

face equality

HEALTH AND SOCIAL CARE



Disfigurement in health and social care

Every year, over 415,000 people in the UK are born with or acquire a disfiguring condition to their face, hands or body – from birth, accident, cancer surgery, skin and eye conditions, from facial paralysis and from medical accidents such as mistakes in cosmetic procedures.

Most will come into contact with the NHS – at a GP clinic, A&E or specialist hospital service.

Many medical specialties provide services for them but the focus is often on medical interventions without consideration of the psychological and social implications.

Changing Faces believes that health and social care professionals and policy-makers need to understand that all patients with disfiguring conditions and their families are vulnerable to ‘facial prejudice’ and ‘facial discrimination’ in society.

The NHS and social services need to recognise this so they can develop appropriate services to prevent and/or treat the psychological and social problems that can result.

The reasons for change

People with disfigurements can feel extremely self-conscious and may find it difficult to talk about their feelings. Public reactions to their appearance can make them feel even worse. They can face staring, intrusive questions, ridicule, name-calling, bullying and exclusion. Some people can be blatantly discriminatory, refusing them work or good customer service.

In addition, the prevailing assumptions about what life is like for someone with a disfigurement can undermine a patient’s self-esteem. For example, because many people believe that ‘good looks’ are essential to success in today’s society, the patient and family may inadvertently apply this to themselves – and experience low expectations from others too.

The role of medicine and health care

Modern reconstructive surgery and medical treatments can be very effective in making some disfigurements less noticeable, but a disfigurement can rarely be removed completely.



Research shows that psychological and social problems are common after a disfigurement usually affecting a person's (and family's) self-esteem and self-confidence. These can include a fear of public places, low expectations, difficulty in making friends and forming relationships and finding jobs and in extreme cases, suicide. Importantly, research also shows that the distress caused by a disfigurement is not determined by its severity, so all patients with disfiguring conditions, even those which seem 'minor', need to be considered vulnerable.

Yet despite this evidence, disfigurement is still predominantly seen as a medical issue, with far too little attention being given to its psychological and social impact.

Getting it right

Changing Faces believes that many of the psychological and social problems experienced by patients after a disfiguring condition can be traced

back to the challenge of living in a society which has negative attitudes towards disfigurement.

Health and social care professionals need to design services that can both prevent patients experiencing these problems and can identify and treat them should they be experienced. A radical re-think is needed to ensure the effective rehabilitation of people with disfigurements – just as has started to happen in services for children with cleft lips and palates.

Professionals using medical jargon with their patients to describe their conditions ('defects', 'abnormalities', 'deformities') can reinforce patients' negative beliefs about their appearance.

Similarly, over-emphasis on the ability of surgery to 'fix' a disfigurement can result in unrealistic expectations about surgery; depression is common when such expectations are not met.

Services which are able to incorporate

the following proven approach to supporting patients with disfigurements play an important role in empowering people to lead full and active lives:

Finding out. Gaining realistic information about their condition and its treatment.

Attitude-building. Developing a positive set of beliefs about their future.

Counselling. Receiving emotional support face-to-face, by email or phone.

Exchanging. Sharing experiences with others in similar situations.

Social skills training. Learning new strategies for handling other people's reactions.

For further information go to www.changingfaces.org.uk

What you can do

Stand out. Show your support for face equality

Changing Faces calls on the Department of Health, and health departments at devolved and local levels, the NHS and all medical specialties to develop a range of new services to provide for the psychological and social needs of patients with disfigurements as well as their medical requirements.

Changing Faces calls on health and social care professionals to develop services that treat patients with disfigurements as having psychological and social, as well as medical needs.

1. Become familiar with the causes and effects of disfiguring conditions

All health and social care teams should be informed about the causes and psycho-social effects of disfigurement. They should be trained and skilled at providing patients with realistic information about possible treatments and at building their confidence to live within the prevailing culture which holds negative attitudes towards people with disfigurements.

2. Adopt the positive and avoid the negative

Health care professionals should use positive language about disfigurement – avoiding stigmatising language like 'defect' and 'deformity' in their communications with patients – in order to create an inclusive culture which treats them as people first.

3. Adopt new ways of behaving when you meet someone with a disfigurement

Health professionals should ensure that assessments and interventions to address their patients' psycho-social needs are routinely integrated into the service they receive both pre-discharge, at follow-up and as and when required by the patient and their family.

Changing faces
the way you face
disfigurement

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