THE PANDORA'S BOX OF DIGITALIZATION: RESISTANCE, DUALITY, AND SYMBOLIC BOUNDARIES IN ROMANIAN COSMETIC SURGERY

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ABSTRACT

Cosmetic surgery is nowadays a "commercial enterprise" (Fraser, 2003) and a practice depicted everywhere in popular culture, from newspapers (Leem, 2016) and women's magazines (Sullivan, 2001) to TV shows (Tait, 2007; Heyes, 2007; Elfving-Hwang, 2013) and social media (Nischwitz *et al.*, 2021; Voinea, 2021). In this article, I am studying how Romanian plastic surgeons responded to the digital solution which was widely enforced during the COVID-19 pandemic. By using the interview and applying a content analysis on Instagram content, I explore the legitimization repertoires employed by plastic surgeons to justify their skeptical attitude to telemedicine, a pandemic fix that challenged traditional medical practice. Most surgeons rejected telemedicine because of its discordance with how they understand the patient's body, namely a material entity that requires to be physically assessed, touched, measured, drawn, cut, and sewn (as in tailoring). They were still receptive to other telemedicine related tools, like consultations hosted on social media / video conferencing platforms and digitally mediated medical education (which I see as a "before and after" stage in telemedicine). However, an important distinction arose. Young plastic surgeons were more open to adopting telemedicine as a means to expand their careers, which drove them to take a disapproving (and reciprocal) stance against the more experienced but digitally circumspect physicians. I argue that the Coronavirus pandemic and the wave of digitalization following it have emerged as unique socio-historical junctures which unraveled a specific manner of conceiving the body "material". In addition, the distinctiveness of telemedicine when used for cosmetic surgery and the internal criticism within the professional body of plastic surgeons were also revealed. By mobilizing the concept of symbolic boundaries (Lamont & Molnár, 2002), I introduce a new classification of plastic surgeons: the digitally compliant and the digitally reluctant.

Keywords: (Romanian) cosmetic surgery, digitalization, telemedicine, legitimization repertoires, symbolic boundaries.

"*Play some Maluma, please!*" Whenever I heard this, I knew that Dr. K was ready to step into another surgical procedure that would usually keep her long hours in the operating room.

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Dr. K is a smart, confident woman, a hearted person, and a prominent plastic surgeon. I met her at the Romanian Congress of Aesthetic Surgery, at a moment when I was about to lose any hope that I will someday conduct field research inside a cosmetic surgery clinic. Besides reading and talking about it, I needed to see how cosmetic surgery is enacted in real practice.

One of the first cases that I had the chance to see in the operating room was a breast augmentation. There I was, thrilled and vigilant about every word and gesture, in a place crowded with plenty of technological devices that were beeping around the patient. After she meticulously created the "pockets" inside the breasts, Dr. K stopped and changed gloves. "*This is now*", she voiced. Suddenly, the entire room was covered in silence. Right after the implants were "bathed" in antibiotics and were just about to be introduced, a clinician who was also assisting came up with the idea of recording the insertion of the implants. In just a few seconds, he grabbed his smartphone and got into the role of the cameraman. Dr. K became the lead actor and the rest of us were the extras in what seemed to be a movie scene. In front of the phone camera, Dr. K straighten her back and quickly introduced the implants. Later that day, while thinking about the feeling of smallness that I had next to those heavy medical devices and the key role of the smartphone, I couldn't but wonder to what extent does cosmetic surgery, which appears to be at the avantgarde of the latest body enhancing devices, adhere to the global phenomenon of digitalization?

INTRODUCTION

At the outset of the COVID-19 pandemic, one of the early measures that had been taken by the public state authorities worldwide was to suspend the activity of non-essential businesses. Cosmetic surgery clinics closed their doors too. Subsequently, plastic surgeons couldn't see their patients during the spring 2020 lockdown, except for emergencies and post-operative check-ups (Cho & Hong, 2020). Within this critical global situation, telemedicine was introduced as a solution to keep the healthcare system functional. Besides avoiding infection with the new Coronavirus and reducing hospital overcrowding, telemedicine proved effective in cardiology (Xu *et al*., 2022), orthopedics (Foni *et al*., 2020), dermatology (Vyas *et al*., 2017), and even gynecology (Hertling *et al*., 2021). In contrast with primary care and medical specialities though, telemedicine was less adopted in surgery (including plastic surgery) even during shutdown (Losorelli *et al*., 2021) on the grounds that distance medicine is essentially incompatible with the surgical act. Opposite to this commonsense logic, I argue that the incongruity between telemedicine and surgery needs to be further dissected, as it can unfold critical aspects regarding the body and the medical profession, which were unearthed in the pandemic situation and the following digital boom.

The article addresses how digitalization (and telemedicine especially) was received in the cosmetic surgery field during the COVID-19 pandemic. Before highlighting the research questions and the importance of the study, I want to bring some clarification on terminology. First, when referring to digitalization, I adhere to the definition proposed by Ho, Caals, and Zhang (2020, p. 2), which is the use of new digital technologies in "meeting healthcare, public health, and even more broadly, social goals". At the same time, I apply this definition to telemedicine, which I see as the most common digital activity when it comes to cosmetic surgery. By telemedicine, I understand mainly online consultations, but also other synergistic elements which support telemedicine, like social media or videoconferencing platforms used for the initial meeting with the patient and also follow-ups, as well as social media-based online medical education. Second, I use "cosmetic surgery" (the common name of the specialty) and "plastic surgery" (the scientific one) interchangeably throughout the article.

In this paper, I atempt to answer the following questions: How did Romanian plastic surgeons react to the booming digitalization that took over social and medical life during the COVID-19 pandemic? What are the repertoires they used to legitimate their stance on telemedicine – the quintessence of digitalization within cosmetic surgery – and delegitimate the others' respectively? Also, what was the overall effect of their standing over the plastic surgery community? The topic proposed in this study is of much relevance today. It illustrates how digitalization – a burning reality of the present "digital decade" (European Commission, 2021) – unfolded in a prosperous medical industry which promises to grow even more in the future (Fortune Business Insights, 2022). In fact, by investigating two aspects of current life that have barely been brought together in the social research (digitalization and cosmetic surgery), the study brings an important contribution to the field. Moreover, cosmetic surgery case can be illustrative of the range of obstacles that may arise during the future digitalization of medicine, as healthcare is expected to turn digital in the years to come (Clinician of the Future Report, 2022).

TELEMEDICINE, BODY, AND SYMBOLIC BOUNDARIES

The global spread of digital technologies was already happening at a rapid pace when the new Coronavirus affected the world, but the pandemic took the digital transition to a level that has only been imagined before. During the COVID-19 crisis, digital infrastructures proved fundamental in keeping the economies and businesses running (Ionescu, Iordache & Țițan, 2021; Amankwah-Amoah *et al*., 2021) and supporting the entire range of socio-economic sectors, from work (Nagel, 2020), education (Cone *et al*., 2021), and healthcare (Hertling *et al*., 2021) to shopping (Akram *et al*., 2021) or tourism (Talwar *et al*., 2022). Among all these areas, the digital upswing was extremely visible within the healthcare system (Assaye & Shimie, 2022), which became central in fighting the new medical emergency.

Here, telemedicine sprang out of necessity as a solution to manage – from a distance – the large numbers of patients, both COVID-19 infected and uninfected (Bashur *et al*., 2020; Omboni *et al*., 2022).

At its core, telemedicine is "the use of electronic information and communication technologies to provide and support health care when distance separates the participants" (Field, 1996: 16). Going beyond the definition, a more elaborate discussion points to the advantages and disadvantages of telemedicine. In terms of benefits, most medical articles stress that telemedicine is fast and time-saving, there is no need to travel and, hence, a cost-cutting occurs. It also provides medical safety (by avoiding catching hospital-associated infectious diseases), more comfort (no dependency on a specific location), less effort, improved follow-ups, and the triage of the patients (Haleem *et al*., 2021; Losorelli *et al*., 2021). On the other hand, telemedicine services are not universally and fully reimbursed, and the patients' data face the risk of being hacked if public networks are used (*e.g.*: Skype). Furthermore, the unfamiliarity, the digital illiteracy, and the asymmetrical expansion of telemedicine during the pandemic remain significant obstacles. Above all, physical consultations are impossible to be carried out at distance, so the clinicians must rely on the patient's self-reports, which can be inaccurate and endanger the treatment (Bashur *et al*., 2020; Omboni *et al*., 2022). Not to mention that the suitability of applying telemedicine can become blurred in some fields of medical care, particularly when it comes to surgery in general and plastic surgery in particular.

As reported by a study that documented the state of telemedicine within the US plastic surgery during the COVID-19 pandemic, 91% of the members of the American Academy of Facial Plastic and Reconstructive Surgery were using telemedicine by the middle of 2020 (Salehi *et al*., 2020). 76.9% of them resorted to telemedicine with the advent of the pandemic. The biggest of the reported problems had to deal with the impossibility to conduct a physical consultation (69.2% of surgeons complained about it), the lack of intimacy and human connection (44%), the lack of access to digital infrastructures (26.4%), and the discontent with the fact that online visits are not covered by the health insurance and, consequently, paid (18.4%). Generally though, telemedicine is presented in a favorable light when applied to plastic surgery. Two literature reviews that gather all the relevant medical writings on the use of telemedicine in plastic surgery published after 2010 (Vyas *et al*., 2017; Borges *et al*., 2021) emphasize the prominent visual character of plastic surgery, specifically in the cosmetic area, which perfectly matches telemedicine. Moreover, the possibilities to send photos and videos have improved along with the generalization of the Internet, which also favors the association between telemedicine and plastic surgery (Borges *et al*., 2021).

Be it in a virtual or in-person format, the object of the clinical intervention is the human body, which can be a diseased one (usually), a potentially diseased one, or even a healthy one, as in cosmetic surgery. Moving forward from the classical distinction which opposes the body-object and the body-subject, the body is seen as

primarily mobile, acting like an ongoing "project" (Shilling, 2003) or a vehicle of self-transformation (Edmonds, 2008). In modern societies, the body and the physical appearance have become quintessential in the articulation of the self (Shilling, 2003; Edmonds, 2008). The juxtaposition between body and identity is especially relevant for women, as they have historically been associated with the (beautiful) body more than men (Voinea, 2020). According to the patriarchal view, which has been intensely criticized by the early feminist scholars interested in cosmetic surgery, the feminine body which deviates from the dominant beauty standards is seen as "abnormal" and requiring transformation – through cosmetic surgery included (Bordo, 1993; Wolf, 2002; Morgan, 2009). Nevertheless, put in a different, moderate feminist light, cosmetic surgery is depicted as a means by which women regain control over their bodies and lives (Davis, 1995), and renegociate their identities more positively (Gimlin, 2002). Despite the various points of view, the cosmetic surgical body is transformable and open to changes across various contexts. Meanwhile, the physicians who perform cosmetic surgery are quite different, and they are often separated by symbolic boundaries.

The concept of boundaries has made a career in the social sciences (Lamont & Molnár, 2002; Lamont, Pendergrass & Pachucki, 2015). *In nuce*, boundaries refer to drawing and maintaining differences between and inside social groups ("us" *versus* "them"). Following Lamont and Molnár (2002), there are two types of boundaries: symbolic and social. In this study, I focus on symbolic boundaries, which represent the conceptual distinctions used to define and classify different aspects of reality (people, objects, practices, etc). An excellent empirical approach to symbolic boundaries that explores the medical world comes from Mizrachi, Shuval, and Gross (2005). Within their sociological research undertaken in a large public hospital based in Tel Aviv, Israel, the authors studied how the alternative, respectively the biomedical practitioners (of allopathic medicine) succeeded in working together despite the symbolic boundaries separating them. Alternative medicine and biomedicine are generally regarded as opposite medical models, whereas alternative medicine constitutes "a fundamental institutional challenge to biomedicine by its lack of a unified, formalised and standardised body of knowledge as well as by its underlying epistemological assumptions" (p. 25). Officially, biomedical physicians expressed their respect and support toward their colleagues, but informally and tacitly they isolated them and contested their "scientific" knowledge. Inspired by this study, I also investigate how Romanian plastic surgeons resorted to symbolic boundaries in the context of the COVID-19 digital acceleration. In addition to symbolic boundaries, I make use of "boundary reformation", which is a strategy intended to maintain symbolic boundaries. Unlike "boundary retention", which consists of people using preexisting symbolic distinctions to separate themselves from the "other", boundary reformation encourages people to invent new symbolic distinctions (Bhatt, Goldberg & Srivastava, 2022). In the plastic surgeons' case, I argue that the strategy being used is the reformative one, since digitalization is a

relatively new process in Romanian cosmetic surgery, and so are the categories of plastic surgeons evolving from it.

Symbolic boundaries have been explored in the social research of cosmetic surgery too. In connection with the patients, one of the most popular representations features the person/woman who is depicted to have a problematic/unhealthy/ questionable relationship (even in a pathological sense) with her look and cosmetic surgery, contrary to the individual who undergoes the "right" or "healthy" cosmetic procedures (Pitts-Taylor, 2007; Gimlin, 2012). In this article, I apply the concept of symbolic boundaries to the other major group of actors: plastic surgeons. Preceding scholars have tracked several distinctions which symbolically divide plastic surgeons: the judicious/commercial plastic surgeon, the real/false one, the ethical/unethical one, or the plastic surgeon with natural/artificial results (Gimlin, 2012; Voinea, 2020). These categories reflect the tension which accumulated inside the professional body of plastic surgeons over time, as cosmetic surgery had evolved into an autonomous and acknowledged medical specialty. Since the end of the 19th century, considered to be the begining of modern cosmetic surgery, its scientific validity was constantly questioned (Gilman, 1999). As a consequence, the "mission" of the first plastic surgeons was to demonstrate the medical, but also the ethical and social legitimacy of their work (Edmonds, 2013), and delimitate themselves from the "charlatans" who were usurping the field (Edmonds, 2007). Given that the evolution of cosmetic surgery is built around the topic of legitimacy, I focus on the repertoires utilized by plastic surgeons to assert the "good" character of their medical practice and the "bad" character of others' medical practice respectively (Berger & Luckmann, 1991). In this sense, I choose to mainly analyze the discourse of plastic surgeons, on the contention that language can be seen as the gate to the true self (Gimlin, 2012) and the nucleus of legitimacy (Berger & Luckmann, 1991).

METHODOLOGY

For the present study, I interviewed 20 plastic surgeons from Bucharest, the (cosmetic surgery) capital of Romania, and Timișoara, another representative city of the national cosmetic surgery industry. The interviews were conducted at two different stages of the COVID-19 pandemic, namely during August–September 2021, when Romania was on the verge of confronting the fourth and one of the most severe waves of infections, and during March–June 2022, when the pandemic officially ended in Romania. The time frames are capital as the plastic surgeons' stand on the utility of telemedicine was most likely to be influenced by the domestic evolution of the pandemic. In this sense, I've drawn a table with all the relevant information about the subjects cited (anonymously) throughout the study, including the moment when the interviews were conducted (see *Table 1*). The respondents (10 females and 10 males) were between 32 and 67 years old at the moment of the interview. Their expertise level and work experience varied too.

Some of them had less than 5 years' experience of working in cosmetic surgery, while the majority of them had more than 5 years' experience. In addition, some of them spent more time than others training and working in other countries. I looked for a diversity of ways of doing cosmetic surgery in order to see how digitalization was accepted and enacted in multiple professional backgrounds and medical settings subsumed to cosmetic surgery.

Table no. 1

Informative data about the subjects

Subject's pseudonym	Gender	Age	Estimated years of practice (after finishing the medical residency program)	Moment of the interview	Followed on social media	International fellowships in the last five years
Dr. K	Woman	33	5	Jun-22	Yes	Yes
Dr. N	Woman	58	32	Sep-21	No	No
Dr. B	Man	33	5	Aug-21	Yes	Yes
Dr. F	Man	53	24	Jun-22	No	No
Dr. G	Man	34	4	Aug-22	Yes	No
Dr. Z	Woman	31	2	Apr-22	Yes	No
Dr. C	Man	53	25	Apr-22	Yes	Yes
Dr. J	Woman	40	2	Sep-21	Yes	Yes
Dr. D	Man	36	7	Sep-21	Yes	Yes
Dr. A	Woman	33	5	Jun-22	No	No

In order to organize, code, classify, and interpret the data resulting from the interviews, I turned to content analysis and followed the steps proposed by Devi B. Prasad (for more details, see Prasad 2008). Regarding the content categories, I developed them by using both an inductive and deductive approach. On one hand, starting from what the Romanian plastic surgeons revealed during the interviews, I could identify two major, antagonistic attitudes towards telemedicine – a reluctant and an open one – which eventually translated into the current classification of plastic surgeons that I propose in this article. On the other hand, I had also considered the previous theoretical employment of symbolic boundaries in building different typologies of plastic surgeons. As already mentioned in the literature section, there is a preexisting set of categories of plastic surgeons described in the social research, according to different criteria (legitimacy, ethics, surgical results etc). Similarly, I created a new symbolic, conceptual opposition applicable to plastic surgeons (Lamont & Molnár, 2002) through "reformation" (Bhatt, Goldberg & Srivastava, 2022) by using a novel criterion, which is the plastic surgeons' openness to telemedicine.

I used the content analysis also in connection to the plastic surgeons' activity on Instagram, one of the social media platforms that they prefer the most (Eldaly & Mashaly, 2022). Around the time I was conducting the last interviews that I started conducting in August 2021, I started to analyze almost a year worth of posts and stories created and shared by plastic surgeons on their Instagram accounts. This helped me gain new insights into the digital aspects of their profession, otherwise unattainable through interviews. During our conversations, we approached the main motivations of doing (or not doing) telemedicine and thus provided a global but still individualized framework in which telemedicine worked (or not) for each one of the plastic surgeons. However, I didn't have the chance to observe how an online consultation really works or to see how exactly plastic surgeons use social media to keep in touch with their patients, because of the data privacy protection. Consequently, I felt the need to add more to the interviews, and this is why I went for social media content, another important, digital component of the plastic surgeons' profession. As I will detail in the results, plastic surgeons make use of social media (especially Instagram) in many ways. One of them is to promote themselves as excellent and trusted professionals and sell to the patients the services that they provide (ibid.). Therefore, they resort to social media to uncover hidden aspects of their profession (*e.g.*: what happens in the consultation room or the operating room) and even parts of the discussions with their patients (*e.g.*: private questions or appreciation messages that they receive on social media). I monitored multiple accounts (usually professional, public ones, marked with "Dr") belonging to various Romanian plastic surgeons (not only those who were interviewed). The aim was to identify their overall discourse on digitalization, such as concrete ways of doing telemedicine, what social media they use in their practice, and how. As opposed to the interviews, where I used propositional units (converging on plastic surgeons' attitude to telemedicine), in the content analysis of Instagram I used categorical units (everything referring to digitalization, telemedicine, and social media) (Krippendorf, 2004).

RESULTS

THE RESISTANCE

Telemedicine was welcomed within cosmetic surgery before the Coronavirus outbreak, along with the introduction of smartphones, artificial intelligence, augmented and virtual reality (Venkataram *et al*., 2015; Sayadi *et al*., 2019; Jarvis *et al*., 2020). In what concerns Romania, there is currently no literature to discuss the state of telemedicine in cosmetic surgery. Nevertheless, the collected data indicates that a germinal version of digital medical consultation existed in Romania too. "*There are – and there were – many people who, regardless of the pandemic, send pictures*

and want to get advice or an idea so as to know which direction to take" (Dr. N). Still, the practice remained marginal until the lockdown period, when it was resorted to by some plastic surgeons. To them, the remote medical consultation has its strengths, even in cosmetic surgery. For instance, they appraised it for the capacity to host a first interaction between the physician and the patient so that the two can meet (even though via a screen) and test their "chemistry", according to the term used by one of the subjects. Furthermore, telemedicine appointments are seen as comfortable and easy to implement. Also, they perform the same explanatory function as any physical consultation, for they allow the surgeon to discuss the medical procedure in detail and respond to the patient's queries. "*I prefer to meet the patients online so that we have first a theoretical discussion about the procedure and then see them in person for measurements and other practical things, which will take only 15–20 minutes. It's simple and relaxed, as I can organize the consultations from everywhere, and I prefer to stay in bed or at home. I choose to come to the clinic only to operate or make a surgical gesture than to consult*" (Dr. B). However, most of the surgeons proved cautious about distance consultations. Even if they do not deny the reported advantages, they tend to underline the limitations which turn it into an incomplete and inappropriate medical act:

a. First of all, plastic surgeons point out that any cosmetic surgery consultation rests on a fundamental aspect: the local evaluation of the tegument. That is touching the patient's skin. By placing their hands on the patient, the physician can assess the skin's compliance, elasticity, and thickness, which determine the future surgical approach. In the absence of a face-to-face meeting, the evaluation of all these features is not possible.

b. A second limitation refers to the impossibility to take body measurements and draw the skin markings during a remote consultation. In breast augmentation, which continues to be the most common cosmetic procedure for women worldwide (ISAPS, 2022), the measurements and the markings are capital steps that help the surgeon choose the right shape and dimensions of the breast implants. When combining implants with a breast lift, Dr. F is very clear: "[In an online consultation] *I can't say how many incisions are needed because I have to measure the patient. Secondly, I can't tell the patient the dimensions of the implants, as I have to draw her. And there's no point in taking measurements on her own because I don't know if she'll do it right*".

c. Also, a derivative of the virtual nature of remote consultations is the inability to spring into action. Unlike non-surgical specialties, where online appointments can successfully work (Losorelli *et al*., 2021), cosmetic surgery means doing, namely cutting, suturing, injecting, etc. "*I can take a look and put a diagnosis, but then I*

have to do something. The majority of cosmetic surgery patients want to change something. I'm not sure how many people will pay just to hear a plastic surgeon talking about what they could do". What Dr. G states is especially true in the case of non-surgical cosmetic procedures (e.g.: botox, hyaluronic acid, or PRP injections), as they are generally done immediately after the problem is identified.

d. Another obstacle highlighted by plastic surgeons is the potentially erroneous evaluation of the patient's health. As in any telemedicine consultation, the plastic surgeon must rely almost exclusively on the symptoms described by the patient, who can omit details that would indicate certain medical conditions (Bashshur *et al*., 2020; Omboni *et al*., 2022). In cosmetic surgery, a strong health is a prerequisite for undergoing any type of surgical procedure (Edmonds, 2013). For instance, the patient with a minor health condition (such as a cold, for example) is not an ideal candidate and can be postponed or even refused. This is why a physical examination of the patient, along with clinical tests, is mandatory in cosmetic surgery. "*Even though many colleagues told me to go online at the beginning of the pandemic, I didn't because I thought it'd be difficult to take the right decisions for the patient, and I was also afraid of evaluating the patient improperly.*" (Dr. Z)

e. The physician's eye is more vigilant than the camera's eye, plastic surgeons argue. In their view, the photo / video camera has a limited capacity to accurately reproduce the "realness" of the human body. "*The patients send me some pictures, taken from certain angles, with certain lights. And they say: «Look, doctor, when I sit like this, it looks bad». «OK, but you only sit like this for 3 minutes a day; the rest of the day you sit differently». This is why I prefer the direct consultation.*" (Dr. C) Under the influence of external elements like angles and lights, the camera can distort the body. Therefore, it affects how surgeons imagine the respective body, and turns the surgical act – known for its sharp precision – into a rather unpredictable one. Additionally, Dr. Z refers to the inner features of the skin, which the camera cannot catch, regardless of its performance: "*It's a big difference between what you see in a photo or video and how the person really is because you can observe the skin's texture. I think for an internist, a family medicine physician, or an endocrinologist, who sees some test results and prescribes a treatment, it's a lot easier to draw a conclusion. But in my case, it's more difficult, as I have to spot a fine wrinkle, a shadow, a ratio*".

f. Finally, telemedicine consultations raise a financial dilemma. Depending on the surgeon's or the clinic's policy, distance visits can be remunerated or not. On one hand, the digitally reluctant plastic surgeons (the majority) rejected the online consultations also on financial grounds (along with having already a settled body of clientele and solid recognition, as I will detail later). In the absence of a motivating financial compensation, these surgeons were not willing to invest time and effort in conducting online consultations. On the other hand, there were plastic

surgeons (a few) who were open to conducting unpaid digital consultations. They saw this as a small effort that would bring them a big reward: more patients and, ultimately, more money. Dr. J is one of them: "*I started to provide online consultations once with the pandemic, and they worked very well. In fact, I provided them for free. I sit here at my desk, and I just say: «Hello! How can I help you?». I explain the surgical steps, and then I invite the patient to do some medical tests. So it works. It works even via WhatsApp video because the patient is at home, feeling comfortable, and they can show me the belly, the breasts, or the nose. I did it, why shouldn't I?*"

THE DUALITY

As an exception, the plastic surgeons who typically mistrust telemedicine do conduct online medical visits from time to time, but only in special circumstances. In what concerns the patients who live at a great distance (either in Romania or abroad), plastic surgeons tend to be more flexible with the idea of consulting them online by using free video conferencing platforms (*e.g.*: Skype, Zoom) or social media (*e.g.*: WhatsApp photos and video calls). Geographical distance, along with the opportunity to gain visibility inside a particular category of patients – the medical tourists – can act as incentives to implement telemedicine. In Romania, however, the distance medicine necessity was less severe than in other countries. This is linked to the fact that Romania is not a leading destination of cosmetic surgery tourism, and people coming from afar, specifically from Italy, Germany, and the UK (ISAPS, 2022), are mainly co-nationals. Furthermore, those who live in the country look in general for a plastic surgeon who runs their activity in the nearest city, so the chances of choosing a surgeon from the other corner of the state, which then involves using telemedicine, are smaller. "*This winter, I went to the United States to a well-renowned plastic surgeon. Up there, long distances force them to conduct online consultations, and they do it, but in three different lengthy meetings.*" (Dr. C) Unlike the USA, where large distances represent a structural constraint that brings the need for telemedicine services, in Romania distance counts much less in the regulation of telemedicine, at least in a formal manner. Yet, the distance factor is justifiable enough to determine even the most critical plastic surgeons to occasionally call for digital appointments.

Next to the remote consultations aimed to patients living afar, plastic surgeons use another tool that is representative of the digitalization process and also related to telemedicine: social media. In the last decade, plastic surgeons have aligned with other physicians who joined social media and thus increased their online presence (Eldaly & Mashaly, 2022). Today, people resort to social platforms in order to get information about cosmetic surgery (Nischwitz *et al*., 2021). As a result, plastic surgeons describe their presence on these platforms as a "must".

"*For example, someone says: «Look, I was operated on by that doctor». And the other person says: «Oh, did you get surgery by that doctor? Let's take a look!». If that plastic surgeon doesn't have a social media account and some photos, then something's wrong. This is the view today.*" (Dr. D) On the whole, plastic surgeons use social media to promote and sell their services, address the patients (actual and prospective), and educate them (Eldaly & Mashaly, 2022). At a deeper level, they handle social networks to legitimate cosmetic surgery and present themselves as medical experts, technical innovators, and psychotherapists who restore patients' happiness (Voinea 2021). Additionally, social media takes an active role in normalizing the surgically altered body (which was back in the past performed by television, especially through makeover TV shows; Tait, 2007; Heyes, 2007; Elfving-Hwang, 2013), which leads to a greater acceptance of cosmetic surgery (Eldaly & Mashaly, 2022). All these are achieved through "visual social media cultures" like Instagram (Leaver, Highfield & Abidin, 2019), which favor the promotion of the classical "before and after" photos/videos (Gilman, 1999), and perfectly match the visual character of plastic surgery (Borges *et al*., 2021).

For more consistent and direct communication with past and present patients, plastic surgeons employ another social network: WhatsApp. First of all, the platform serves as a triage tool. Potential patients send pictures of those body parts which they want to alter (Venkataram *et al*., 2015), and ask the surgeon for a preliminary diagnosis or opinion. Secondly, text messages sent on WhatsApp can become part of the online consultation. Dr.F is skeptical about digital consultations, yet he uses WhatsApp at times to engage in a medical dialogue with those patients who truly wants a certain procedure, but who cannot come in person to meet with him (*e.g.*: patients living far away). "*What I do is send them a questionnaire with general questions about their health, and they send me back the answers on WhatsApp too. Depending on the answers, I send them the list of medical tests, and then they send me the results. You could say that I do some online work, but this is where it usually ends*". Finally, surgeons make use of WhatsApp, an instant communication tool, in order to check on their patients' health. In turn, patients ask for the surgeon's advice if they face any difficulty during the recovery, as one can see in the screenshot images posted by the surgeons on their Instagram accounts. Therefore, if Instagram targets a wider, unknown audience, and helps with promoting the plastic surgeon and educating the public, WhatsApp enables permanent and immediate communication between the plastic surgeon and his /her former/current patients.

Soon after medical conferences and congresses were put on hold during lockdown, videoconferencing surfaced as a prime solution that helped Romanian residents and plastic surgeons to foster scientific expertise (Marina *et al*., 2020). Despite their subjective preferences for the new digital format, all plastic surgeons whom I interviewed acknowledged the advantages of moving medical education

online. "*First of all, participation was higher because the costs were smaller. Secondly, when the 2021 ISAPS World Congress took a hybrid form, I was resting at the beach. With the headphones in my ears, I listened to all the presentations I was interested in. In our field, congresses also include surgeries which are done in real time, and so I could watch some of them in the next days after the congress was over.*" (Dr. J) Even though digital education is not an actual component of telemedicine (but rather telehealth), I include it in the discussion about telemedicine and digitalization at large because 1. I consider it a before and after moment which makes possible the transfer of knowledge in consultation, and 2. it was a common digital activity in the pandemic context among plastic surgeons (who participated in the scientific events also to obtain their CME – Continuing Medical Education – credits, an annual request for exercising their profession). Therefore, by mainly rejecting telemedicine consultations while adhering to social media and digitally mediated medical education, Romanian plastic surgeons took an ambivalent stance on telemedicine and digitalization, ranging from intransigency to openness.

THE CRITICISM

Based on their availability to resort to online medical visits during the COVID-19 pandemic, Romanian plastic surgeons can be divided into two groups with different characteristics. I call them "digitally compliant" and "digitally reluctant" (instead of "digitally savvy" and "digitally unsavvy"), as there is more than a matter of knowing or not knowing how to use telemedicine. In fact, all of them had some basic digital skills. It was more about their will to adopt telemedicine in their ordinary practice. As such, the plastic surgeons who contested digital consultations (or the digitally reluctant ones) were older individuals (over 40 years old), both males and females, with a medium/high level of working experience, a stable, large pool of patients, and a solid career. Conversely, the plastic surgeons who adapted to telemedicine (or the digitally compliant ones) were mainly younger "newcomers", aged between 32 and 40 years old, both males and females. In addition, at the moment of the interview, the majority of them had returned from fellowships in countries where telemedicine was more popular within the medical healthcare system, Australia (Eikelboom, 2012), Sweden or France (de Roy, 2021). For instance, Dr. B decided to implement telemedicine in 2020, right after he had returned from Australia, where he saw for the first time how digital consultations work. By comparison, the hesitant, older plastic surgeons were also enrolled in international training surgical programs, but mainly at the beginning of their careers. That is, some decades ago, at a time when telemedicine was less popular, particularly in cosmetic surgery. The distinction between the digitally reluctant and the digitally compliant plastic surgeons points to two categories of people within the same profession who have antagonistic views over the same medical practice (telemedicine) and

also a disapproving attitude towards the "other" (who adopts a different practice). I approach this reciprocal criticism through the lens of "symbolic boundaries" (Lamont *et al*., 2015), which designates the "lines" across which people define themselves and include/exclude others, and "boundary reformation" (Bhatt, Goldberg & Srivastava, 2022) so as to name the new conceptual distinction that arose in the context of the recent pandemic.

Within their contained disagreement (inferable from the nuances that appeared in the private setting of the interviews), plastic surgeons sought to prove the legitimacy of their medical practice by delegitimating the other's (Berger & Luckmann, 1991). Hence, the skeptical surgeons made use of legitimization repertoires that depicted the adopters of telemedicine as having a stronger financial motivation. Moreover, the reluctant surgeons considered themselves as being the real and wise plastic surgeons, due to their scientific approach and the rejection of the medically "inadequate" online consultations. Conversely, the few surgeons who implemented distance visits (and who perceived themselves as being flexible and in touch with the current digital reality) suggested that the skeptical ones were too rigid and unadjusted to the changing times. In reality, the claims of both sides about their peers do not stand completely. As I will point out next, the financial motivation was only an extra gain for those who conducted online consultations. Their main drive was to boost prestige and clientele. As for the surgeons who expressed their criticism of online consultations, they were nevertheless open to use other digital tools (as described in the previous section) in their daily practice. Nevertheless, the plastic surgeons' repertoires denotes a competitive method of portraying the "other" that is prevalent in cosmetic surgery (see all the other theoretical distinctions that apply to plastic surgeons) and medicine in general, as the work of Mizrachi, Shuval, and Gross (2005) illustrates.

DISCUSSION

What needs more clarification is what has determined the receptive and the hesitant plastic surgeons to adopt these positions. In what concerns the younger, new plastic surgeons, they regularly step into their careers with the need to establish a clientele network that would help them to function long-term and gain symbolic capital (Bourdieu, 1984). As a result, younger surgeons did not afford to put their careers on hold during the first months of the pandemic, so they started to implement remote consultations whenever possible. In addition, they were more responsive to digital novelties like telemedicine due to the impact of their latest foreign training experiences, which exposed them to modern, alternative ways of doing cosmetic surgery. However, their acceptance of telemedicine can also be explained in financial terms, even though this was not overtly recognized but rather

deduced by the researcher during the coding stage of the interviews. Plastic surgeons usually avoid talking about the financial benefits of their profession. That is presumably to avoid fueling the existing speculations on the topic (plastic surgeons are said to earn astronomical amounts of money), detach themselves from the image of "grabby" physicians, and preserve their "science capital" (Archer *et al*., 2015). Yet along with the growing monetization of biomedicine in the last decades (Rose, 2007), cosmetic surgery started to look more and more like a profit-oriented business that generates astounding revenue (Fortune Business Insights, 2022). Hence, money is a factor in the surgeons' decision to offer online consultations, but it is only secondarily compared to their need to attract patients and establish a reputation in the field. The fact that money was not the main incentive to encourage young plastic surgeons to adopt telemedicine is also supported by their eventual return to the traditional, "serious" way of doing consultations (preferred by the older plastic surgeons). Even if they continued to conduct online consultations after the lockdown, the rate of using telemedicine significantly dropped. This happened in fact across the entire national healthcare system, under the new legal settlements which reinstated physical consultations (Consiliul Concurenței, 2022).

When it comes to the older, more experienced, yet digitally reluctant plastic surgeons, they relied on the reputation and financial stability achieved over time so as not to worry about their inactivity during a longer period such as the lockdown. In addition, they were less connected to external models of medical practice in the last five years, as *Table 1* shows. Doubtlessly, they kept in touch with the latest changes within the profession by various means. That is, by reading medical studies and statistics, participating to scientific conferences, and even sharing experiences with their colleagues. However, they didn't have the chance to immerse directly and then try all these, as opposed to their younger fellows. Also, financially speaking, they found the act of investing additional effort in return for an average or no financial compensation unworthy. Furthermore, plastic surgeons' resistance can be related to the fact that telemedicine remained a new and fragile practice in Romania. When the COVID-19 pandemic hit, the notion of telemedicine barely existed in Romania. Despite the absence of a legal regulation of telemedicine, which arrived only later in November 2020 (Târlescu & Vișan, 2020), several healthcare providers, especially private ones but also public ones, provided distance hyperlink services shortly after the beginning of the outbreak (Gheorghe, 2020). A study conducted by IPSOS (2021) revealed that Romanian telemedicine grew during the pandemic, but it was adopted mainly by younger patients and people living in larger, urban areas. The reasons for not using telemedicine and avoiding going to the physician were the absence of medical education, poor income, and emotional anxiety (*e.g.*: the fear of receiving a bad diagnosis). Nevertheless, the decline of telemedicine in cosmetic surgery and telemedicine as a whole should be

regarded in terms of correlation but not causation. Fundamentally, cosmetic surgery patients are very different from other specialities' patients. Those interested in cosmetic surgery are well-informed patients and have a prevention-oriented attitude, plus a middle to high income so that they can afford expensive cosmetic procedures (Fraser 2003; Gimlin 2012). In spite of these dissimilarities, it should be noted that cosmetic surgery is not an isolated medical field, but one that functions within the framework of a larger healthcare system.

Yet the central explanation for why most Romanian plastic surgeons contested telemedicine lies in their view over the patient's body. As suggested in the a-to-f list of arguments from The Resistance section, the body prone to cosmetic surgery is fundamentally a physical one, which makes it incompatible with the virtual nature of telemedicine. The cosmetic surgical body has a two-fold manifest materiality: on one hand, the skin "cover" has to be touched in order to assess its features; on the other hand, the body is seen as a piece of material open to cutting and "sewing", similar to a fabric used in tailoring. In fact, the expression "the client's material" is very common among plastic surgeons. "*It's like tailoring. You have to measure one hundred times and only cut once. Once you make a bad cut, there's the possibility to not being able to repair it anymore. Usually, there's a solution for everything, but there are cases in which you can't undo a cut you made. Skin barely grows back.*" (Dr. A) Furthermore, the body is measurable (in centimeters, with rulers) and acts like a "whiteboard" which awaits to be written or drawn, literally. Added to this, the body requires an in-person visual investigation so that the plastic surgeons can catch the innermost elements, like skin texture, small imperfections (spots, wrinkles), or the display of the body under "natural" lights and shadows. By touching it, the body can be assessed better. Ultimately, the body targeted by cosmetic surgery is convertible and improvable according to what counts as socially acceptable at a certain moment (Susan Bordo calls this "plastic cultural"; 1993). However, the switch from a current, reparable state of the body to an ideal, superior one (e.g.: from unattractive to attractive) happens only through active intervention (which cannot be provided by digital means). Last but not least, the display of the patient's body and medical data on unencrypted, free social networks and/or videoconferencing platforms can raise ethical and security concerns (in the USA, these aspects are regulated through HIPAA Compliance, a federal law dating from 1996; US Department of Health and Human Services, 2022). Nonetheless, the plastic surgeons didn't refer to this topic; therefore, I focused only on those characteristics of the body which they mentioned and which, according to them, are incongruous with the digital examination involved by telemedicine.

Up to present, cosmetic surgery has been analyzed through the lens of beauty, health, gender, sexuality, body, race, ethnicity, economics, or politics, but not as

much in relation to the digital transition of society. If the studies focusing on the digital transformation of cosmetic surgery are numerous in the medical field (Venkataram *et al*., 2015; Sayadi *et al*., 2019; Jarvis *et al*., 2020), this approach is only at the beginning in the social sciences. By taking the digitalization road, the study provides a relatively new way of understanding the cosmetic surgery practice within the social sciences. The current study has another merit too, which revolves around symbolic boundaries. The concept has been formerly employed in the social research of cosmetic surgery, both with reference to the patients who undergo cosmetic surgery and the plastic surgeons who perform it (Pitts-Taylor, 2007; Gimlin, 2012; Voinea, 2020). In this study, I propose an original symbolic distinction applicable to plastic surgeons, thus continuing and expanding the previous social theory about the types of plastic surgeons. Still, the study has an inherent limitation: it investigates only one of the many digital forms that exist within cosmetic surgery. Apart from telemedicine and its extensions (social media, videoconferencing softwares, and online medical education), there are also other digital activities likely to attract a research interest. These include artificial intelligence, augmented/ virtual reality, and robotics, not to mention the multiplicity of photo editing and cosmetic surgery simulator apps. Thus, I stress on the need for further studies focusing on digitalization inside the cosmetic surgery field.

CONCLUSION

The current research showed that plastic surgeons were skeptical about telemedicine mainly due to the incongruity between the physical, touchable, measurable, and convertible body "material" and the virtual, immobile, and distorting character of telemedicine respectively. Moreover, the rejection was also motivated by the professional self-sufficiency and well-earned reputation of the older plastic surgeons, the lack of direct contact with external medical practices, and the demotivating earnings. At the same time, the broader domestic context indicated that Romanian telemedicine was still an unfamiliar and unstable practice. Despite their apparent strong refusal of telemedicine, plastic surgeons resorted nevertheless to telemedicine appointments in exceptional cases (patients living at long distances) and other auxiliary digital tools (social media used for advertising and communication, and digitally mediated medical education). However, at the discursive level, the plastic surgeons' critical claims towards the "other" – the (few) younger plastic surgeons who adopted remote consultations – and vice versa divided them into two opposing groups, separated by symbolic boundaries: the digitally reluctant and the digitally compliant. Overall, the cosmetic surgery case illustrated that telemedicine is not a universal solution meant to work every time, everywhere, and for everything and everybody. In consequence, Romanian plastic surgeons became the practitioners of a particular form of telemedicine, fragmented and adapted to cosmetic surgery. While it succeeded in

exchanging information with the patients and popularizing the surgically adjusted body, telemedicine proved impracticable when examining and achieving the promised body. Finally, I consider that the Coronavirus outbreak and the digital boom that came afterwards provided a perfect, unique historical occasion that made possible a deeper look into the cosmetic surgery profession.

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