anyone who wants to look different today has less baggage to carry. "The issue today isn't that you're trying to look white," Harris said. "It's about looking like yourself, but better."

Cultural sensitivity also affects patients with more pressing concerns than their looks, Harris insists. "Doctors need to understand who a patient is — those details can offer important clues."

Take heart attacks. Statistics suggest black women have a higher incidence of mortality. "When black women go to the emergency room, their symptoms aren't at-

tributed to heart disease because they don't fit the profile based on white women or white men," Harris explained. "So treatment gets delayed. With diabetes, it plays out in cultural eating habits — the traditional diets of African-Americans may create a propensity... In dermatology, Bob Marley died of melanoma, which is thought to be white person's disease... For black people, the disease presents in atypical areas, like on the foot as it did for Marley. A doctor unfamiliar with those nuances might think that spot wasn't worrisome because 'black people don't get skin cancer.'... Cultural and racial nuances play out in myriad ways."

So for all his weirdness, Jackson may have been more like the rest of us than he — or we — knew.

"As we go through life, we learn that health is most important; those with chronic problems might call it the ultimate human luxury," Harris said. "So let's learn every possible way to live a more productive and healthy life."

No matter whose face we see in the mirror.

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