Viewpoint

Five stars or failure? How "Nosedive" became Dermatology's reality

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"It's not the worst skin I've seen, but you're still a 3.6." A line that might have felt satirical in Black Mirror's "Nosedive" now feels eerily familiar to anyone working in aesthetic dermatology. In the referred episode, the protagonist's life is governed by a social scoring system. Every smile, coffee order, or micro-interaction is rated in real time, and those ratings determine her access to services, housing, and even medical care. The pastel-hued dystopia felt speculative when it aired in 2016. Less than a decade later, we see its tenets reflected in our clinics, our consultations, and uncomfortably, in ourselves.

Today, the practice of dermatology, especially in the private sector, increasingly orbits around appearance not only as a health concern, but as a social currency. The rise of aesthetic medicine, social media, and online reviews has created a system in which both patients and physicians are being rated, subtly but persistently, on visibility and "curated perfection." This is not entirely fictional anymore. It's algorithmic, commercial, and accelerating.

Dermatologic disorders in the age of optics

Medical dermatology deals with some of the most stigmatising conditions, like psoriasis, hidradenitis suppurativa, and vitiligo. Yet, it is aesthetic concerns like wrinkles, pigmentation, and acne scars that dominate the economy, fuelled by online attention. These are not insignificant, but their highly visible, 'Instagrammable' results have shifted public perception of what dermatologists do. Patients arrive with screenshots, filter-enhanced selfies, or expectations shaped not by guidelines but by influencers.[1]

The result is a tension: how do we prioritise patient-centred care when the patient's definition of success is driven by likes and perceived "ratings"? A patient may not want the disease treated, but the narrative optimised. One might request under-eye fillers not for function but for Zoom call lighting. Dermatologic consultation becomes less about shared decision-making and more about managing expectations that live in augmented reality.

The Five-star doctor

Physicians, too, are rated. Google reviews contribute to a public-facing score. In aesthetic dermatology, these reviews are often tethered not to medical accuracy or safety but to beauty outcomes, bedside manner, and 'Instagrammability.'[2] A well-executed but conservative result may yield a lower review than an off-label, high-risk, high-glam transformation. This creates perverse incentives. Physicians may feel pressure to perform procedures they find ethically ambiguous or chase aesthetic trends rather than adhere to evidence. A 4.8-star rating may feel more urgent than a 4.8 score reduction on Psoriasis Area and Severity Index (PASI) .

In training environments, residents may choose specialties or fellowships based not on medical interest but on the entrepreneurial potential they perceive in building a brand. Younger dermatologists are often advised to cultivate a "social media presence" as much as they are encouraged to publish in journals. In some markets, this presence is more financially rewarding than academic contribution.[3]

The mirror is watching

The phenomenon of "Snapchat dysmorphia" is already well-documented. Patients request procedures to look like filtered versions of themselves, fuelling growing concerns around body image disorders with dermatologic presentation.[4,5] In

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this landscape, the mirror becomes a judge, the camera an arbiter, and the dermatologist a technician of illusion.

Unlike Nosedive, no central rating app exists yet. But our patients' self-worth is increasingly crowdsourced, and our role as physicians is at risk of being redefined from healer to enhancer. The pathologisation of natural features, nasolabial folds, pores, and freckles, mirrors a consumer culture that profits from insecurity. Are we treating patients, or training them to chase symmetry? In a felt need to change existing features, is there a hidden body dysmorphic disorder that we are inadvertently exacerbating?

Can dermatology opt out?

This is not a call to reject aesthetics. Cosmetic dermatology, when practiced ethically, can offer profound quality-of-life benefits. The ability to choose how one appears in the world can be empowering, especially for patients recovering from scarring, gender-affirming transitions, or socially stigmatised medical conditions. But as physicians, we must not be passive participants in a system that commodifies health and visibility. We must actively resist:

- Over-medicalising beauty standards. Pores are not pathologic. Nor is pigmentation. Patients deserve honesty as much as empathy.
- Rating-based care delivery. Incentive systems must prioritise evidence, not reviews. Outcomes should be measured in function and well-being, not just aesthetics.
- Digital peer pressure. We must teach trainees to value research, mentorship, and clinical acumen over followers. Academic respect should not require a filter.

A more honest reflection

Perhaps Nosedive feels so resonant because we are already living parts of it. Not in pastel utopias, but in patient portals, Google reviews, and dermatology Instagram reels. The referred episode ends with the protagonist, stripped of her social score, screaming cathartically in a jail cell freed from judgment.

We don't need a total reset. But we do need to ask: how close are we to letting our stars, digital or literal, replace our standards?

The practice of dermatology should not hinge on our ratings, but on our reasoning; not on optics, but on outcomes. To that end, we may want to counsel the patients about realistic expectations and refer them to mental health professionals, if need be; not only in our clinics, but also on the same social media that becomes a platform of misguided expectations in the first place.

In a field that so often straddles the boundary between inside and out, our greatest responsibility is to protect what lies beneath the surface.

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