

New York Times
January 25, 2007
SKIN DEEP

A Word From Our Sponsor



By NATASHA SINGER

WHEN Clinique made its debut in 1968, the cosmetics brand altered America's beauty landscape by using scientific language and clinical iconography at a time when highly perfumed, elaborately packaged creams dominated

department stores.

Clinique hired a prominent dermatologist, Dr. Norman Orentreich of Manhattan, to help develop the line. It outfitted its sales force in pristine white lab coats and installed them at cosmetics counters where they diagnosed the skin types of customers. Even its name carried a clinical aura.

But now Clinique has gone one step further in aligning itself with therapeutic imagery — and in the process has raised the ante for beauty companies seeking affiliations with doctors.

Officials today are scheduled to open the new Clinique Skin Wellness Center at Weill Medical College of Cornell University in Manhattan. The project, financed by a \$4.75 million donation from Clinique along with \$2.25 million from an anonymous donor, involves medical research and the construction of a clinic within the dermatology department of the medical school.

At the clinic, made up of examination rooms and a workstation, doctors will conduct skin examinations, with a particular focus on educating patients on how to prevent skin [cancer](#) and maintain skin health. Patients at the center may also make on-site appointments with Clinique representatives to learn about makeup that can cover skin redness or facial scars.

But critics said the sponsorship is the clearest example yet of what they see as the blurring of lines between medicine and the beauty industry.

At a time when some doctors in private practice can earn six-figure consultancy fees from the makers of facial injections or wrinkle creams, Weill Cornell's alliance with a cosmetics firm, critics say, has the potential to further diminish the stature of academic medicine as an unbiased authority and give the impression that dermatology is for sale to the highest bidder.

“I think the image of our specialty is particularly tarnished by myriad physicians hawking their own eponymous skin-care products and by academic departments appearing to sell their names to beauty companies,” said [Dr. Amy E. Newburger](#), a dermatologist in Scarsdale, N.Y. In an editorial last month in the Archives of Dermatology, Dr. Newburger and Arthur L. Caplan, chairman of the medical ethics department at the [University of Pennsylvania](#), warned medical schools away from alliances with beauty companies.

“Is dermatology for sale? Well, yes,” Dr. Newburger said.

Dermatology is not the only field struggling with commercial interests. In a climate of reduced federal financing for basic research and fixed fees imposed by managed care for services, medical institutions and individual doctors are increasingly looking to industry sponsorship.

Pharmaceutical companies regularly pay for research on diseases that can be treated by their own products, with the studies frequently published in influential medical journals. Doctors whose research has been sponsored by industry or who are consultants to companies regularly lecture on these studies at national medical meetings. Drug company representatives routinely visit doctors’ offices, handing out free drug samples and providing meals to staff members.

Dr. Jeffrey J. Meffert, a dermatologist in San Antonio who

exposes the methods by which companies try to sway doctors, said that some medical schools have prohibited drug representatives from visiting their campuses or providing speakers for hospital grand rounds to try to curb the influence of industry.

BUT potential conflicts of interest seem particularly troubling in dermatology, where doctors can make a seven-figure income by performing expensive — and entirely elective — cosmetic treatments, which are often paid for out of pocket because they are not covered by insurance. Some dermatologists also conduct research for companies or have lucrative contracts as consultants for drug, device or cosmetics companies.

The question of the relationship between medicine and the beauty industry came to the forefront last year when researchers affiliated with Johns Hopkins Medicine signed a contract to vet a new skin-care brand. The researchers were to review studies of a skin-care line called Cosmedicine, produced by Klinger Advanced Aesthetics, and the institution was to receive company stock. Signs posted in Sephora stores touted the relationship with Hopkins.

But after articles about the deal appeared in newspapers, the medical school gave up its equity position in Klinger. (Though doctors associated with Johns Hopkins Medicine have also helped the company design model cosmetic

medical offices in malls in Dallas and Chevy Chase, Md., where nurse practitioners treat patients.)

There are reasons that beauty companies might seek an alliance with a medical institution or with doctors.

Americans spent about \$7.8 billion last year on skin-care products, according to Euromonitor International, a market research firm. In such a competitive market, cosmetics companies like to ally with doctors and medical schools because such relationships can infuse a brand with an aura of scientific credibility.

In the last decade, nearly two dozen dermatologist skin-care brands have appeared in stores. And established brands like Lancôme, Dior and Prescriptives have hired dermatologists as consultants.

Clinique, which created the quasi-scientific image, is now the best-selling prestige skin-care brand in the country, according to statistics from Euromonitor.

Lynne Greene, global president of Clinique, said the company's new relationship with Weill Cornell should further enhance the brand's image.

“At Clinique, we see ourselves as the last stop before the dermatologist and the first stop after the dermatologist,” Ms. Greene said. “The Weill Cornell partnership emphasizes our

position as the skin-care authority.”

But Dr. Richard D. Granstein, chairman of the dermatology department at Weill Cornell, distinguished the medical school’s relationship with Clinique from other academic-cosmetic partnerships. Weill Cornell will not research cosmetics, test cosmetics, vet cosmetics, sell cosmetics or allow its name to be used in product promotion, he said. The center, he said, is merely a “naming opportunity” for Clinique.

“We are not in the beauty business,” said Dr. Granstein, who is receiving research financing from Clinique. “You are not going to walk into a Sephora and see a sign that says ‘Weill Cornell,’ or I’d resign.”

Clinique is giving a five-year grant to the medical school that covers research and the construction of the dermatology clinic.

One project involves research to investigate how stress can affect the skin’s immune system, making it vulnerable to everything from skin cancer to [allergies](#). Clinique has also endowed a research fellow to be known as the Clinique Clinical Scholar; the first recipient, Dr. John A. Carucci, studies genetic changes linked to skin cancer. In addition, the company will also sponsor an annual scientific conference and public lectures on topics like skin cancer and

skin maintenance.

But the most visible aspect of the arrangement is the Clinique Skin Wellness Center, a unit of the medical school's dermatology department. There, doctors will conduct skin exams and advise patients about preventive skin care. Clinique representatives will also be available to offer suggestions on how to camouflage skin conditions or post-treatment inflammation.

“If you are 22 and you want to know what you can do to prevent skin cancer, or you want to avoid looking like your mom whose sun damage makes her look 80 even though she is only 50, we now have a center to deal with that,” Dr. Granstein said.

Ms. Greene said that Clinique initially plans to hold monthly office hours at the center. If there is sufficient demand, Clinique representatives could potentially visit the center weekly, with up to 500 patient consultations a year, she said.

She said the company's consultants will offer general suggestions on products like gentle cleansers or sunscreens, but not recommend specific products by name. The company will also distribute its own educational brochures — with titles like “Can a tan signal [DNA](#) damage?” and “Is a wrinkle a wound?” — which discuss skin care in layman's terms, she said.

“There is a chance here to be really helpful to patients,” said Dr. Granstein, recalling a recent patient who was so embarrassed about burns on her leg that she had stopped wearing skirts until she learned about camouflage makeup. “I don’t care if they go buy the Clinique whatever-it-is or the L’Oréal whatever-it-is.”

But critics said that, even without on-site cosmetics sales or specific product recommendations, the arrangement would appear to patients as an endorsement of the beauty industry. It is believed to be the first time that a cosmetics firm has branded a medical researcher and a skin-care center at a medical school and also the first time that a medical school has set up an on-site program allowing a beauty firm access to patients.

Dr. Caplan said that cosmetics, which are defined by the [Food and Drug Administration](#) as products that do not fundamentally alter the skin, have no place in mainstream medicine. He added that patients would interpret the Clinique sign, beauty advisers and brochures as the medical school’s seal of approval for the brand.

“With that kind of Clinique billboarding, you have totally left the realm of neutral medical provision and decided to open a beauty parlor on your premises,” Dr. Caplan said.

Dr. Newburger said that such a setup could also

unconsciously bias doctors and affect patient care. In the absence of other competing brands, the presence of Clinique could lead dermatology residents to familiarize themselves with fewer products or to delegate post-treatment recommendations to beauty advisers, she said. She added that patients would be vulnerable to the incidental marketing.

“When a patient sees a doctor in a private setting, the patient expects the individual doctor to have a profit motive,” Dr. Newburger said. “But you don’t expect it when you go to a medical school, a place which is supposed to be above the fray and not involved with one company or another.”

Dr. Granstein called relationships with beauty companies a “slippery slope” for medicine. But he said that beauty was not a new territory for medical schools because dermatology inherently involves a patient’s appearance. Acne and psoriasis, for example, are “essentially cosmetic diseases,” he said.

“I recognize the potential for conflict here, especially in having someone give advice to a patient,” Dr. Granstein said. “If it turns out that we can’t do it right, then we won’t do it.”