

Study examines patients' willingness to pay to fix facial deformities

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How much would you be willing to pay to fix a facial defect? A new study published online by *JAMA Facial Plastic Surgery* examined that question.

As the incidence of skin cancer has increased, reconstruction of facial defects because of surgery to remove cancer is an increasingly common reason for patients to see a facial plastic surgeon.

Lisa E. Ishii, M.D., M.H.S., of the Johns Hopkins School of Medicine, Baltimore, and coauthors measured health state utility (a health-related area of quality of life) and dollar value (as measured by the maximum amount of money a person is willing to pay) for surgically reconstructing facial defects.

The authors measured these from the perspective of casual observers - to gain a societal perspective—because patients who seek out reconstruction surgery for facial defects often do so over concern about what others will think of their defect.

The study included a socioeconomically diverse group of 200 casual observers who looked at images of faces with defects of varying size and location before and after surgical reconstruction. Participants were asked to imagine the defect was on their own face and to rate their health state utility and how much they would be willing to pay to have the defect surgically repaired to appear normal.

The observers placed a premium on repairing large and central facial defects and were willing to pay less to repair small and peripheral facial defects. For example, the average "willingness to pay" (WTP) ranged from \$1,170 to repair small peripheral facial defects to \$7,875 to repair large central defects, according to the results. Facial defects also were perceived to decrease quality of life, the authors report.

The study notes the data may be different from actual patient experience and the actual costs of surgical reconstruction.

"Surgical reconstruction of <u>facial defects</u> is viewed as a high-value intervention that nearly eliminates this quality-of-life penalty for most defects. These findings have important implications for patients, surgeons and health policymakers. They also set the framework for using WTP [willingness to pay] to better understand facial perception," the authors conclude.

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