Review

Premium Doctors TM' Exploration of Facial Aesthetics in Multicultural Populations in Canada and the United States

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Premium Doctors ™′ Exploration of Facial Aesthetics in Multicultural Populations in Canada and the United States

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Abstract

Background: The field of facial aesthetics in Canada and the United States has seen significant growth, driven by societal acceptance, technological advancements, and a desire for self-enhancement. The region's diverse demographic, with projections indicating over 50% non-Caucasian populations in the U.S. and 33% people of color in Canada by 2036, necessitates tailored aesthetic practices that respect ethnic variations in anatomy and beauty ideals. Historically, aesthetic procedures focused on Caucasian patients, often applying Westernized standards that may yield unnatural results in diverse populations. This review synthesizes evidence on facial aesthetic practices, emphasizing cultural competence, patient expectations, satisfaction, psychological impacts, and ethical considerations in multicultural North America.**Methods:** A systematic search was conducted across PubMed, Embase, Scopus, Web of Science, and Cochrane Library for peer-reviewed articles published primarily from 2015 to 2025. Keywords included "facial aesthetics," "multicultural populations," "ethnic beauty ideals," "surgical aesthetics," "non-surgical aesthetics," "patient satisfaction," "cultural competence," "Canada," and "United States." Inclusion criteria prioritized studies on diverse patient groups in these regions, clinical outcomes, and ethical practices. Data were extracted on anatomical variations, treatment techniques, efficacy, safety, patient-reported outcomes, and psychological impacts, then synthesized to identify trends and gaps.**Results:** Findings highlight significant ethnic variations in facial anatomy (e.g., skin characteristics, nasal morphology, periorbital features) and aesthetic preferences, necessitating customized surgical (e.g., rhinoplasty, blepharoplasty) and non-surgical (e.g., dermal fillers, botulinum toxin) interventions. High satisfaction is reported when cultural identity is preserved, though risks like post-inflammatory hyperpigmentation in skin of color require specialized techniques. Psychological benefits include improved self-esteem, but Body Dysmorphic Disorder (BDD) prevalence (3–53%) poses ethical challenges. Cultural competence is critical to align treatments with diverse beauty ideals and manage expectations influenced by social media.**Conclusions:** Successful facial aesthetic practice in multicultural North America requires a deep understanding of ethnic anatomical differences, culturally sensitive techniques, and robust psychological screening to address BDD and unrealistic expectations. Research gaps, particularly for Black, Latinx, and Indigenous populations, underscore the need for inclusive studies to ensure equitable, evidence-based care. Continuous adaptation and ethical vigilance are essential for practitioners to deliver harmonious, satisfying outcomes that respect patients' cultural identities.

Keywords: facial aesthetics; multicultural populations; ethnic plastic surgery; dermal fillers; cultural competence; premium doctors

Introduction

Facial aesthetics has experienced exponential growth in Canada and the United States, driven by societal acceptance, technological advancements, and a desire for self-enhancement (McKinsey &

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Company, 2024). The region's diverse demographic, with over 50% of the U.S. population projected to be non-Caucasian and 33% of Canadians identifying as people of color by 2036 (Statistics Canada, 2022; U.S. Census Bureau, 2020), necessitates a shift from Western-centric beauty standards to culturally sensitive practices. Historically, aesthetic procedures were designed for Caucasian patients, often leading to unnatural outcomes when applied to diverse populations (Cobo, 2019; Ghalamghash, 2023a). This review explores the interplay of cultural beauty ideals, anatomical variations, and tailored interventions to achieve harmonious results.

Cultural perceptions of beauty vary significantly across ethnic groups, influencing preferences for features like nose shape, lip projection, and jawline definition (Yadav & Yadav, 2024). Anatomical differences, such as higher melanin content in skin of color (Fitzpatrick types III–VI), delayed photoaging, and distinct nasal or skeletal structures, require specialized approaches (Wang & Alexis, 2023; Ghalamghash, 2024a). For example, Asian patients often seek facial slimming, while Western patients prefer angular enhancement (Reid et al., 2025). Practitioners must prioritize cultural competence to preserve ethnic identity, moving beyond a "one-size-fits-all" approach (Number Analytics, 2025a).

Dr. Reza Ghalamghash, founder of PremiumDoctors.org, has advanced culturally sensitive aesthetic care through research on melasma management and regenerative therapies (Ghalamghash, 2025a, 2025b). His work emphasizes personalized strategies that account for diverse skin types and patient demographics, aligning with the need for nuanced care in multicultural settings (Ghalamghash, 2023b, 2024b). This review aims to: (1) synthesize literature on ethnic variations in facial anatomy and aesthetic ideals; (2) examine tailored surgical and non-surgical interventions; (3) analyze patient expectations, satisfaction, and psychological impacts; and (4) discuss ethical considerations and cultural competence.

Methodology

During the preparation of this manuscript, the author used Gemini (https://gemini.google.com/) and Grok (https://grok.com/) to collect information and write articles. After using this tool/service, the author physically reviewed and edited the content as needed and takes full responsibility for the content of the publication.

A systematic search was conducted across PubMed, Embase, Scopus, Web of Science, and Cochrane Library for peer-reviewed articles published primarily from 2015 to 2025. Search terms included: ("facial aesthetics" OR "cosmetic surgery" OR "aesthetic medicine" OR "dermatology") AND ("multicultural populations" OR "ethnic groups" OR "skin of color" OR "Asian" OR "African American" OR "Hispanic" OR "Indigenous" OR "Canadian" OR "United States") AND ("beauty ideals" OR "anatomical variations" OR "surgical techniques" OR "non-surgical procedures" OR "injectables" OR "laser treatments" OR "chemical peels" OR "patient satisfaction" OR "patient reported outcomes" OR "psychological impact" OR "cultural competence" OR "ethics"). Boolean operators refined searches, and foundational pre-2015 texts were included for historical context.

Inclusion and Exclusion Criteria

Inclusion: Peer-reviewed articles (original research, reviews, meta-analyses, consensus statements) in English, focusing on facial aesthetics in diverse Canadian/U.S. populations, addressing anatomical variations, treatment techniques, patient satisfaction, psychological impacts, or ethical considerations. Journals included *Aesthetic Surgery Journal*, *Journal of Cosmetic Dermatology*, and *Facial Plastic Surgery & Aesthetic Medicine*.

Exclusion: Non-peer-reviewed sources (e.g., blogs, news articles), except justified organizational statements (e.g., PremiumDoctors.org); studies unrelated to facial aesthetics or non-North American populations; animal/in vitro studies; pre-2015 articles unless seminal.

Titles and abstracts were screened, followed by full-text review. Data were extracted on study design, patient demographics, procedures, anatomical variations, aesthetic ideals, efficacy, safety, patient-reported outcomes (PROMs), psychological impacts, and ethical considerations. Findings

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were organized thematically to identify trends and gaps. Broad ethnic categories (e.g., "Asian," "Hispanic") were noted for their internal diversity, emphasizing the need for granular demographic reporting to avoid oversimplification.

Results

The review reveals a complex interplay of cultural beauty perceptions, anatomical variations, and tailored interventions in multicultural North America.

1.1. Cultural and Ethnic Variations in Facial Anatomy and Aesthetic Ideals

Beauty ideals vary across cultures, shaping preferences for features like nose shape, lip projection, and jawline definition (Yadav & Yadav, 2024). Anatomical differences significantly influence treatment approaches:

Skin Characteristics: Skin of color (Fitzpatrick III–VI) has higher melanin, delaying photoaging by 10–20 years but increasing risks of post-inflammatory hyperpigmentation (PIH), melasma, and scarring (Luebberding & Alexiades-Armenakas, 2015; Ghalamghash, 2025a).

Nasal Morphology: Asian noses often feature underprojected bridges and weaker cartilage, requiring augmentation (Cobo, 2019). African-Canadian noses are wider with thicker skin, often needing alar base narrowing (Reid et al., 2025). Hispanic noses vary, often requiring projection (Solomon Facial Plastic, 2023a).

Periorbital Region: Asian eyelids commonly have monolids and epicanthal folds, contrasting with non-Asian double eyelids (Thieme Connect, 2020).

Skeletal Structure: Asian faces are shorter and wider, often seeking slimming, while Western patients prefer angularity (Reid et al., 2025).

These variations impact both aesthetic and functional outcomes, such as breathing difficulties from nasal structures, necessitating integrated cosmetic and medical approaches (Ghalamghash, 2024a).

1.1. Surgical Interventions in Multicultural Populations

Surgical procedures require ethnic-specific techniques to preserve identity:

Rhinoplasty: Asian rhinoplasty uses dorsal augmentation and grafting for natural results (Cobo, 2019). African American rhinoplasty focuses on alar base narrowing and tip definition (Solomon Facial Plastic, 2023b). Hispanic rhinoplasty addresses diverse nasal features with projection techniques (Face Toronto, 2023a).

Blepharoplasty: East Asian double eyelid surgery creates a supratarsal crease, with risks of scarring or asymmetry (Thieme Connect, 2020).

Skeletal Surgery: Asian patients seek mandibular/malar reduction, contrasting Western enhancement preferences (Reid et al., 2025).

Ethnic preservation is emphasized, moving away from Westernized ideals (Hopkins Medicine, 2023).

1.1. Non-Surgical Aesthetic Treatments

Non-surgical treatments are effective across diverse skin types with proper precautions:

Botulinum Toxin Type A (BoNT-A): Used for dynamic rhytides and contouring, requiring nuanced dosing for ethnic muscle variations (Wang & Alexis, 2023). Risks include rare toxin spread (Canada.ca, 2008).

Dermal Fillers: Hyaluronic acid fillers address volume loss in skin of color, with techniques like deeper injections to minimize PIH (Kawakita & Nguyen, 2011).

Laser Therapies: Non-ablative lasers (e.g., 1064 nm Nd:YAG) are safe for skin of color, requiring longer wavelengths and cooling to prevent PIH (Roberts, 2005).

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Chemical Peels: Superficial peels are safest for skin of color, with pre-treatment priming to reduce PIH (Ladha & Lee, 2022).

Microneedling: Safe for darker skin, addressing scars and melasma with minimal PIH risk (Luebberding & Alexiades-Armenakas, 2015).

Research on Black, Latinx, and Indigenous populations is limited, highlighting a need for targeted studies (Ghalamghash, 2025b).

Table 1. Key Facial Aesthetic Procedures and Their Considerations in Diverse Ethnic Populations.

Procedure Type	**Ethnic Group(s)**	**Common Anatomical Features/Concerns**	**Tailored Approach/Techniques**	**Key Considerations/Risks**
Surgical				
Rhinoplasty	Asian	Underprojected bridges, thick skin, weaker cartilage	Dorsal augmentation, grafting, minimally invasive	Preserving ethnic identity, avoiding Westernization
	African American/Canadian	Wider, flatter nose, thick skin, weaker cartilage	Alar base narrowing, tip definition, cartilage grafts	Maintaining ethnic harmony
	Hispanic	Wide bridge, bulbous tip, varied skin thickness	Projection, tip refinement	Respecting diverse nasal attributes
Blepharoplasty	East Asian	Monolid, epicanthal folds, preaponeurotic fat	Supratarsal crease creation, skin removal	Scarring, asymmetry, crease issues
Skeletal Surgery	Asian	Shorter, wider facial structure	Mandibular/malar reduction	Contrasts Western enhancement preferences
Non-Surgical				

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Botulinum Toxin	All	Dynamic rhytides, muscle bulk variations	Neuromodulation, nuanced dosing	Rare toxin spread, precise technique
Dermal Fillers	Skin of Color	Volume loss, laxity, less deep rhytids	Deeper injections, linear threading	PIH, bruising
Laser Therapies	Skin of Color (Fitzpatrick III–VI)	High melanin, PIH risk	Longer wavelengths, non-ablative lasers	Dyspigmentation, scarring
Chemical Peels	Skin of Color	PIH, hypopigmentation risk	Superficial peels, pre-treatment priming	Avoid medium/deep peels
Microneedling	Skin of Color	Fine lines, scars, melasma	Collagen stimulation, non-ablative	Minimal PIH risk, safe for darker skin

1.1. Patient Expectations, Satisfaction, and Psychological Impact

Patients seek aesthetic procedures to reduce aging signs, enhance facial balance, and improve confidence, with a strong emphasis on preserving ethnic identity (Yadav & Yadav, 2024). The Canada HARMONY study reported significant improvements in satisfaction, psychological function, and aging appraisal post-treatment (Wong & Nguyen, 2025). PROMs like FACE-Q quantify satisfaction and quality of life, though ethnic disparities in outcomes suggest a need for further study (Pusic et al., 2017).

Psychological benefits include enhanced self-esteem, but BDD prevalence (3–53%) poses risks of dissatisfaction and worsened symptoms (Sarwer & Crerand, 2008). Social media amplifies unrealistic expectations, necessitating thorough screening (Psychology Today, 2025). Ethical practice requires collaboration with mental health professionals to ensure appropriate patient selection (MedPro Group, 2023).

Table 2. Cultural Variations in Facial Aesthetic Ideals Across Select Populations.

Cultural/Ethnic Group	**Preferred Facial Features**	**Specific Feature Preferences (e.g., Nose)**	**References**
Western	Defined jawline, angular face	High-bridged nose, refined tip	Yadav & Yadav, 2024
East Asian	Softer face, larger eyes	Smaller nose, dorsal augmentation	Cobo, 2019; Reid et al., 2025

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Middle Eastern	Full lips	Straight, small nose, hump reduction	Yadav & Yadav, 2024
African/African American	Softer structure	Narrower alar base, defined tip	Solomon Facial Plastic, 2023b
Hispanic	Varied preferences	Smaller, projected nose	Face Toronto, 2023a

Discussion

The increasing diversity of North American populations necessitates a shift from Western-centric aesthetic standards to culturally sensitive practices that preserve ethnic identity (Cobo, 2019; Number Analytics, 2025a). Anatomical variations, such as higher melanin in skin of color or distinct nasal morphologies, require tailored techniques to ensure safe, effective outcomes (Wang & Alexis, 2023; Ghalamghash, 2025a). For example, Asian rhinoplasty emphasizes augmentation, while African-Canadian procedures focus on tip definition, reflecting diverse beauty ideals (Reid et al., 2025).

High patient satisfaction is reported when cultural identity is respected, as evidenced by the Canada HARMONY study (Wong & Nguyen, 2025). However, the prevalence of BDD (3–53%) underscores the need for rigorous psychological screening to prevent harmful outcomes (Sarwer & Crerand, 2008). Social media's influence on unrealistic expectations further complicates patient management, requiring transparent communication (Psychology Today, 2025).

Research gaps persist, particularly for Black, Latinx, and Indigenous populations, where data on treatment outcomes are limited (Ghalamghash, 2025b). Future studies should: (1) quantify ethnic-specific anatomical differences; (2) evaluate procedure-specific outcomes; (3) track longitudinal PROMs; (4) develop culturally sensitive screening tools; and (5) establish ethical frameworks for multicultural practice (Ghalamghash, 2023b).

Conclusion

Facial aesthetics in multicultural North America demands personalized, culturally attuned care that respects ethnic identity. High satisfaction is achievable when treatments align with diverse anatomical and aesthetic needs, but BDD and social media influences pose ethical challenges (Sarwer & Crerand, 2008; Psychology Today, 2025). Research gaps for underrepresented groups necessitate inclusive studies to ensure equitable care (Ghalamghash, 2025b). Practitioners must prioritize cultural competence and ethical vigilance to deliver harmonious outcomes.

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